Exploring the role of language switching in psychological therapy

Thesis submitted for the degree of

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by

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Declaration

I confirm that this research report is my original work. It has been submitted in partial fulfillment for the degree of Doctorate in Clinical Psychology and no part of it has been submitted for any other degree or academic qualification.

Z. D. Kapasi

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Zahera Danielle Kapasi

Research Abstract

Literature Review: A systematic review was conducted exploring the use of language switching in therapy and its role in therapeutic engagement for bilingual therapists and their bilingual minority ethnic clients. The review identified three main themes of research focusing on the training needs and professional development of bilingual therapists; the emotional aspects of language use; and the use of language switching and its perceived effects on the therapeutic process. Findings highlighted that language switching can be a powerful and useful tool to enhance therapeutic engagement and client self-disclosure though gaps in the training needs of bilingual therapists was evident. Implications for future research and practice are discussed for enhancing our understanding of a tool which may prove valuable for bilingual therapists when accessing and engaging with diverse populations in the therapeutic domain.

Research Report: A two-part investigation was conducted to explore the current practices on language switching amongst bilingual clinical psychologists in the United Kingdom. A survey indicated the prevalence of language switching across a diverse range of language skills and backgrounds whilst semi-structured interviews explored, in depth, experiences of South Asian clinical psychologists and the complexities associated with language switching. Findings highlighted the value of language switching and the tensions which arise relating to psychologists' identity, professional boundaries and supervision needs. Clinical implications are discussed and recommendations for future research are provided for an area of practice which is valuable in engaging bilingual minority ethnic populations.

Critical Appraisal: A reflective diary provided an account of the research process considering the research strengths, limitations and learning outcomes. Those issues pertinent to the researcher have been discussed in this section.

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Part A: Literature Review

Bilingual therapists, bilingual clients, language switching, and the impact on therapeutic alliance: A systematic review

Literature Review Abstract

Purpose: To evaluate the literature surrounding the role of language switching in therapeutic engagement for bilingual therapists who work with minority ethnic clients that share the same native language.

Method: A search using four main databases was conducted in which relevant titles were screened and shortlisted for further review using inclusion and exclusion criteria.

Results: Six empirical studies were reviewed and grouped into three main themes. These were categorised as training needs and professional development of bilingual therapists; emotional aspects of language use; and use of language switching and its perceived effects. Strengths and limitations have been presented as a critical evaluation of these studies. Whilst analytical processes appear robust, discrepancies in recruitment processes and sampling were prominent factors, which impacted upon the generalisability of findings.

Conclusion: Findings indicate that language switching may be a useful therapeutic strategy for bilingual therapists when working with bilingual clients and demonstrate how this may strengthen the therapeutic alliance. Recommendations are provided for future research directives with consideration of current research limitations. The clinical implications for practice in the United Kingdom are also discussed.

Key Terms

Language Switching/ Code Switching/ Ethnic Minority/Minorities/ Bilingual/Bilingualism/ Engagement/ Psychology/Psychologist/Psychological Therapy

Target Journal: Journal of Counselling Psychology

(Publication guidelines in Appendix A)

Introduction

Language construction and its importance in therapy

The extent to which clinicians verbalise their understanding of an individual's experiences indicates language as being a fundamental aspect of therapeutic intervention (Anderson, 1997; Clauss, 1998). Moreover, the exploration of a client's experiences, thoughts, feelings and behaviours, their choice of words and expressions, often gives valuable information relating to an individual's difficulties, how they may have occurred and how they are maintained (Kramsch, 1998; Risager, 2007). Language theorists have suggested that the way in which we communicate is embedded within the cultural context in which we reside, and it is through this context that we organise and interpret our worlds (Sapir, 1929; Vygotsky *et al*. 2012; Whorf, 1940). For individuals who are bilingual and speak two languages or more in their day-to-day lives, research has demonstrated how their different languages can be associated with different interactional contexts (Appel & Muysken, 2006; Grosjean, 1996; Kanno, 2003). This is prevalent in many bilingual individuals who are also bicultural and relate their different languages to two separate cultural contexts.

Bilingualism and biculturalism

Research has highlighted the complexities of addressing the unique needs of bilingual/bicultural individuals such as those living in minority ethnic communities in the west, who have acculturated to the dominant western culture, but also retained their native culture (Grosjean, 1996; Huynh *et al*. 2011; Kanno, 2003; Schwartz & Unger, 2010). Javier (1989) describes a language independence phenomenon, defined as the separate categorisation and organisation of events and experiences of both languages, which is commonly experienced by this population. Indeed, minority ethnic individuals

often report a dual sense of self (Marcos and Urcuyo, 1979), which explains why some personal characteristics may be linguistically represented in one language but not in another (Kanno, 2003; Sciarra & Ponterotto, 1991). In therapy, this can have a significant impact on the therapeutic process and the extent to which clinicians understand their client's position depending on the language used (Clauss, 1998). If clients are only able to share their experiences in one language, clinicians may misunderstand the difficulties being presented, potentially impacting on the therapeutic alliance, the engagement and the outcome of therapy (Kai & Hedges, 1999; McKenzie, 2008; Williams *et al*. 2006). It seems pertinent, therefore, that we consider the cultural and linguistic needs of these individuals so that their experiences can be contextualised in an accurate and meaningful way.

Culturally/linguistically competent service provision

Given the under-representation of minority ethnic groups accessing and engaging in therapy (Ayonrinde, 1999; McKenzie, 2008; Williams *et al.* 2006), there has been an increasing need to tailor mental health services in the United Kingdom (UK) to the diverse requirements of the population it serves. The National Institute of Mental Health in England (National Institute of Mental Health in England, 2003), recognised one of the possible explanations for the lack of engagement of minority ethnic groups in mental health services as being cultural and linguistic barriers. Subsequently, for the last decade, there has been a strong emphasis on providing culturally competent and sensitive services for minority ethnic groups in order to increase access and engagement in mental health services, including the use of trained interpreters (Department of Health, 2003**;** 2011; National Institute of Mental Health in England, 2003; Tobin *et al*. 2000; Tribe & Thompson, 2008; Tseng & Streltzer, 2004).

Using interpreters

Interpretation services are viewed as a valuable and essential resource in meeting the linguistic needs of many minority ethnic clients where English is either a foreign language or a second language (Tribe & Lane, 2009). However, there has been much debate regarding the impact of the presence of interpreters on both professionals and clients, which has been found to influence the perception of the competency of the clinician and adversely affect the therapeutic alliance (Raval & Smith, 2003; Searight & Searight, 2009). However, research has also indicated the benefits of using interpreters in improving assessment quality, access to care and it's long term cost effectiveness due to improved quality of communication (Karliner *et al*. 2007; Ziguras *et al.* 2003). Gerrish *et al.* (2004) suggested that it is the absence of adequate training of both clinician and interpreter, which contributes to likelihood of working with interpreters and the quality of interaction experienced. Subsequently, detailed recommendations have been provided for professionals on how to work with interpreters in an effective way (Tribe & Lane, 2009; Tribe & Thompson, 2008).

Whilst use of an interpreter has been found to improve better outcomes for clinical care (Karliner *et al*. 2007), and provides an accurate and meaningful medium by which therapists can understand and communicate with clients, accessibility and financial resource has proved a challenge (Costa, 2010; Searight & Searight, 2009). When considering bilingual clients who may appear proficient in English, it is likely that the need for interpretation services is not considered or addressed (Kai & Hedges, 1999; McKenzie, 2008). However, it is important that these needs are addressed given the literature around bilingual/bicultural individuals and their dual associations with two

separate languages and cultures, which may subsequently differ in fluency and meaning (Oquendo, 1996; Santiago-Rivera *et al*. 2009). By failing to consider both languages in therapy, clinicians run the risk of understanding only part of their client's difficulties depending on the languages used (Clauss, 1998; Oquendo, 1996).

Neuropsychological impact of bilingualism

Furthermore, studies that have focused on the neurological aspects of bilingualism have highlighted processing differences in bilinguals for their two different languages (Bialystok & Craik, 2010; Kovacs & Mehler, 2009; Kovelman *et al*. 2008). These findings have lent support to the hypothesis that bilinguals can develop two differentiated, monolingual-like, linguistic systems in one brain (Kovelman *et al*. 2008; Marian *et al*. 2003). In addition, experimental studies have found a higher level of executive control for bilingual individuals (Bialystok, Craik & Luk, 2009; Colzato *et al*. 2009; Rubio-Fernández & Glucksberg, 2012). Rubio-Fernández and Glucksberg (2012) highlighted that for bilingual individuals; their ability to inhibit their own knowledge in false belief situations enabled them to adopt different perspectives with greater ease than monolingual individuals. This may be due to their early sociolinguistic awareness and the two cultures that many bilingual/bicultural individuals are exposed to, which often hold different values, belief systems and norms (Wu & Keysar, 2007).

Language switching in therapy

Over recent years, an increasing amount of research has focused on appropriately tailored service provision for bilingual/bicultural individuals with some exploration of the role of language switching in therapy as an approach to encompass the bicultural and bilingual position that the client holds (Heredia & Altarriba, 2001; Ng, 2007;

Santiago-Rivera, 1995). Language switching can be defined as changing from one language to another to use a combination of both languages within a discussion, single phrase or idea, and can occur in either a planned or spontaneous way at any point during a therapy session (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera *et al*. 2009). Given the under-representation of minority ethnic groups who access and engage with mental health services and the limitations identified in accessing interpreting services, language switching appears to offer a plausible strategy for bilingual therapists and clients to utilise during therapy.

Previous literature reviews

Reviews of the existing literature in the area explore language considerations in the treatment of bilinguals (Foster, 1992; Javier, 1989), training needs (Biever *et al*. 2002), and perspectives on the role of language in therapy (Altarriba and Santiago-Rivera, 1994; Biever *et al*. 2002; Santiago-Rivera and Altarriba, 2002). The latter three focus on Hispanic populations specifically. This reflects that the majority of the literature on language switching is from the US focusing on the Hispanic population.

Key findings have highlighted the challenges for therapists to the separate linguistic processing systems in bilingual clients and the difficulty of accessing a full account of the individual's life and their difficulties (Foster, 1992; Javier *et al*. 1989). A limitation of these reviews is that they adopt a narrative approach to discuss the literature and present a descriptive account of previous research in the absence of critical evaluation. This is considered pertinent if we are to improve and tailor future research to address the current gaps and limitations in the literature and develop a robust understanding of the topic.

In addition, Biever *et al.*'s review (2002) emphasised the importance of formal training for psychologists providing services in Spanish, but focused more on the evaluation of an existing Spanish training programme. However, this review does provide clear recommendations for psychologists to improve their professional Spanish language proficiency, which could be applied to other languages.

The training needs of therapists are also discussed in Santiago-Rivera and Altarriba's review in 2002. They highlighted the importance of addressing both languages in assessment procedures and considering the views of working with, and understanding, Spanish-English bilinguals. This expands from their previous review (Altarriba and Santiago-Rivera, 1994) which addressed various bilingual components when considering the role of language in therapy, suggesting that controlled language switching may be a useful treatment strategy. Although both these papers include a broad range of literature and are useful in highlighting predominant themes, these reviews are limited to Hispanic populations and again adopt a largely descriptive or narrative approach with little focus on the strengths and limitations of studies. There also seems to be little attention given to the effectiveness of language switching (either in part or full) and its impact on the therapeutic alliance and engagement.

Aims of current review

The aim of this review is to evaluate the literature surrounding the role of language switching for bilingual therapists and their minority ethnic clients with whom they share the same native language, with a specific focus on therapeutic engagement. It is anticipated that in doing so, clinical and research implications will move towards increasing provision for appropriate cultural-linguistic sensitive mental health services to improve access and engagement for minority ethnic groups.

Method

A systematic review was conducted using four main databases (Psych Info/Articles, Medline, Scopus, and Web of Knowledge/Science) to explore existing research into the use of language switching in therapy and its impact on engagement for clients from ethnic minority backgrounds. Due to the broad variation of terms used between individuals, professions and services, a brief initial search was conducted to identify the most prevalent key words that would yield a larger number of relevant articles; these were '*bilingual'*, '*language switching'*, '*ethnic'*, '*psychology'*, '*engagement'* and '*therapy'*. Searches were limited to the English language only. Relevant articles were considered as those, which explored language switching or bilingualism in mental health or psychological services and engagement in therapy. Whilst extensive research has been conducted on the neurological aspects of bilingualism, the aim of the current review was to focus on therapy and therapeutic engagement rather than the neurological processes that contribute to bilingual functioning. Therefore, articles that focused on neurological aspects of bilingualism and language switching and did not explore its relevance to the therapeutic context, were excluded from the initial short-listing process. A further more general search was also conducted using the NHS library, British Psychological Society and Department of Health websites for related evidence based reviews and guidance documentation.

Both titles and abstracts were scanned before short listing for further scrutiny (see Appendix B for full search summary) and selected articles were then collated into a reference management database (Refworks) where duplicates were removed. Out of the remaining forty articles, thirteen were excluded immediately as they were not considered specifically relevant for this review, as they did not address bilingualism or

language switching in relation to the therapeutic context (Bentahila & Davies, 1992; Ekman *et al*. 1993; Hlavac, 2006; Kecskes, 2006; Klimidis *et al*. 2006; Lambert, 1967; Macnamara, 1967; Marmolejo *et al*. 2009; Moore & Pérez-Méndez, 2006; O'bryon & Rogers, 2010; Popiel, 1987; Sciarra & Ponterotto, 1991; Yang & Gray, 2008). Twenty papers were screened for their relevance to language switching in therapy; they have been incorporated in the general literature throughout this paper although have been omitted from further review due to an absence of peer reviewed empirical research. Five of these were reviews, (Altarriba and Santiago-Rivera, 1994; Biever *et al*. 2002; Foster, 1992; Javier *et al*. 1989; Santiago-Rivera and Altarriba, 2002), ten were theoretical or discussion papers with the absence of empirical research (Ayonrinde, 1999; Heredia and Altarriba, 2001; Marcos and Alpert, 1976; Marcos and Urcuyo, 1979; Ng, 2007; Oquendo, 1996; Rozensky and Gomez, 1983; Santiago-Rivera, 1995; Searight and Searight, 2009; Tobin *et al*. 2000), three were case presentations (Clauss, 1998; Lijtmaer, 1999; Pitta *et* al. 1978) and two were dissertations which had not been peer reviewed (Alicea, 2001; Dotan-Eliaz, 2008). (The references of review articles were also scanned to identify articles that may have been missed in the search process, but none were highlighted that had not already been selected).

Thus, only six selected peer-reviewed articles (Bond and Lai, 1986; Castano *et al*. 2007; Guttfreund, 1990; Ramos-Sánchez, 2007; Santiago-Rivera *et al*. 2009; Verdinelli and Biever, 2009) remained to be further reviewed using a data extraction pro-forma (a summary table of which can be viewed in Appendix C). Table 1 illustrates a clearer inclusion and exclusion criteria for articles used through the various stages of the search process.

Table 1: Inclusion and Exclusion Criteria (Downward arrow technique)

Search Stages	**Inclusion Criteria**	**Exclusion Criteria**
1. Search Engines and websites (Screening titles and abstracts)	- Articles retrieved from pre-determined key words - Articles in English - Articles exploring language/code switching or bilingualism in mental health/psychological services and engagement in relation to therapy	- Articles in languages other than English - Articles which focus on neurological aspects of bilingualism and language switching without reference to the therapy context
2. Refworks (Re-reading titles/abstracts and retrieving full articles in unclear cases)	- Articles exploring issues relating to therapeutic interventions specifically	- Duplicates - Articles linked to non-psychological or counselling related professions - Articles not linked to therapy
3. Selection for further review	- References of review articles which meet the above and below criteria - Peer reviewed articles - Articles presenting empirical research - Qualitative studies	- Duplicates from further search of review references - Papers which cannot be fully accessed or retrieved - Review articles - Discussion, reports, theoretical papers, non-peer reviewed papers

Results

Out of the six reviewed articles, four have been conducted in the last decade and are more recent whilst two are older. They all, however, address the concept of language switching for both bilingual therapists and their bilingual clients either by directly addressing the use of language switching within a therapeutic framework, or by the sole use of the primary or secondary language in a particular session. Four studies used quantitative methods and two used qualitative methods. Five were set in the US and explored Spanish-English bilinguals and one was set in Hong Kong and focused on Cantonese-English bilinguals. All six studies have been organised into three separate themes for ease of comparison between related studies and their findings. These themes were categorised by identifying the key aspects of exploration for each study and grouping the ones which had a shared focus.

Two of the six studies focused on bilingual therapists and specifically on their training needs when working with bilingual clients (Castano *et al*. 2007) and how they developed the skills to provide a service in two languages (Verdinelli & Biever, 2009). A second theme encompassed two studies that investigated the emotional aspects of language use, the effects of language usage on emotional experience of bilingual individuals (Guttfreund, 1990), and embarrassment in discussing particular topics (Bond & Lai, 1986). Finally, the third theme was identified as the direct focus on language switching in which two studies explored therapists' use of language switching and their perceptions of what triggers language switching in their clients (Santiago-Rivera *et al*. 2009), and the effects of a clinician's language switching and ethnicity on emotional self-disclosure (Ramos-Sánchez, 2007). This latter study was the only one that used randomised control trials to investigate language switching.

1. Bilingual therapists: Language delivery and training needs

Castano *et al*. (2007) and Verdinelli and Biever (2009) both explored how therapists developed their language skills and competence in delivering Spanish-English bilingual services.

Participant Sampling: The two studies differ in sample size significantly, perhaps due to the different approaches taken (one hundred and twenty seven psychologists compared to thirteen therapists). However, recruitment of all participants occurred in similar ways using volunteer respondents from a mailing list sent to service providers who offered input in a language other than English. The difference was that Castano *et al*. (2007) sent surveys to psychologists only, whereas Verdinelli and Biever (2009) sent them to all mental health practitioners short-listing respondents based on their experience and various competency criteria. Subsequently, samples represented variation in language acquisition, professional background, experience, and language competencies. Limitations of selecting volunteer participants even in purposeful sampling also posed the risk of accessing only certain personality characteristics; those who were more likely to help or had an interest in participating in research. Consequently, this may not have been representative of the therapy profession as a whole.

Methodology: Both studies adopted different methods; the study by Castona *et al*. (2007) was based on a quantitative approach by way of surveys whereas Verdinelli and Biever (2009) adopted a qualitative method collecting data via telephone interviews. Both investigations, however, overlapped in addressing the issues relating to the therapists' language competencies in terms of proficiency and fluency. Training and

support was also explored in addition to therapists' self-enhancement of bilingual skills. This included obtaining information regarding language acquisition in both primary and secondary languages and their use of both when providing services. Although it is a strength that these similarities were present, enabling a comparison of the key issues perceived by therapists, it must be noted that Castano *et al.*'s survey (2007) largely involved 4 point rating scales (from *very concerned* to *not concerned* or *very useful* to *not useful*). This could have restricted participant responses resulting in considerable differences in the length, breadth, and depth of responses between a twelve-item questionnaire and a thirty to sixty minute interview given the time it may take to complete each – an important factor when comparing findings.

Findings and Conclusions: In Castano *et al.*'s study (2007), 52-58% of psychologists identified some level of concern about their Spanish language proficiency and application of concepts, noting delays in their own responses in searching for correct terminologies. This appears to concur with the responses collated in Verdinalli and Biever's research (2009), which highlighted that the majority of therapists were predominately self-taught using trial and error methods, and felt they struggled in applying two languages. In both studies, therapists highlighted a need for training and increased support in providing bilingual services. However, these results should be interpreted with caution due to the difference in the quality of responses in both sets of findings due to the nature of their different data collection approaches. It was considered that Verdinalli and Biever (2009) provided a thorough analysis of their interviews nevertheless. They identified that the use of language switching as a therapeutic tool was common and had its benefits, with therapists reporting stronger

connections when communicating with Spanish speaking clients compared to English speaking clients.

Overall however, results should be considered with caution, particularly those relating to therapists' competencies and challenges due to the limitations and variations in the sampling and methodology identified. Future research may need to counterbalance these issues and compare findings through more complementary studies for example, comparing and contrasting those which utilise open-ended questions delivered via the interview processes.

2. Language use and emotions

Guttfruend (1990) and Bond and Lai (1986) both compared the emotional experience of language use between an individual's native and second language with Bond and Lai (1986), focusing particularly on feelings of embarrassment. Bond and Lai's research (1986) is set in Hong Kong and Guttfruend's study (1990) is based in the United States of America (USA).

Participant Sampling: Both studies used bilingual volunteer college or university students recruited through advertisement and mailing within their educational institutions. However, due to the separate contexts of research, participants differed in ethnic background between Chinese (Bond & Lai, 1986), Hispanic and Anglo-American orientation (Guttfreund, 1990). Subsequently, the languages acquired by these bilingual participants differed between Cantonese and Spanish respectively. English was always a second language for Chinese bilinguals and for Hispanic and Anglo-Americans participants, there was variation of Spanish-English and English-

Spanish (as a second language). The sample also demonstrates a predominately female representation across both studies with a joint female-male ratio of 128:20.

Methodology: The two investigations differed in the materials and interventions used. Bond and Lai (1986) assigned participants in pairs with one chosen at random to be the interviewer using written instructions and pre-set questions. These recorded interviews were conditioned by the language in which instructions were given, thereby determining the language in which interviews would occur. Questions encompassed two embarrassing topics and two non-embarrassing topics. Clear methodological flaws were identified in this study, primarily for the lack of ecological validity. These limitations were associated with the narrow range of topics discussed and the generalised assumptions of embarrassing topics for participants in the absence of using trained interviewers. In addition, the pre-set conditions for choice of language presents challenges in representing 'real situation' conversations of embarrassing topics against natural choice of language used. However, the study attempted to account for this by administering post-interview questionnaires relating to participants' previous discussions on embarrassing topics and previously preferred language choice, including ratings for their associated degrees of embarrassment. Guttfreund (1990) on the other hand, used the 'Autobiographical Induction Procedure', which included participants recollecting two sad events in four randomly assigned mother tongue conditions between English and Spanish. Although this type of method also lacked contextual reality, the design was thorough and use of control groups accounted for variation in language dominance for Hispanic and Anglo-Americans, allowing comparison of results within, and between, bilinguals speaking different languages.

Findings and Conclusions: A statistical analysis using a 2x2 'ANOVA' in Bond and Lai's study (1986) demonstrated no main effects between interviewer and interviewee, and found that interviewees spoke for longer on embarrassing topics when communicating in their second language, which was English. Post-interview questionnaire analysis indicated that in day-to-day activities, these topics would usually be discussed in Cantonese less often compared to non-embarrassing topics. However, these results have limited reliability due to the limitations of measuring the total speaking time to determine the degree of embarrassment. This measure may have failed to account for any differentiation between the content of responses, as participants in the study were able to digress and talk around embarrassing topics. In addition, there was no consideration given to aspects relating to language fluency for topics that were not regularly discussed. Nevertheless, these results partially support findings from a 'MANCOVA' analysis conducted in Guttfreund's study (1990), which demonstrated significant interactions between responses in the mother tongue and responses in the primary language ($p= 0.3$). This suggested that individuals demonstrated increased emotional affect in Spanish, even if it was spoken as a second language. Although self-reports used in this study have good reliability in clinical settings ('State Trait Anxiety Scale' and 'Depression Adjective Checklist'), their reliability for non-clinical populations are questionable.

Despite the methodological limitations of Bond and Lai's study (1986), and questions raised regarding the methods used in Guttfruend's research, findings for both studies concur that increased emotional affect is likely to be demonstrated when communicating in an individuals' primary language. The contrast in findings highlighted by Guttfreund's study however, is interesting and may have been due to the

different cultural contexts that both studies were located in. Research has suggested that for many individuals, taboo topics may generate less anxiety for people when discussed in a foreign language (Javier, 1989). It may be that the participants in Bond and Lai's study (1986) spoke for longer on embarrassing topics in English, as they felt more comfortable with discussing topics in a language, which was not associated with their own cultural and linguistic taboos. Greater emotional expression has certainly been associated with the native language (Dewaele and Pavlenko, 2002; Sechrest *et al*. 1968), and the contrast in Guttfruend's findings may be due to the cultural nuances attached to the Spanish language regardless of it being a primary or secondary language. However, due to the methodological and design differences in both studies and their limitations, further research would be required before concrete conclusions can be made.

3. The use of language switching and its effects

Ramos- Sánchez (2007) and Santiago-Rivera *et al*. (2009) investigated language switching as a therapeutic tool and attempted to investigate the reasons for its use and its perceived effects on clients. Both studies were based in the USA and focused on the therapist as a means through which language switching was explored. This was done by focusing on counsellor initiation of language switching (Ramos-Sánchez, 2007) and obtaining therapist representations of the use of language switching by both themselves and their clients (Santiago-Rivera *et al*. 2009).

Participant Sampling: Sample size and characteristics differed in both studies with one using a sample size of 65 Mexican American students (18-25 years) and graduate counsellors aged between 24-38 years (Ramos-Sánchez, 2007). The other used nine practicing therapists aged between 31-60 years (Santiago-Rivera *et al*. 2009). Although

both studies adopted similar recruitment methods, using volunteers from responses to mailings, and recruitment/advertising and explored Spanish-English bilinguals from a therapist and client position, the difference in proficiency for Spanish was shown to vary. Santiago-Rivera *et al*. (2009) for example, recruited service providers for bilingual clients who were fluent, whereas Ramos-Sánchez (2007) used client-participants who could at minimum only understand Spanish. In addition, although there is a difference in sample size, sampling across the two studies represented a predominant female orientation, which limited the degree to which findings could be extrapolated to the wider population.

Methodology: Both studies conducted interviews as part of their method although their approaches were different due to one being a qualitative retrospective study of previous therapy (Santiago-Rivera *et al*. 2009), and the other being a quantitative controlled therapeutic construction (Ramos-Sánchez, 2007). Both studies had merits in the way they approached meeting their research aims and both presented reliable methods and designs. Ramos-Sánchez's (2007) study appeared particularly useful in its use of randomised control trials for language switching and non-language switching conditions using European-American and Mexican-American counsellors. The design was a useful measure of the effects of counsellor initiation of language switching especially given the challenges of addressing the use of language switching in therapy retrospectively due to false or part memories. The study also attempted to maintain its clinical relevance through the recruitment of qualified counsellors and use of standardised measures like the 'Counsellor Effectiveness Rating Scale' (CERS) and 'The Emotional Self-Disclosure Scale' (ESDS - adapted to be rated objectively through video observations by judges post interview).

Findings and Conclusions: Findings from both studies indicated that language switching could facilitate increased emotional expression and self-disclosure in clients. Santiago-Rivera *et al.*'s study (2009) used a 'Consensual Qualitative Approach' to conduct a thorough analysis for identifying core constructs and domains within therapist responses. The most predominant finding highlighted that the use of language switching by therapists was to facilitate the therapeutic alliance, adapt to sensitivities of the client's language proficiency, and support them in increased expression and self-disclosure. Santiago-Rivera *et al*. (2009) further highlighted that clients' initiation of language switching was perceived to be triggered by lack of familiarity of specific words or emotions though they were reported to switch back to English when the client was perceived as feeling threatened. A difference in presentation when communicating in both languages was also noted and therapists reported this was sometimes useful in addressing client self-identity or self-image. However, when interpreting these findings, it seems important to consider that these are therapist representations only. Hence, it could be argued that these results are limited by bias and subjective views of therapists and, therefore, risk being socially desirable responses. When comparing with Ramos-Sánchez's findings (2007) however, there was some overlap in relation to client's self-disclosure. The results from 'ANOVA' found that 'language switching conditions' elicited greater emotions compared to 'English only conditions'. A further 'Turkey's Post Hoc Test' (to determine whether these effects were significantly different), revealed that emotional self-disclosure was significantly higher for European-American counsellors who language switched than any other condition ($p < 0.1$). Results were not found to be significant when comparing the interaction between counsellor ethnicity and self-disclosure. This suggested that language switching may well be a useful tool in

facilitating client communication regardless of counsellor ethnicity. However, due to the variation in language proficiency between clients across both studies, these findings were not considered representative of bilingual clients' views. For instance, clients with increased proficiency in Spanish differed in the level of language switching and therefore, the level of emotional self-disclosure. It would also be useful for further research to consider the impact of therapist/counsellor experiences and their language proficiency as this may affect the way that language switching is used.

Although language switching appears to be a useful tool for enhancing the therapeutic alliance and increasing emotional disclosure in clients, future research must consider the variations of language proficiency in bilingual clients as well as the experience levels and language proficiency of therapists and their influence on language switching in therapy and self-disclosure.

Discussion

All six papers identified key themes encompassing therapist training needs, client emotions and client self-disclosure relating to language use and language switching, and suggest that therapists' use of the second language can have a considerable impact on bilingual clients and the therapeutic process.

Two studies indicated a gap in training needs and have demonstrated support for bilingual therapists, who provide therapeutic interventions in a non-dominant language; namely Spanish (Castano *et al*. 2007; Verdinelli & Biever, 2009). It seemed apparent that professional language proficiency in Spanish was acquired through the therapist's attempts to enhance their skills during therapy through 'trial and error' rather than through the delivery of formal training due to professional training occurring predominately in English (Castano *et al*. 2007). Therapists noted the challenges faced during sessions as a result, which could influence negatively on the therapeutic alliance if the therapist paid greater attention to their own language skills than the development of understanding of their clients' position (Sciarra & Ponterotto, 1991). These results are concurrent with previous studies on bilingual therapists' working with bilingual clients, and endorse the need for appropriately tailored formal training in delivering interventions via languages other than English (Altarriba & Santiago-Rivera, 1994; Biever *et al*. 2002; Castano *et al*. 2007; Verdinelli & Biever, 2009).

The importance of training for bilingual therapists was also reinforced by the findings identified by two other reviewed studies (Bond & Lai, 1986; Guttfruend, 1990). They demonstrated how communicating in a bilingual individual's primary language can elicit increased affect which supports the concept of the language independence

phenomenon, which proposes that bilingual individuals organise their two languages separately, resulting in variable attachments of meaning and emotions depending on the language used for communication (Foster, 1992; Javier, 1989; Kanno, 2003; Marcos & Alpert, 1976). This may also provide an explanation for the results from Guttfruend's research (1990), which has also highlighted the significance of a non-English language in increased emotional expression regardless of the differentiation between primary and secondary language. While this demonstrates that therapy may be more meaningful in the non-English language for bilingual populations, future research needs to focus on the variation of languages and its dominance. It should be noted that Guttfreud's study (1990) was set in the USA and looked at specifically Spanish-English bilinguals. Therefore, it would also be useful to conduct investigations in countries where the dominant language is not English to explore whether increased emotional affect can still be associated with non-English languages. Despite this, both Guttfruend's (1990) and Bond and Lai's (1986) findings highlight the importance of communication in a bilingual's primary language when eliciting what could be described as some of the most valuable aspects of an individual's internal world and the interpretations and meanings they attach to themselves, others and their world (Clauss, 1998; Grosjean, 1996; 2010; Kanno, 2003).

Two further studies reviewed, highlighted the need to use both languages by way of language switching in therapy (Ramos-Sánchez, 2007; Santiago-Rivera *et al*. 2009). They found that the therapist's ability to switch languages had benefits in increasing self-disclosure and emotional expression. Subsequently, it was considered that greater access of a client's experience can help to facilitate the therapeutic alliance. In addition, Santiago-Rivera *et al*. (2009) suggested that language switching enables therapists to

consider the bicultural aspects (Clauss, 1998; Grosjean, 1996; 2010; Huynh *et al*. 2011; Santiago-Rivera, 1995) which enable a greater understanding of self-identify and self-image. These findings propose a plausible strategy to address the bicultural issues and 'dual sense of self' in bilingual individuals that many researchers have illustrated (Altarriba & Santiago-Rivera, 1994; Grosjean, 1996; Huynh *et al*. 2011; Marcos & Urcuyo, 1979). Ramos-Sánchez (2007) however, produced contrasting findings that there may not be a need for ethnic matching as Mexican-American bilinguals were just as likely to self-disclose to European-American counsellors as counsellors that match their ethnicity, if not more. Therefore, whilst Hispanic therapists, reported stronger connections when working with Spanish clients (Santiago-Rivera *et al*. 2009), these may not be representative of the views of bilingual clients towards ethnically matched clinicians. Thus, language switching may be a useful strategy in itself for bilingual therapists and their clients to facilitate self-disclosure to enhance the therapeutic alliance in absence of ethnic matching, although further exploration is required.

Santiago-Rivera *et al*. (2009) also found challenges to using language switching in therapy and highlighted that clients were more likely to switch back to English when experiencing intense emotions or when they were feeling threatened. This suggested that language switching could also serve as an avoidance technique as highlighted by previous research (Altarriba & Santiago-Rivera, 1994; Javier, 1989; Marcos & Alpert, 1976; Oquendo, 1996; Rozensky & Gomez, 1983; **S**antiago-Rivera & Altarriba, 2002). These discussions support the wider literature and recommendations to improve support and training for bilingual therapists to enhance their competencies in addressing issues of language use when working with bilingual clients (Altarriba & Santiago-Rivera,

1994; Biever *et al*. 2002; Castano *et al*. 2007; Rozensky & Gomez, 1983; Santiago-Rivera & Altarriba, 2002; Verdinelli & Biever, 2009).

Although findings from the articles reviewed concur with existing research surrounding the field of bilingualism and language use in therapy, they should be interpreted and implemented with consideration of the clear limitations highlighted. The research studies reviewed are limited by being based on a predominantly female group of volunteer clinicians and bilingual individuals (Bond & Lai, 1986; Castano *et al*. 2007; Guttfreund, 1990) who were not considered representative of the demographics of the bilingual minority. Equally, samples varied between different types of professionals/interviewers and their range of experiences (Bond & Lai, 1986; Guttfreund, 1990; Ramos-Sánchez, 2007; Verdinelli & Biever, 2009). The use of 'non-clinical' populations limit the extent to which findings can be applied to clients with mental health problems accessing mental health services (Bond & Lai, 1986; Guttfreund, 1990). The differences in language acquisitions and competencies between individuals (both therapist and client) also pose challenges in measuring the fluency of languages which is key, and has been shown to impact on the use of language switching (Ramos-Sánchez, 2007) – something which future research needs to consider carefully. Reports have proposed that bilingual individuals use language switching as a way of compensating for a lack of language proficiency, and an absence of 'complete knowledge' of either language (Heredia & Altarriba, 2001). Given these explanations, perhaps, it would be appropriate to separate research concerning bilinguals who have obtained equal proficiency in both languages from bilinguals where one language is more dominant over another. Future research in the UK must also give thought to the recruitment process adopted given that there are limited service provisions or referral

procedures for therapeutic interventions to more formally incorporate a second language as seems to be the case in the USA (Castano *et al*. 2007; Santiago-Rivera, 1995; Verdinelli & Biever, 2009).

Although this review may be limited by the small sample of literature examined, it identifies considerable variations in research approaches and strategies, which need to be addressed to produce reliable and valid findings that can be applied to clinical settings in the UK. In addition, although research uses bilingual individuals, it focuses predominantly on English-Spanish languages spoken by Hispanic minority groups residing in the USA. This is not representative of the UK population and the multicultural groups within it, which cover a range of different languages (Ayonrinde, 1999). The Office for National Statistics in the 2011 Census for instance, revealed that Asian/British Asians were the largest non-White population in the UK, Indians being the largest subgroup followed by Pakistanis. Therefore, it is essential future research considers widening the focus to different bilingualisms and subsequently, different bicultural populations so that findings can be related to the minority ethnic population served in the UK.

The small scale of this review appears to reflect the limited attention that language switching has received in its relation to psychological therapy and the therapeutic alliance. Research has however, introduced the notion that language switching may be a powerful and useful therapeutic tool that allows bilingual clients to ‘get in touch’ with their emotions and feel more comfortable in gradually discussing topics which have been difficult to address in the past. In doing so research has demonstrated how this can facilitate the therapeutic alliance by putting clients at ease when communicating,

increasing the client-therapist connection (Ramos-Sánchez, 2007), and potentially increasing their engagement.

In consideration of the Eurocentric construction of mental health services in the UK where the dominant language spoken is English, and given the under-representation of minority ethnic groups engaged in psychological services, the accessibility of shared language between client and therapist through language switching may be a crucial step. This seems a pertinent avenue of focus, both in addressing the cultural and linguistic needs of minority ethnic groups in addition to improving access and engagement for them in the therapeutic profession.

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Part B: Research Report

Exploring the role of language switching in psychological therapy

Introduction

"If you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart." – **Nelson Mandela**

The construction of language

Language has phenomenal power in holding different meanings for individuals depending on how it is communicated and understood. Certainly, there is substantial research to indicate that language is culturally embedded and can offer variable interpretations within different cultural contexts associated with different values, beliefs and meanings (Kramsch, 1998; Risager, 2007; Vygotsky *et* al. 2012). This is particularly relevant for bilingual [1] individuals who often speak two languages in their daily lives, where the needs of both languages may differ and are used with different people and in different situations (Appel & Muysken, 2006; Grosjean, 1982; 1996; 2010; Kanno, 2003). Language, therefore, is a social construction tailored and adapted to our needs. For bilingual speakers, different languages are commonly associated with two separate cultural contexts (Grosjean, 1996; 2010; Kanno, 2003). This is clearly evident amongst bicultural individuals who retain at least two cultures within their lives, often associating these with two different languages as described above (Grosjean, 1982; 1996; Huynh *et al*. 2011; Kanno, 2003).

Bilingualism and biculturalism

Bilingual and bicultural individuals often experience a dual identity which they can adapt and in part, blend together in interactions with various people and across different contexts (Grosjean, 1996; Huynh *et al*. 2011). Marcos and Urcuyo (1979) report how

[1] This research defines bilingual individuals as those who speak two languages or more in their daily lives (Grosjean, 1982).

this dual sense of self can also be language specific where individuals can feel like they are two different people depending on the language used. The differing cultural associations, world views and values attached to one language can often influence expectations, roles, belief systems and behaviours which are different to those identified with the other language (Kanno, 2003). This is often a common experience for individuals from minority ethnic[2] backgrounds who usually encompass bilingual and bicultural characteristics due to their acculturation to the host countries' culture whilst attempting to maintain their own native language and culture in their homes and within their communities (De Anda, 1984; Schwartz & Unger, 2010).

Research has highlighted how our basic emotions are developed in association with language acquisition through early interactions with our primary caregivers (Carr, 1999). For bicultural individuals, these interactions predominantly occur in a native language or mother tongue[3] spoken in the home (Javier, 1989). Subsequently, these individuals have been found to attach different meanings to their emotions depending on the language they use; this is particularly relevant for emotional distress which is often experienced more intensely when addressed in the native language (Foster, 1992; Javier, 1989). Indeed, many service reports state that psychological and emotional distress may be unrecognised in minority ethnic individuals who complain and explain

[2] Berthoud *et al*. (1997) defines ethnic group as 'a community whose heritage offers important characteristics in common between its members and which makes them distinct from other communities. There is a boundary, which separates 'us' from 'them', and the distinction would probably be recognised on both sides of that boundary. Ethnicity is a multi-faceted phenomenon based on physical appearance, subjective identification, cultural and religious affiliation, stereotyping, and social exclusion.' The term 'minority ethnic' will be used in this research and refers to individuals from such communities who are in minority of the majority population of the host country. For Western parts of the world, minority ethnic is predominantly referred to as the non-white population such as Asian and Black communities.

[3] The term 'mother tongue' in the literature around language usually refers to the first language spoken by an individual. It can often be confused with the term 'native language' which is commonly associated with the language of ethnic origin. For bilingual and bicultural individuals, it was considered that the native language was the most relevant term and is the term used in the current research.

things in different ways in their non-native language, often presenting distress as somatic complaints (Kai & Hedges, 1999; Oquendo, 1996; Santiago-Rivera & Altarriba, 2002). In addition, the client's position may be misunderstood, or understood only in part by the clinician, depending on the language that is being used (Bond & Lai, 1986; Clauss, 1998; De Zulueta *et al*. 2001). This highlights the importance for clinicians to be aware of the cultural linguistic influences on expressing distress to support the development of accurate formulations of client difficulties and effective intervention plans.

A number of research studies have highlighted the importance of addressing the variability of meaning in culturally and linguistically diverse individuals who present to mental health services (Bond & Lai, 1986; De Zulueta *et al*. 2001; Guttfreud, 1990). Furthermore, a growing body of research examining psychological therapy with bilingual and bicultural individuals proposes that language switching is a useful tool for intervention to maximise the extent to which the client's position is understood (Clauss, 1998; Oquendo, 1996; Ramos-Sánchez, 2007; Santiago-Rivera, 1995; Santiago-Rivera *et al*. 2009).

Language switching

Language switching can be defined as changing from one language to another to use a combination of both languages within a discussion, single phrase or idea, and can occur in either a planned or spontaneous way at any point during a therapy session (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera *et al*. 2009). Whilst such an approach is largely limited to a therapy context where both clinician and client is bilingual, research has found benefits to language switching in facilitating increased disclosure and

expression of emotion in clients (Ramos-Sánchez, 2007) and revealing a realm of deeper information of meanings and experiences (Oquendo, 1996; Pitta *et al.* 1978). Furthermore, studies have also shown how language switching can be initiated by the client to aid their communication during therapy and used as a way of compensating for a lack of language proficiency, or when a word was not accessible in the other language (Heredia & Altarriba, 2001). All these factors impact positively on the therapeutic alliance as they enable greater understanding for both clinician and client (Clauss, 1998; Ramos-Sánchez, 2007; Santiago-Rivera *et al*. 2009). It seems plausible to assume that a positive alliance and increased accessibility of information through language switching, is likely to impact upon the degree of disclosure, which may support the development of more accurate formations of a clients' difficulties and their treatment intervention.

In some cases, however, language switching can be obstructive as it can facilitate a defensive stance, or denial, in clients if they compartmentalise or detach themselves from particular experiences or emotions. In such situations, clients are reported to commonly switch back from their native language to English (Altarriba & Santiago-Rivera, 1994; Javier, 1989; Marcos & Alpert, 1976; Rozensky & Gomez, 1983; Santiago-Rivera & Altarriba, 2002). Whilst therapists have been found to use their second language to overcome resistance (Oquendo, 1996), there is much research to suggest that increased training and support is needed for bilingual and bicultural therapists, largely related to the language proficiency of the clinician (Altarriba & Santiago-Rivera, 1994; Biever *et al*. 2002; Castano *et al*. 2007; Verdinelli & Biever, 2009a).

Biever *et al*. (2002) described how most bilingual individuals will learn both languages at separate times in their life or in different situations as oppose to the same time and situation. Therefore, they may be fluent in both languages, but their proficiency may be context dependent so that it would be easier for them to speak in their native language at home and non-native language at work for instance (Castano *et al*. 2007; Verdinelli & Biever, 2009a). Therefore, therapists who have trained in English within a Western context may feel less competent or experience anxiety when using their native language during language switching at work (Biever *et al*. 2002; Costa, 2010). Clinicians may subsequently avoid language switching in therapy or switch back to English if they experience feelings of anxiety or incompetence. This may affect the therapeutic framework set up by client and therapist and potentially, adversely influence the therapeutic relationship depending on the client's response.

Whilst the literature indicates there are challenges to using language switching in therapy, there are also indications of its value for bilingual and bicultural therapists and clients. However, it is important to note that much of the research on language switching has been conducted in the United States of America (USA) and has focused on a Hispanic population. This is a very different cultural/linguistic population to that of the United Kingdom (UK[4]).

The UK context

The Office for National Statistics in the 2011 Census, highlighted the culturally diverse make-up of the UK, with minority ethnic groups representing 19.5% of the England and

[4] United Kingdom comprises of England, Scotland and Wales and Northern Ireland.

Wales total population alone. The Asian/British Asian[5] group were the largest non-White category (7.5%) with highest representations from Indian and Pakistani groups which correlated highly with most common non-UK countries of birth. In terms of the diversity of languages spoken, 7.7% of the population spoke a main language other than English of which Polish was most common, followed by Punjabi, Urdu, Bengali and Gujarati. As a result of this, and considering the bilingual and bicultural aspects affecting minority ethnic groups, mental health policy over the last decade has increasingly focused on developing more culturally and linguistically accessible mental health services (Department of Health, 2003; 2011; National Institute of Mental Health in England, 2003).

However, despite this, minority ethnic groups continue to be largely under-represented in referrals for psychological therapy (McKenzie, 2008; Williams *et al*. 2006). One possible explanation is the cultural-linguistic overlap for these individuals has been overlooked. Costa (2010) stated the importance of enabling integration and balance of the different cultural identities of the client by working with both languages in therapy. Whilst she highlighted the practical and financial constraints of clinical work and how it may not always be possible to work through an interpreter, she recommended that therapists use language creatively in their work to construct greater meanings for their clients (Burck, 2004). Given the literature on variable affect, meaning and interpretations attached to different languages, it seems crucial therefore, to address the cultural-linguistic overlap which could be facilitated through language switching to gain a comprehensive understanding of an individuals' position.

[5] The British/British Asian category includes Indian, Pakistani, Bangladeshi, Chinese and Other Asian groups (The Office for National Statistics, 2011 Census).

Clinical Psychology

Language switching is particularly relevant for the clinical psychology profession where an integrative working model suggests that the profession should be able to facilitate various cultural aspects in developing a holistic understanding of the clients' difficulties. However, Webb-Johnson and Nadirshaw (2002) indicated that an over-reliance on psychological models developed within a Western context, meant that psychological distress still appears to be conceptualised within a Eurocentric framework. This has been found to be problematic given the contrasting and varied beliefs around mental health, values and lifestyles between Eastern and Western cultures (De Anda, 1984; Grosjean, 1982; Kai & Hedges, 1999). Indeed, Williams *et al*. (2006) recently highlighted that clinical psychology services are failing to meet needs of minority ethnic communities in the UK with fewer members of these communities engaging in therapy.

Whilst there have been recent guidelines for developing increasingly culturally sensitive clinical psychology services (Halsey and Patel, 2003; Turpin and Coleman 2010), less consideration has been given to the cultural/linguistic needs that characterise the daily life of many minority ethnic individuals. Given Williams *et al*.'s (2006) work, it seems that language switching may be a useful tool for bilingual clinical psychologists in working with minority groups who are often marginalized, to prevent misunderstandings of distress expressed by minority individuals (Kai & Hedges, 1999).

Whilst this concurs with the challenges in service provision, highlighted in the USA literature (Castano *et al*. 2007; Javier, 1989), many of the USA studies have been based on work with student volunteers, counsellors and other mental health professionals

rather than specifically focusing on clinical psychologists (Bond & Lai, 1986; Ramos-Sánchez, 2007; Santiago-Rivera *et al* 2009). The use and role of language switching may subsequently vary given the differences in the work ethics and guidelines adhered to by different professions. Therefore, it seems important to explore practices within different professions rather than across them in the first instance.

Little is known about the linguistic skills of clinical psychologists in the UK, or about the current practices around language use for those that are bilingual and work with bilingual and bicultural clients. As the majority of the research into language switching has been conducted in a USA context with a Hispanic population, it seems important to understand this practice within the UK context (Bhui *et al*. 2007).

The current research aims

The aim of the current research therefore was twofold: firstly, to obtain an indication of the prevalence of the practice of language switching in the UK and in doing so, acquire demographic information on bilingual clinical psychologists who work with minority ethnic clients; and secondly, to explore in depth, the experiences of clinical psychologists who have used language switching in therapy with minority ethnic clients and its role in the therapeutic process. The study aimed to focus on the South Asian[6] population as an initial exploration as they are the most predominant non-White minority ethnic group and, collectively, have the largest representation of bilinguals in the UK.

[6] The term South Asian in this research refers to groups or individuals who are born in or, descend from Indian, Pakistani or Bangladeshi subcontinents and can also be identified as Asian or British Asian (Kai & Hedges, 1999; Office for National Statistics, 2011 Census).

Method

The study was designed to have two parts: the first part was an online survey establishing the prevalence of language switching in practice amongst bilingual clinical psychologists in UK. The second part was a qualitative study using semi-structured interviews with clinical psychologists from South Asian backgrounds to explore their experiences of using language switching in psychological therapy.

Part one: Identifying estimated prevalence of language switching in therapy

Design

As very little demographic information exists about bilingual clinical psychologists in UK, a survey was considered to be the most appropriate data collection method due to its quick and simple approach that lends itself to accessing large samples of selected populations across various locations (Kraemer, 1991). This was considered an important part of the study for meeting the research aims in identifying whether language switching was prevalent in practice, and also to provide information about the ethnic background and language skills of the bilingual population of clinical psychologists working in the UK.

Recruitment of Participants

Participants for the survey were all qualified clinical psychologists recruited through mailing lists held by university doctorate courses that were registered with Leeds Clearing House for Clinical Psychology (Appendix D) and the British Psychological Society (BPS) Race and Culture Faculty[7].

[7] The Leeds Clearing House provides details of all clinical psychology courses in the UK approved by the Health Care Professionals Council (HCPC) and accredited by the BPS. The BPS Race and Culture Faculty provides a national platform for psychologists to reflect and discuss issues relating to ethnicity and cultural diversity and agreed to aid in the research recruitment.

Emails were sent to all University course staff and heads of faculty with a request for them to disseminate information about the research to clinical psychologists on their mailing lists. A circulatory email containing a clear subject line specifically addressing bilingual clinical psychologists was included to target the sampling towards this population. The email contained information regarding the aims of the study, participant rights, confidentiality limits and a request to complete an online survey via a link provided. A request for further participation in a one-to-one interview was also included (Appendix E).

Participants were thus self-identified bilingual clinical psychologists who volunteered to take part in the research and completed the online survey.

The Survey

The online survey was set up on Survey Monkey[8] to ensure a quick and simple standardised data collection process, which provided practical ease for participants to respond (Fowler, 2002; Glasgow, 2005). The survey consisted of basic demographic information including age, gender, ethnic origin and spoken languages (Appendix F). To gain an indication of practices relating to language switching, questions focused on whether language switching was ever utilised in therapy, by whom it was initiated and how the other shared language was identified. The survey also enquired about language switching and due to variable definitions, a brief overview of language switching and concepts of primary/native languages, as interpreted and defined in the current research (Glasgow, 2005) were also included (questions 7 & 8, Appendix F). All questions were

[8] Survey Monkey is an online resource to design and save questionnaires and surveys which can be sent via a link to individuals using a basic step by step guide at www.surveymonkey.com

either closed, requiring short responses, or used pre-selected options for participant ease and speed (Fowler, 2002; Glasgow, 2005).

Procedure

Ethical approval was initially obtained from the University Research Ethics Committee (Appendix G[9]) and data was collected via the recruitment process detailed above[10]. All recruitment emails were sent with the ethical approval document attached. Survey Monkey was then monitored by the researcher to ensure that responses were being collated. After three months the recruitment email was requested to be re-circulated by course and faculty staff to ensure maximum response rates. In total, the survey remained open for six months after which data was collated for each question. Due to the research being an introductory investigation to gain information about the target sample, descriptive statistics were considered the most appropriate form of analysis to present psychologists' demographics related to language switching (Fowler, 2002; Glasgow, 2005).

Part two: Exploring experiences of language switching

Design

The second part of the current study aimed to explore in-depth South Asian clinical psychologists' experiences of language switching in the UK. Attempts to explore and gain deeper understandings of such a complex phenomenon are best accomplished through qualitative approaches (Bannister *et al.*, 2001; Flick, 2006; Ratner, 1997); therefore, this second stage of research adopted a qualitative approach based on Interpretative Phenomenological Analysis (IPA).

[9] Ethical considerations are also detailed here
[10] Time scales for the conducting the research have been specified in Appendix H

Interpretative Phenomenological Analysis (IPA) is an approach which focuses on sense-making and meaning. Its theoretical underpinnings are rooted in phenomenology (the study of experience), hermeneutics (interpretation), and idiography (detail). A widely used approach, it is known for its rigorous technique in exploring subjective experiences whilst providing a platform to identify and compare patterns or themes between them (Smith *et al*. 2010; Smith & Osbourn, 2003; Starks & Brown Trinidad, 2007).

In addition, IPA lends itself to the semi-structured interviewing technique (Smith *et al*. 2010; Starks & Brown Trinidad, 2007). Given the exploratory nature of the research and the variability of therapeutic work, it was considered important to adopt a flexible approach to explore various aspects of the participants' accounts and maintain the richness of their subjective experiences when comparing between them (Silverman, 2000). IPA was thus adopted as the most appropriate approach for this second stage of research.

Position of the researcher

As a bilingual South Asian trainee clinical psychologist, the researcher's own background aroused interest in the area of language switching following an incident in therapy prior to training, where a client had switched language. The researcher had experienced a sense of relief from the client when this language switch was reciprocated to provide reassurance and acknowledgement of what was being said. Discussions and experiences during clinical training around diversity and engagement enabled the researcher to reflect on the importance of language in therapy, the way it may be socially constructed, holding different meanings that were context dependent. The researcher considered whether language switching could be used as a tool when

working with minority clients who often exist within two cultures (De Anda, 1984; Huynh *et al*. 2011; Kanno, 2003).

Professional and research experience, however, revealed that the subject of language switching was not something that could be considered in isolation. As a practice it highlighted many complexities due to training, practice and therapeutic frameworks deriving from the English language and a Eurocentric model of work. Nevertheless, given that therapy itself can be viewed as a process of co-constructing meaning between the therapist and the client, the researcher was curious about other bilingual minority psychologists and their practices.

A social constructionist viewpoint (Berger and Luckmann, 1966; Gergen, 1999) was thus held by the researcher with an understanding that individual accounts varied and were dependent on the interpretations and meanings constructed, as influenced by their social and cultural context (Kramsch, 1998; Risager, 2007). In conducting the research, the researcher considered likely variations between different participant accounts and the interview contexts (Flick, 2006), and was aware of how their own background potentially influenced the interpretations made of these accounts (Darlaston-Jones, 2007).

Reflexivity, therefore, held an essential role throughout the research process and was used to minimise the influence of pre-existing assumptions held by the researcher (Morrow, 2005; Silverman, 2000; Smith *et al*. 2010). When considering the analytic approach, IPA appeared to fit well with these positions compared to other methods (Smith *et al*. 2010), further discussed in Appendix I.

Participants

Fifteen clinical psychologists responded to the initial email circulated in part one of the research process, indicating a willingness to take part in a one to one interview[11]. All were contacted to identify their ethnic background, languages spoken and if they had experience of language switching in therapy. Six respondents identified themselves as South Asian. IPA requires a homogenous sample to identify patterns across experiences (Lyons and Coyle, 2007; Smith and Osborn, 2003) requiring only a small number of participants due to the rigour of its interpretative methods. This sample of six, therefore, seemed an appropriate sample to obtain rich information (Marshall, 1996; Morrow, 2005) and also met the recommendations suggested for an IPA analysis by Smith *et al*. (2010).

The Interview Schedule

The interview schedule was developed in accordance with the study aims to capture participants' experiences of language switching and the role it plays in therapy. The use of open and broad questions was essential to maximise the client's voice and obtain subjectivity (Banister *et al*. 2001; Flick, 2006; Lyons & Coyle, 2007; Smith & Osborn, 2003; Willig, 2003)[12]. Questions therefore focused on discussing situations where language switching was used, how it was initiated, the rationale for its use or non-use and its perceived effects.

[11] Due to IPA sample size recommendations, the researcher used the criterion that a response from more than 10 participants would result in prioritising those from South Asian backgrounds, speaking. This seemed an appropriate criterion given the demographics of the South Asian population being amongst the largest non-white population in the UK (The Office for National Statistics, 2011 Census).

[12] Whilst it was important for the researcher to facilitate a subjective account of their experience and minimise the influence of pre-assumptions (Smith *et al*. 2010), the issue of supervision seemed prominent from previous literature. Therefore, the researcher felt it important to ask around this given the potential clinical implications it may derive. This question was kept at the end so that it did not influence the participants' naturally occurring account.

A pilot interview indicated that questions needed to be broader resulting in slight modification of the schedule (Appendix J). The researcher also reflected that prompts for future interviews should be more relative to participant accounts if a truly subjective account was to be obtained. As a result, prompts were broadened to maintain flexibility across interviews (Morrow, 2005; Smith *et al*. 2010).

Procedure

All six participants were contacted to arrange a suitable time and date. Interviews took place at the participant's place of work, lasted between 45 minutes to an hour and were recorded using a digital dictaphone.

Prior to each interview, participants were reminded of the nature of the study and their rights to withdraw. They were asked to provide a fictitious name for themselves to maintain anonymity during the transcription and analysis process and requested to read and sign a consent form (Appendix K). At the end of the interview, participants were debriefed and any questions linked to the research were discussed. Participants were provided with the researcher's contact details in case they desired further feedback. A reflexive account of the researcher's perspectives was noted after each interview to consider these influences on the analytic process (Banister *et al*. 2001; Harper & Thompson, 2012).

All interviews were transcribed verbatim and included laughter, pauses and silences (See Addendum). Analysis followed recommended steps for conducting IPA by Smith *et al*. (2010). This began with the familiarisation of data through listening to audiotapes and re-reading the first transcript until the researcher could compare one aspect of the

participant's account with another (Morrow, 2005). Initial stages also involved noting summaries and codes alongside exploratory ideas and interpretations. Summaries and codes were then arranged so that various connections and patterns could be merged to highlight subordinate themes within the interview.

Once this process was repeated for all transcripts one by one, subordinate themes across all interviews were then reviewed to identify patterns or contradictions for emerging superordinate themes. Considerations were noted from reflexivity, inter-rater group and supervision processes (described below) which were implemented as appropriate. Appendix L demonstrates examples of the reflexivity and analytical process.

Quality Issues

The nature of interpretative analysis assumed that there could be a variation in highlighting different aspects of the data than the results outlined in the current study (Smith *et al.* 2010). Several steps were thus taken to improve the quality of the research as recommended by Elliot *et al*. (1999), Morrow (2005) and Yardley (2000). Firstly, the researcher stated their own position and used reflexivity to consider their own interests and how these might influence the research process. The reflexivity process in particular, shaped the analysis to ensure the study was grounded in participants' own accounts.

Yardley mentions transparency and suggests maintaining a log of the analytic process and presenting quotes to represent analysis being grounded in participant data. A log was thus kept, extracts of which are included in Appendix L.

A qualitative research group was regularly attended where transcripts were swapped between peers and coded to highlight different perspectives (triangulation), review analytical processes and validate results (inter-rater reliability). Interpretations were also checked to avoid over-generalisation or over-simplification by searching for contradictions within the data.

In addition, the researcher was aware of relevant literature and guidance and considered the importance of the research for both service and clinical issues during the research process.

Results

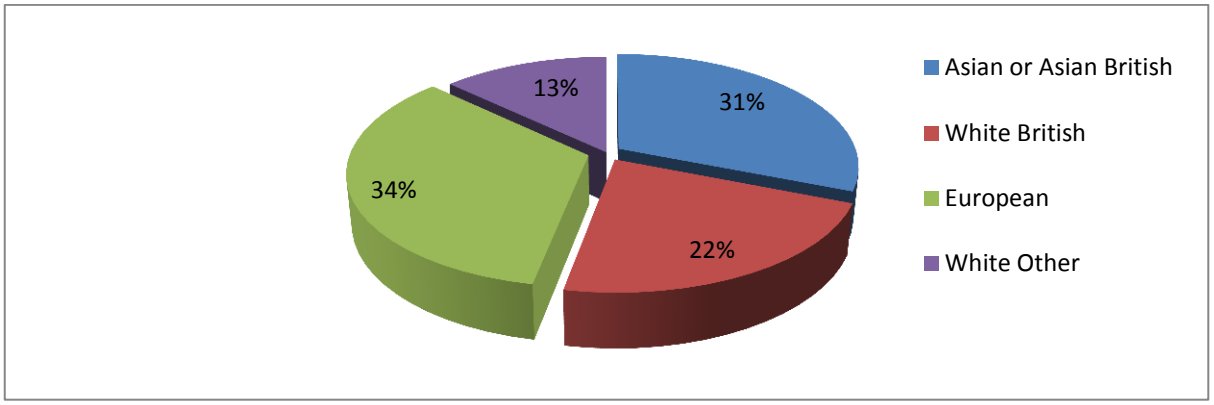
Part one: Identifying estimated prevalence of language switching in therapy

The survey pooled 62[13] responses from qualified bilingual clinical psychologists who had experience of working with clients from minority communities in the UK. A full account of results is displayed in Appendix M whilst a summary of the main findings are detailed below.

Psychologist ethnicity

There was much diversity in the ethnicity of respondents. These have been summarised in Figure 1. The largest ethnic category identified by percentage was European, followed by the Asian or Asian British category. Interestingly, nearly a third of bilingual participants identified themselves as White British.

Figure 1: A pie chart to show a summary of ethnic variation amongst participants

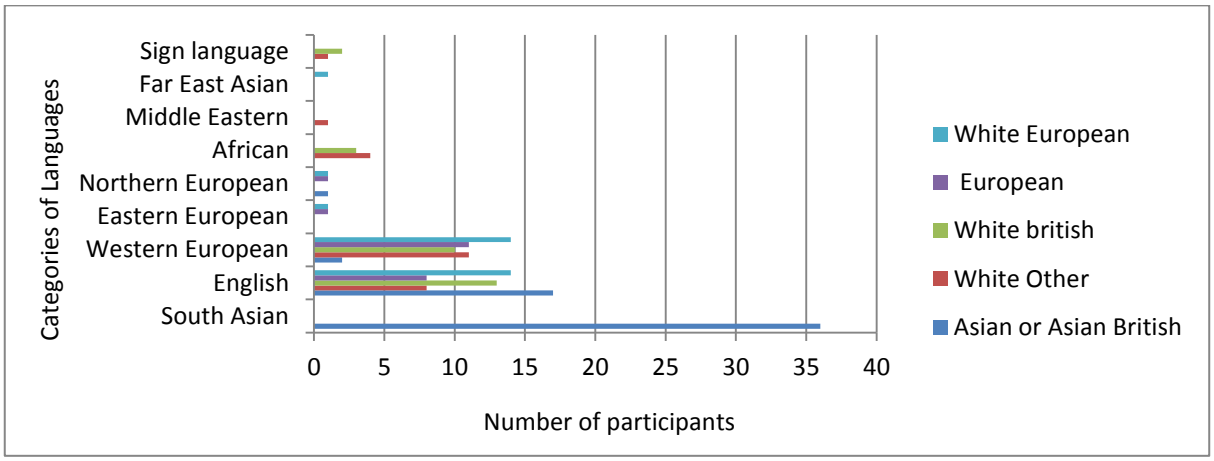


[13] The BPS (2004) reported 5.8% of the clinical psychology population as minority ethnic. The BPS Division of Clinical Psychology represents 9500 clinical psychologists in the UK and given this, the survey sample of 62 would represent 0.7% of minority clinical psychologists; considerably lower in proportion. However, it should be noted that the DCP does not account for all clinical psychologists in the UK. Therefore, it is unclear how representative this sample was in relation to the clinical psychology population overall. In addition, there were 200 clinical psychologists on the Leicester University course mailing list. This may have varied across courses; therefore, it was difficult to know how many psychologists received the survey.

Languages

Participants spoke a wide range of languages with the majority falling into the Western European and South Asian languages category. Ethnic identity tended to match the ethnic orientation of the language itself with White British, White European and White-Other participants associating with Western European languages such as French, German and Dutch, and South Asian participants associating with Hindi, Urdu, Gujarati, etc. (Figure 2).

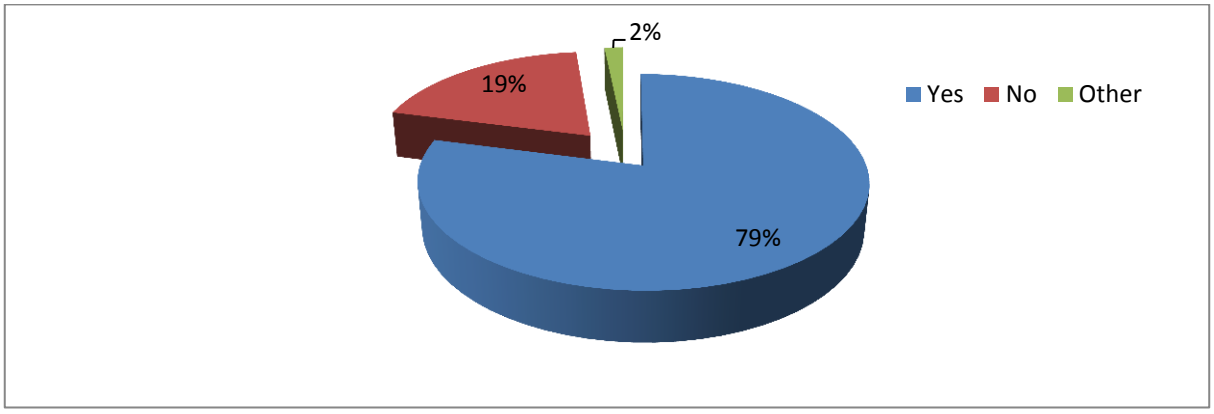
Figure 2: A graph to show categories for languages spoken fluently across ethnic orientation



Language switching prevalence

Nearly 80 per cent of participants stated they had switched languages in therapy. One respondent marked 'other' as the entire therapy had been in the 'other' language (Figure 3).

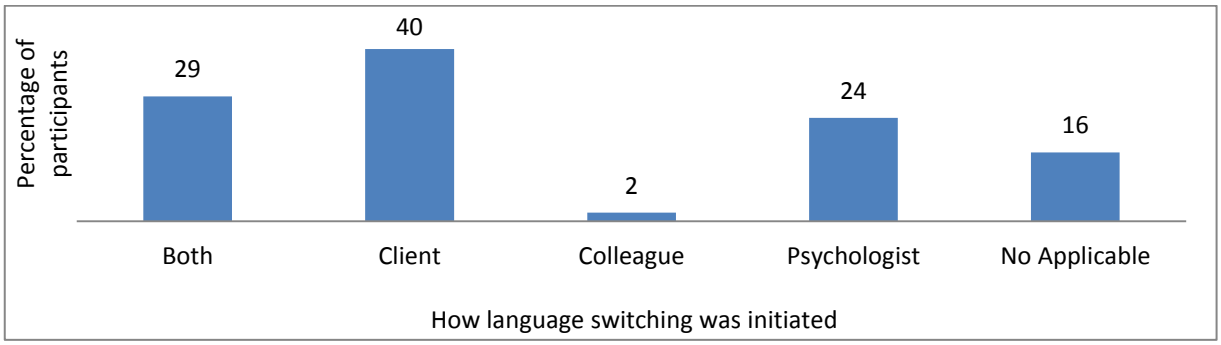
Figure 3: A pie chart showing the prevalence of language switching amongst bilingual clinical psychologists



Initiation of language switching

The majority of participants by percentage stated that language switching was initiated by the client though Figure 4 highlights that initiation was also reported to vary between client percentage and psychologist percentage.

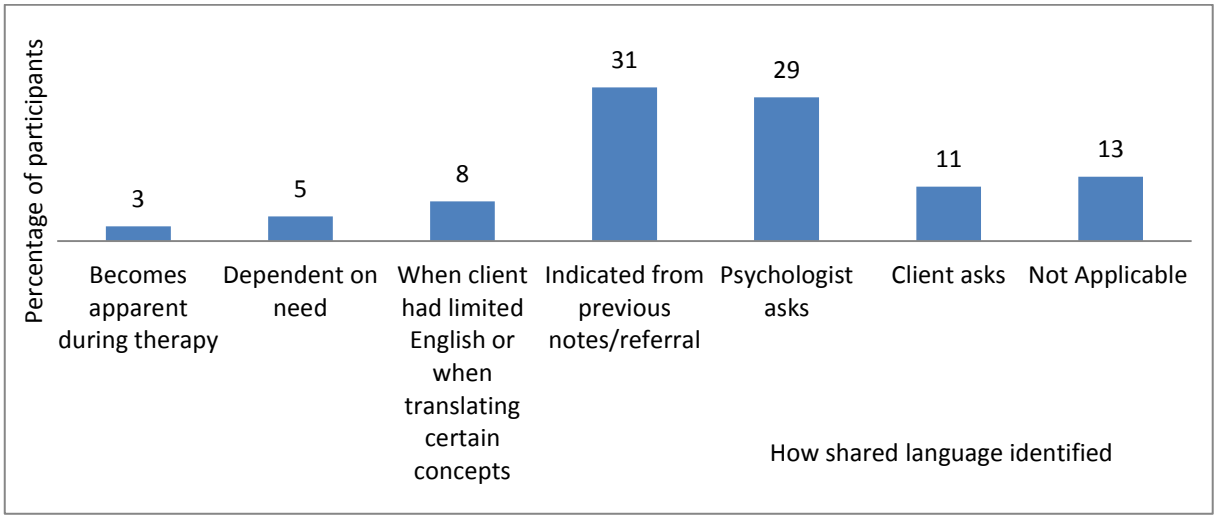
Figure 4: A graph to summarise participant responses on who initiated language switching



Identifying a shared language

Most participants by percentage stated a shared language was identified through previous notes or from the referral, and over a third indicated that they would ask to establish the shared language (Figure 5).

Figure 5: A graph to summarise responses on how a shared language was identified



Part two: Exploring experiences of language switching

In the second part of the study a total of twelve themes emerged from the analytical process and were prominent across the six interviews. Four of these were identified as superordinate themes and nine were identified as subordinate themes (Table 2).

Table 2: A summary of emergent themes[14]

Super-Ordinate Themes	Subordinate Themes
Straddling two cultures *"In my culture, outside the clinic"*	*"Straddling two cultures"* *"The affinity of being different"* *"Drawing the line and being professional"*
Building a deeper connection *"A different way of being heard"*	*"A distance brought closer"* *"A real way of sharing"*
Psychologist-client challenges *"A mutual struggle"*	*"Adapting on different levels"* *"English as a barrier"*
A feeling of uncertainty *"Not on dangerous grounds, just unknown territory"*	*"A space for creativity"* *"Assumed expert" but feeling uncertain* *Supervision to "seek out another world view"*

[14] Themes have been grounded in participant accounts and have been titled using in vivo quotes

Descriptive accounts of the themes are provided below with key quotations to highlight how they have been categorised[15].

Straddling two cultures: "*In my culture, outside the clinic"*

The first theme *'Straddling two cultures'* highlighted an inherent tension experienced by bilingual clinical psychologists between their identity as a professional and as a member of a minority community.

All participants reflected on their identity as minority psychologists working in a Western context and described how these tensions arose in their therapeutic work with minority clients as these identities merged together in the therapeutic space. These experiences often challenged assumed ideas about notions of professional boundaries and how to practice as a psychologist. Negotiating and reflecting on how to be a professional psychologist was the basis for this tension, and was considered a source of professional creativity in addition to something that was personally rewarding.

Under this theme, three subordinate themes were grouped, encompassing various aspects of participants' dual identities and the tensions between them.

"Straddling two cultures"

All participants described a sense of separation between their culture and the culture of the clinic as captured in Sophia's extract below:

[15] Quotes are identified through pseudonyms chosen by participants to maintain anonymity and are referenced by line number so that they can be located within the individual's transcript. Quotes use [...] when parts of that particular section of transcript has been omitted due to repetitive speech or its lack of contribution in understanding the account provided.

"…and in my culture outside of the clinic… you treat people older than you with greater respect than with somebody your own age…" (Sophia, 83-85)

Here, Sophia portrayed her culture to be outside the clinic where interactions were approached differently. This difference was echoed by Salim when he spoke of greeting a client in the waiting area who shared the same language as him:

"I always speak to reception staff in English… and urm, maybe, I felt a little bit strange speaking to a patient not in English in front of them… I think feeling different can feel uncomfortable – certainly for me." (Salim, 35-38)

Initially this extract was categorised as 'discomfort in using the native language' but the analytical process, highlighted more prominently, Salim's sense of preserved identity in front of colleagues, separate from that associated with his native language. This split was demonstrated clearly by Carmen who identified her minority cultural identity as being unseen at work:

"I straddle two cultures, and I also straddle two mind-sets, at times. It's just when I'm at work, a lot of the time people don't see that part of it. They don't see the Indianess in me in much – because I'm being so Western." (Carmen, 16-19)

"<u>The affinity of being different</u>"

Half of participants described how as a minority psychologist, a shared culture was formed when working with minority clients - possibly due to the dual culture they hold:

"If somebody is not white British, then they will always talk about, you know in 'our culture', no matter what they are - Chinese, Polish… they have this link with you, this affinity that you're different, that you're not white British, and therefore you have an understanding of what coming from a different culture is." Sophia, 33-37)

Sophia described the affinity of being different leading to a shared culture in understanding the social positioning of being a non-White British in the UK. She went on to say how as a minority individual, she had different experiences that could be related to minority clients which were inherent:

"When you're a minority psychologist, you're not just somebody who comes in as a somebody whose of a different background… I think you come in with a different world view… You come in with the experience of being different and being marginalised and being outside of society whether you want it or not – whether you believe you are or not." (Sophia, 530-535)

Here, a double layer of difference was interpreted; being a minority psychologist and being a minority individual. Whilst the interpretation of Sophia's interview indicated this as positive, she, like other participants, also reported a degree of negotiation required to manage between relating to this affinity and maintaining professional boundaries.

"Drawing the line and being professional"

Several participants spoke of the challenge in negotiating professional boundaries with minority clients between the different roles that played out in and outside the clinic. Here, language appeared to play a pivotal role:

> *"...I feel like they have a right to ask me those questions outside of this clinical room, and then by bringing in this language, I am then saying, yeah, you do have that right of connection to me. But then I'm drawing the line as well, because I'm being professional, so I don't think its easy manoeuvres to kind of keep negotiating really!" (Sophia, 87-91)*

Sophia went on to elaborate:

> *"... once you slip into that language... you start talking about the same context, history, background, beliefs, cultural systems, knowledge, and etiquette, and way of being, world views, choices, lifestyles... that's when you realise that 'I'm not about to give you my full history, my background. But if we were in a community setting it would be absolutely normal for you to ask me about my marriage and with how many children, who's my father, who's my grandfather...' (Sophia, 461-467)*

Language switching here was described as a right to a connection with access to another culture, bringing with it its associated interactions and familiarity. Sophia reflected on the process of recognising this; something that would be considered normal outside the

clinic. However, due to the different expectations between the therapy context and that of the community setting, she felt the need to draw boundaries.

Martha also described similar experiences:

> *"…so we started speaking in the same language. And I noticed… he would ask things like 'where in India are you from?' and I would try and steer it back to the questions… and then he would ask whether I was born here, and about my parents, and which part of India they live in… And that's something – I was really aware that it had something to do with the shared language… I needed to make sure I wasn't overstepping any boundaries..." (Martha, 20-30)*

In contrast to Sophia, Martha did not discuss the increased client questioning as a normal experience for her outside the clinic, though this did not mean she was devoid of this experience. She did demonstrate drawing and re-drawing boundaries and the analytical process considered whether these were set by her personally or by her role as a psychologist. Due to her earlier discussions of being a newly qualified psychologist, however, it seemed plausible to interpret this as boundaries set by her role as a psychologist.

In both the above extracts, participants perceived sharing language as an access to increased client familiarity and curiosity. There was a concern about maintaining boundaries and about the appropriate degree to which it was legitimate to self-disclose. This tension was evident in psychologists' descriptions of negotiating these boundaries during the therapy.

Building a deeper connection: *"A different way of being heard"*

This second theme encompassed reflections of alternative ways for building therapeutic rapport with minority clients. This came across in most participant accounts where they described these ways as often leading to a sense of increased connection.

Two subordinate themes were pooled together in this category, both reflecting participants' use of their background as minority individuals through language, culture or faith in establishing greater rapport or understanding of their clients.

"A distance brought closer"

Many participants described a sense of increased familiarity and intimacy as a result of using language switching which would have not been possible otherwise. This was conceptualised well by Camille's extracts below:

> *"I felt I was able to communicate on a level which we couldn't have been able to do. It's like a distance that is brought closer to someone if you are able to speak a language that is very familiar to you both." (Camille, 120-122)*

> *"...I just get the feeling it wouldn't have been something she would have necessarily talked about if there wasn't that intimacy generated by the right language to communicate in." (Camille, 163-164)*

Carmen and Sophia's account elaborated on this when they described unspoken messages being sent to clients when using language switching:

"It's to solidify the relationship quicker… To build on a sense of we're on the same side here… Because ultimately that's all we're doing is saying I understand you. But if I speak your language, I understand you a lot quicker… But ultimately that I, that I'm not so much an outsider." (Carmen, 26-30)

"I don't think it is just a tool to communicate, I think it means a lot more than that, I think it is a different way of listening to someone. I think it is a different way of them being heard... I think that's incredibly appealing for people, and reassuring, and safe, and supportive and encouraging…" (Sophia, 58-68)

Sophia's extract also reflected on perceptions of clients' reactions to language switching with a sense that this was desired. Salim endorses this as he reflected on experiences where he lacked fluency in the shared native language:

"…my efforts meant more to the individual than my proficiency… so there's almost… an endearing perception of needing to language to switch – showing that I'm really trying." (Salim, 20-21)

This indicated the importance of perceived effort when building rapport through language switching. It should be noted that the analytical process considered that this could be true for any perceived effort made in establishing therapeutic relationship (Ackerman & Hilsenroth, 2003).

"A real way of sharing"

Faith was a running theme across half the interviews as participants described it as being an avenue to building deeper connections with clients:

> *"...once you're willing to talk about faith with somebody, then I think that just becomes a real way of sharing... see the fact that you share faith, that you share some similar history that somewhere, our roots connect." (Sophia, 61-62, 295-296)*

Whilst some participants made brief reference to the subject, Sophia in particular, appeared to talk about faith with a real passion and something which she was comfortable with as a result of having a faith herself:

> *"... often in my work, faith comes up a lot, and we talk about faith, so either people have lost their faith due to their difficulties or it's the only thing that is giving them hope really, and their framework for making sense of things. And because I also have a faith background it's very easy to get into those discussions with people and trying to support that framework." (Sophia, 49-53)*

This view of using faith as a different framework was also expressed in detail by Martha:

> *"I think sometimes they're confused as to what they want but I think there is a massive element of understanding of where they come from in terms of I think they can speak some language or you can make sense of our faith even, and how*

that influences what we're doing. Because again, the second man… was really religious and I think there was an element of him thinking about God and if this is meant to happen… And that was really relevant to our work together – because… he wasn't really that bothered because he thought 'if I'm going to be diagnosed with dementia, why does it matter because this is all in God's hands anyway'. And again that spirituality thing is something that intertwines with different languages being brought up in assessments and things… and it could be potentially how I look as a potentially religious person: that insight is sat a little bit. But urm. Yeah. It's come up more than once. I think there is more of a link." (Martha, 232-245)

Participants' reference to themselves as religious lead to considerations whether this was dependent on minority psychologists feeling comfortable exploring faith. In both accounts, participants highlighted that faith was a common topic which enabled an alternative framework for making sense of clients' difficulties whether this was a shared faith or a different faith.

Psychologist-client challenges: *"A mutual struggle"*

The third theme highlighted a sense of struggle both from a client stance and from psychologists' own professional stance.

All participants described clients' struggles in communicating and comprehending in English, leading to a shift in struggle faced by themselves as psychologists when attempting to ease this through using the client's language.

Two themes were categorised that appeared to symbolise these challenges when facilitating understanding and communication: attempts to adapt models and adapting the language. These representations were based on participants' experiences of working with clients who had sufficient grasp of English such that an interpreter was not required but where language switching occurred.

"Adapting on different levels"

Most participants described challenges in translating concepts from Western models so that they made sense to their clients and were culturally relevant:

> *"So I think there are challenges and… I think that's just some of the concepts that we work with are quite complex… Even trying to get someone to understand CBT in English can be difficult from somebody from an English speaking background. Not everyone is going to fit into that model so you've got to be thinking about that as well. A, is it culturally relevant – how do you break it down into a way that's going to translate easily, urm, or in a way that makes sense to that client…" (Sanaa, 129-134)*

> *"…we have a questionnaire that we have to go through in the session – the PHQ 0 and the GAD 7; urm, and… I had some idea of what terms to use for things like depression or hopelessness, but then, I think, I lacked the vocabulary to accurately ask the questions although they may not all be culturally appropriate questions to ask because there might not be necessarily the same distinction between worry, anxiety, and I guess the terms may not translate in the same way. But, we were able to get through that." (Salim, 6-12)*

Whilst both extracts questioned the cultural appropriateness of psychological concepts, both reflected an attempt to break things down for clients. The last part of Salim's extract suggested that this was a process that was collaborative. Sanaa echoes this process when she talks about her approach:

> *"I can speak to you in your language and we can try and – try and make some sense of this together in something that's common – on common ground." (Sanaa, 105-107)*

There was a sense here of using language switching to enter into the client's world and share something common which bares some resonance with therapeutic practice in general (Ackerman & Hilsenroth, 2003).

Sanaa went on to explain how this adaptation occurred on two different levels:

> *"I felt like I'm doing CBT and I've got to do it properly: for the clients, I have to explain the concepts properly. I have to adapt my language around it and not necessarily compromise the concept and the idea that I'm trying to convey…" (Sanaa, 211-213)*

When asked how she felt the client may have experienced it, she went on to say:

> *"I think he struggled in the beginning… We both struggled here… I was trying to explain, but he didn't have the comprehension… it was for me to adapt it in a*

way that I thought would make sense to him and also keeping the integrity of the ideas as well." (Sanaa, 191-195)

A sense of struggle is clearly described in Sanaa's quote above. Her extract also reflected a shift of struggle from one to the other where initially the client appeared to be struggling but then became a struggle for her as she initiated language switching to address this. This struggle was generally reflected across participants when they spoke of negotiating therapeutic modality whilst facilitating comprehension for clients.

"<u>English as a barrier</u>"

A reoccurring and frequent sense was described by most participants that English hindered accurate communication of concepts which were not associated with English-Western cultural linguistic aspects and ideas:

"…the language that we use in psychiatric language doesn't exist outside of, you know, this English language, so there's no similarity on the whole… those words aren't there to access – you can find something that's similar but that's all so you don't know if the person's understanding the meaning." (Carmen, 29-36)

"I was speaking English and I knew that he was sort of understanding but I knew that he didn't understand fully – for that comprehension – to really get the concepts across there was no other way but to – instead of me battling away and trying to explain in English…If I had carried on trying to battle with explaining ideas and concepts and doing this work with him in English, I don't think it

would have. You know. I don't think – I don't think we'd conclude that piece of work." (Sanaa, 22-25, 94-96)

Here, Sanaa described English as a battle because the client found it difficult to comprehend. Similarly, trying to communicate concepts to the client was equally challenging. There was an indication that continuing in English would have been a barrier to concluding their work had she not initiated language switching. She went on to emphasise this:

To be able to appreciate where you're coming from they need to know that you understand them and English was – wasn't going to cut it. It was a barrier, you know." (Sanna,83-85)

The idea that English was not going to 'cut it' was endorsed in Sophia's account of her experience of language switching with a client:

"Sometimes, like with this guy from Afghanistan… he, urm comes in and out of English and Urdu, and it depends… When he talks about faith… When he talks about hope he talks in Urdu, when we talk about practical things it's in English." (Sophia, 361-364)

Sophia described how a client used language switching to express different experiences. This indicated that English alone may not have been enough to meet the communication needs of this client.

In most of these accounts there is a sense of struggle when using English language alone for participants with a degree of English fluency where English may not be a first language. It seems the struggle develops through addressing psychological concepts if not initially apparent.

A feeling of uncertainty: *"Not on dangerous grounds, just unknown territory"*

This theme captured feelings of uncertainty about psychologists' own practice and the struggle to have a clear model when working outside traditional Western approaches. This was expressed by several participants in their considerations of working in the realm of a similar culture and using language switching.

Three themes were pooled under this category which encompassed reflections of uncertainty that minority psychologists experience when using their native language in the absence of a clear model or related guidance.

"A space for creativity"

Some participants described language switching as a novel process and there was a sense of offering language switching in therapy as a 'trial' for both psychologist and client:

> *"I can speak a different language; let's see how we can engage, let's see if that makes a difference." (Martha, 214-215)*

> "*I tend to do things quite experimentally… I don't think there's any truth about these things. At the end of the day all I'm trying to do is to get this shared*

understanding… And if it sits well with both of us then we will proceed along those lines." (Camille, 215-220)

During the analytical process, there was some consideration that such an experimental approach may trigger feelings of anxiety though this was not expressed by any of the participants. It may have been that the notion of language switching being a creative and experimental process was more important to communicate and more relevant for sharing their experiences of being able to explore something different and 'deeper' as discussed previously.

"Assumed expert" but feeling uncertain

Some participants experienced being 'pigeonholed' by others as an expert because they came from a minority background:

"…it was just assumed that I would be able to speak to him in Punjabi and… I remember being in a team meeting and reflecting on cultural practice for this man… and the team looked at me and said 'is that normal?'… And I just thought… 'Why would I know – just because I'm brown?'… its common senses some of it, you know, and I felt that I had to be the expert in that situation: and I was no expert at all." (Martha, 59-71)

Martha's account gave a sense of negative feelings elicited from being pigeonholed and a team perception which categorised her as a minority when she did not view herself as an expert. There were various elements highlighted in this extract and consideration was given to whether identity in the workplace was a more prominent factor. Whilst the

analytic process acknowledged identity to be interwoven in this account, it was interpreted as an overall reflection for how Martha was assumed an expert.

A similar process and conclusion ensued for Salim's extract below:

> *"Exploring some of my own assumptions – maybe my supervisor just won't understand… My one or two experiences of taking things that might be of a cultural or slightly language based nature are – "hang on – you're the expert – why are you talking to me for?"… Sometimes you can actually get kind of pigeonholed… I'm the BME leader in the service so, actually, I should know. Actually, it's – it can feel a little bit inappropriate or unhelpful to try and bring that to supervision…" (Salim, 38-47)*

Both extracts highlighted feelings of uncertainty for psychologists when working with minority groups and the difficulty in seeking support if they are assumed experts due to their own minority background.

<u>Supervision to "seek out another world view</u>"

A few participants were clear that supervision did not address their needs as bilingual minority psychologists in their work around language switching:

> *"I remember going to supervision with my supervisor who was a white male psychologist, and we really didn't discuss it a lot, you know. I told him what had happened and I said that it felt really bizarre and I did feel uncomfortable at times because this isn't normal for me – and he was like 'oh, that's really interesting that*

you felt like that'. And we didn't really go anywhere else with that." (Martha, 41-45)

There was an indication in this account of a need for further exploration in supervision. It appeared that Sophia, in particular, felt strongly about this and highlighted a struggle to take things to supervision leaving her in what she described as 'unknown territory':

> *"…these shared conversations, and I find it really hard to take to my current supervisor… I don't really see her as generally as somebody who would seek out another world view… I don't think I need a supervisor who is of a different culture, but I definitely need somebody who is curious, interested, and gets it- that this is a different way of working." (Sophia, 404-412)*

> *"I guess I'm in, not in dangerous grounds, but unknown territory, and I'm just there on my own with that." (Sophia, 426-427)*

This suggested a lack of support for South Asian clinical psychologists and a sense of being isolated when working with bicultural/bilingual aspects of their clients' presentations. The possibility that this may contribute to the association of different identities described by psychologists when at home and when at work was considered.

Discussion

The aim of the current study was to both obtain an indication of the prevalence of language switching amongst bilingual clinical psychologists across the UK, and to explore the experiences of South Asian bilingual clinical psychologists and the use they make of language switching in therapy when working with minority ethnic clients.

The survey sample of sixty two respondents indicated that language switching was used commonly in the practice of bilingual clinical psychologists across the UK. Further exploration of the experiences of South Asian clinical psychologists using IPA highlighted the value of incorporating language switching into the therapeutic domain in addition to many complexities which arose due to cultural/linguistic overlap. These findings are discussed in greater detail below in relation to the wider literature on language switching. The implications for future research and practice are also considered.

Bilingual clinical psychologists across the UK

The results from the survey indicate that bilingual clinical psychologists predominantly represent European and South Asian backgrounds, which is congruent with the general demographics of the UK population. Western European languages, such as French and Dutch, were the most commonly spoken followed by South Asian languages, which included Punjabi and Gujarati. Whilst this does not reflect the languages spoken across the UK which identifies Polish to be the most common language after English (The Office for National Statistics, 2011 Census), it may represent the bilingual population more accurately due to lack of English proficiency identified for many Polish communities (Kozłowska *et al*. 2008). However, due to unobtainable information

regarding language skills within the profession overall, it is difficult to determine whether this can be considered a representative sample for bilingual clinical psychologists across the UK. In addition, whilst efforts were made to facilitate participation on a large scale, the nature of the recruitment process may have excluded those clinical psychologists who were not linked to an educational establishment or registered with the BPS.

The survey results do provide an indication, however of the prevalence of language switching in therapy which appears to be widespread across many different languages (Marshall, 1996). This suggests that bilingual clinical psychologists make use of their language skills in practice despite being trained and working in a context which is dominated by the English language. It should also be noted that the use of bilingual skills does not necessarily reflect just the minority ethnic population of the profession, as nearly a third of the sample identified themselves as White British. It would be interesting, therefore, for future research to explore the experiences of language switching amongst White British bilingual psychologists, particularly given the complexities around cultural/linguistic overlaps experienced by South Asian psychologists.

Understanding the role of language switching in therapy from the experiences of South Asian clinical psychologists

Four main themes emerged from the interview analysis highlighting the push-pull struggle of culture and language, the complexities of negotiating boundaries when attempting to build valuable connections with clients, and the feelings of associated

anxiety from working in a territory where there is relatively limited professional guidance.

Negotiating biculturalism-bilingualism in a Western paradigm

For South Asian clinical psychologists having a dual sense of self was a central preoccupation. They identified with a Western sense of self as a psychologist in their work while at the same time occupying a position as a minority ethnic individual outside the clinic. This suggests that for a South Asian psychologist, their perceived identity is interchangeable and context dependent which concurs with much of the previous literature on biculturalism (Grosjean, 1982; 1996; Huynh *et al*. 2011; LaFromboise *et al*. 1993). There is also an indication here of the dominance of the Western context whereby South Asian psychologists' identify with their Western sense of self at work perhaps as a need to fit into the Eurocentric working framework (Johnson *et al*. 2004).

Whilst Swchwartz and Unger (2010) reported that it may be most adaptive in some mono-cultural situations to think and behave in ways which are more consistent with the dominant cultural context (De Anda, 1984), this may be related to a process of 'othering' where the person also identifies themselves as different from the mainstream and perhaps feels excluded (Canalas, 2000). This may reinforce the issues of power and dominance of one culture over another (Johnson *et al*. 2004). In addition, this process may not allow South Asian psychologists to address their dual identity with their mono-cultural colleagues and may contribute to the challenges, which they experienced through feeling isolated and unsupported at work. This may also provide an explanation for why some psychologists identified with their own out-of-clinic culture when

working with minority ethnic clients and spoke of an affinity which is formed, arising from a sense of shared understanding of what being different might mean as a minority ethnic individual living in the West. This type of 'othering' is described by Canales (2000) as inclusionary othering where power dynamics are transformed to build an alliance.

South Asian psychologists seemed to align themselves with two different types of 'other' due to the dual identities they represent. This demonstrates the two ends of biculturalism where at one end individuals are mono-cultural and able to detach from the other culture, and at the other end, they are with other bicultural individuals blending aspects of both cultures as a basis for interaction (Grosjean, 1982; 1996; Kanno, 2003).

The initiation of language switching in therapy appeared to add to the complexities for these bilingual psychologists as when South Asian clients spoken their mother tongue they became increasingly curious about the psychologists' personal and family background. This seemed to create a sense of over-familiarity for psychologists, arousing tensions for them as they attempted to maintain their alliance with their clients whilst realigning their professional boundaries (Lijtmaer, 1999). Interestingly, this sense of over-familiarity would not normally have been questioned in similar interactions outside the clinic. Hence, this tension was considered to be associated with potential feelings of being constrained through South Asian psychologists adopting a Western/professional sense of self at work where practice guidelines exist around self-disclosure (BPS, 1995; BPS, 2009). These guidelines naturally, influence the boundaries that are set up within the therapeutic framework to minimise clinician self-

disclosure. It is possible therefore, that this adaptation to a Western identity at work may have influenced a greater power difference between South Asian psychologists and their South Asian clients by way of maintaining a therapeutic boundary, which language switching potentially served to reduce in the first instance.

Similar complexities were experienced when using language switching to facilitate increased communication and comprehension for clients. There seemed to be a prominent view from South Asian psychologists' accounts that English was insufficient and became a barrier in fully understanding and communicating with clients, even when they were fluent in English. Subsequently, psychologists experienced continued challenges of how to adapt Western psychological concepts to more culturally meaningful terms, whilst attempting to maintain the integrity of the therapeutic approach. These findings are concurrent with widespread literature which demonstrates the difficulty in transferring Western ideas and concepts of mental health to different languages and cultures (Clauss, 1998; Foster, 1992; Javier *et al*. 1989; Marcos & Alpert, 1976). Again, the idea of 'fitting in' to Western ideals seems evident although the South Asian psychologists also appeared to counterbalance this by moving away from mono-cultural and mono-lingual approaches and merging their cultural and linguistic skills to meet the needs of minority ethnic clients. However, in their attempts to reduce the struggle around Eurocentric constructions of power, language and health conceptualisations experienced by clients, South Asian psychologists appear to shift the struggle onto themselves due to the overlaps in their dual identities which arise from language switching. These tensions seem to be exacerbated by the experimental nature of language switching and the lack of guidance and support available for South Asian psychologists, which elicited feelings of anxiety.

Many psychologists also spoke of being seen as the expert for working with diverse cultures, making it difficult to seek help and experienced supervision processes that were lacking the curiosity or willingness to explore the complexities that accompany the language switching process. These findings resonate with research conducted by Verdinelli and Biever (2009b) on bilingual Hispanic/American populations engaged in counselling services and the experiences shared from mental health graduate students, trainees and qualified psychologists. They highlighted feelings of being exploited in this sample due to having to provide training to others whilst having little supervision exploring the complexities arising from linguistically sensitive work. In addition, they were appreciative of supervisors who were culturally competent, mentioning the benefits of working with bicultural/bilingual supervisors. Whilst findings from the current study did not indicate that South Asian psychologists felt the need to be supervised by supervisors from a similar cultural background, they did highlight a need for supervision to be open to different world views and allow exploration of the issues that they face in therapy. This seems particularly relevant considering the framework for offering psychological input encourages psychologists to incorporate reflexivity and reflection to enhance their practice and ability to engage and support their clients effectively in a way, which minimises the influence of personal biases, judgments and prejudice.

Perhaps though, the struggle in therapy described by the South Asian psychologists in the current research can be considered as part of a wider struggle for minority ethnic clients to be understood by mental health services outside of the dominant Western paradigm. Whilst attempts have been made for services to be more aware of and

sensitive to such issues over the years, the clinical psychology profession has still been found to lack cross-cultural depth in its training and support (Williams *et al.* 2006) which has impacted on the struggles for bilingual psychologists post qualification (Castano *et al*. 2007; Verdinelli & Biever, 2009a). It may be that supervisors do not feel confident to explore such complex issues which can be seen as challenging the dominant Western paradigm

Given existing debates around the cultural dominance of Western and Eurocentric frameworks for mental health care pathways which have been found to impact on the accessibility, engagement and outcomes for ethnically diverse individuals seeking support (Department of Health, 2003; Hall, 2001; Pederson, 1982), it is important that these issues are addressed in supervision.

In the USA literature on language switching, Fuertes (2004) suggested a need for supervisors to be acquainted with the multicultural competence model which facilitates flexibility between variable perspectives, world views and biases through a framework for considering culturally and linguistically sensitive conceptualisation. Given the supervision experiences relayed in the current study this may be a useful model to explore further. It would be valuable for future research to focus on supervisor perspectives and experiences of this model in the first instance which may potentially serve to meet the needs of South Asian psychologists and minority ethnic clients.

Positive aspects of language switching

Despite the complexities raised from using language switching in therapy by South Asian psychologists, many also described the positive effects of the increased

connection with clients which was both reassuring and encouraging for the client and facilitated increased disclosure during therapy. Language acquisition or fluency did not seem to rupture therapeutic rapport as clients were reported to appreciate psychologists' efforts over their language proficiency. This suggests that for minority ethnic clients, psychologists' attempts at speaking their native language may be important for facilitating their engagement in the therapeutic process.

Whilst this could be true for any perceived effort made in establishing the therapeutic relationship (Ackerman and Hilsenroth, 2003), these findings do concur with Griner and Smith's meta-analytic review (2006), which focused on culturally adapted mental health intervention and suggested language matching to be a powerful phenomenon, contributing to positive outcomes. Perhaps, this may be due to the fact that having a shared language enhances cultural empathy, which is described by Tseng and Streltzer (2004) as a key component in cultural competence and cultural responsiveness in therapy. This seems a plausible consideration given that the present findings present the role of language switching as one which facilitates the ability to connect with clients' cultural perspectives and meanings (also highlighted by Costa in 2010).

Faith

Another aspect of cultural empathy raised by some participants was through discussing the topic of faith. Similar effects of language switching seemed to render true for sharing aspects of faith which was also viewed as an alternative way of connecting with clients. Interestingly, this seemed to be a recurrent subject for some psychologists when working with minority ethnic groups. Although this was not the focus of this research it was evident that for these participants faith, language and culture were inherently

intertwined and discussions relating to language or culture would naturally lead to discussions around faith.

These findings support earlier research by Spilka (1986) who discussed faith as being pervasive in culture, and highlighted how discussing faith in therapy could provide a sense of meaning to clients who are distressed. Whilst this seemed to be an important aspect of the current research findings, others such as McCullough (1999), who conducted a meta-analytic review on religion-accommodating counselling, found no clear efficacy for therapists using religion (Hall, 2001). However, he did state that discussing faith may impact on client satisfaction. Whilst this integration may be dependent on the therapist's own association with their faith (as highlighted by Walker *et al*. 2004), it seems from the current research findings, that the impact on the therapeutic relationship and contribution to conceptualising client difficulties is a positive one. This was representative for psychologists and clients who shared different faiths as well as shared the same faith.

Conclusion

Findings from both the survey and the interviews suggest that language switching is prevalent in the practice of bilingual clinical psychologists across the UK, and provides an indication of the diversity in the current language skills and language switching practices within the profession. In addition, the findings indicate that language switching is used in therapy by both the client and the psychologist to facilitate the development of the therapeutic relationship and co-construct a shared understanding between both parties. However, it would be interesting for future research to obtain

more widespread and inclusive demographics to identify more accurately, the cultural and linguistic representations for clinical psychologists.

South Asian psychologists' experiences provide an understanding into the factors associated with language switching, which concur with much of the USA literature on Hispanic populations and highlight the clinical implications for an area of work which is evidently challenging and complex. Findings provide an insight relating to the tension South Asian psychologists' experience between their personal and professional identities and the challenges they face in negotiating boundaries when working with minority clients. This seems particularly pertinent for minority psychologists in the UK due to the practice guidelines they are required to adhere to. These guidelines have implications for minority psychologists to align and realign boundaries and address the different cultural norms and expectations, which arise when working with minority clients.

Certainly, the overall sense of struggle around negotiation of identities, boundaries and adaptation during therapy, is particularly prevalent for the South Asian psychologists represented in the current study. This indicates that there may be additional needs for South Asian psychologists to support them in recognising the interplay between identities, and how they can draw boundaries to balance both engagement and their sense of professionalism. This is essential given that language switching seems to play a key role in therapy when working with minority bilingual clients, and has been received positively with positive outcomes (Kokaliari & Catanzarite, 2011; Ramos-Sánchez, 2007; SantagoRivera & Altarriba, 2002; Verdinilli & Biever, 2009a).

It is recommended that future studies consider comparisons of language switching experiences between bicultural psychologists and mono-cultural psychologists to explore how the absence of the bicultural aspect in psychologists' identity compares with the struggle of shifting boundaries that South Asian psychologists report to experience. These tensions faced by South Asian psychologists in their use of language switching are considered as part of the challenge in working against the dominant Eurocentric models of work. It seems that even under little guidance and regardless of their therapeutic stance, psychologists pursue a more cultural model by the very act of language switching, where the challenges appear to be overridden by the increased connection and engagement it develops with minority ethnic clients. As the literature on therapeutic outcomes has repeatedly shown, it is these non-specific factors of the therapeutic relationship that are core to the success of therapy (Ackerman and Hilsenroth, 2003; Green and Latchford, 2012; Miller *et al*. 1999) and thus, warrants greater focus.

Additional research considerations

Verdinelli and Biever (2009a) found clinicians' struggles to translate terms and concepts being closely linked to professionals and their language proficiency. This did not emerge as a key factor in the current study although it would be useful for future research to consider this given that training needs for Hispanic therapists have been highlighted in previous work (Castano *et al*. 2007; Santiago-Rivera & Altarriba, 2002; Verdinelli & Biever, 2009a). Considering the sense of struggle for South Asian psychologists was prominent in the current findings, exploring language proficiency and its impact on professionals could induce clinical and training implications regarding

how we tailor interpreting services and cultural-linguistically competent services for minority clients in the future.

Clinical implications

Language switching appears to be a useful approach when working with minority clients and can support the development of more accurate and holistic formulations. Whilst the overall outcome of language switching appears positive, its initiation brings challenges for psychologists that may be exacerbated by their chosen mode of work. For example, the challenges around boundary issues may be more prominent for psychologists who adopt a psychodynamic stance for therapeutic input in comparison to those who adopt community psychology modes of work. It is important given the struggles highlighted by South Asian psychologists in the current study, that psychologists consider the potential implications and challenges arising from language switching before they choose to use it in therapy.

Whilst there does not seem to be a 'right' way of working due to the multifactorial dynamics at play (Costa, 2010; Green and Latchford, 2012; Monoleas *et al*. 2000; Tseng and Streltzer, 2004; Whaley and Davis, 2007), there are clinical implications for facilitating staff to feel guided, maintain their wellbeing and work safely and competently within their means when language switching (BPS, 1995; Costa, 2010; Verdinelli & Biever, 2009b). Language proficiency may be particularly valuable to explore further, and may indicate specific training requirements for bilingual psychologists around building language proficiency relating to particular models and psychological concepts (Biever *et al.* 2002; Castano *et al*. 2007; Verdinelli & Biever, 2009a).

Similarly, supervision needs have been raised as a concern within current findings, highlighting the need for supervisors to facilitate increased exploration with bilingual and bicultural psychologists regarding their work with minority ethnic clients (Aguirre *et al.* 2005; Halsey & Patel 2003; Santiago-Rivera *et al*. 2009; Verdinelli & Biever, 2009b). This is essential as Turpin and Coleman (2010) highlighted that psychologists who are not able to discuss these aspects in supervision, will only add to the barriers of developing cultural competency of the profession. In addition, the absence of reflection, particularly for clinical work that poses a challenge, which is an essential part of psychological input, can undermine good practice in terms of safety and effectiveness.

Perhaps, supervisors do not feel competent or comfortable in addressing these issues which may impact on the sense of struggle, anxiety and lack of support or guidance that has been expressed. It would be valuable for future research, therefore, to focus on supervision processes and supervisor perspectives with a view to developing more appropriate support for bilingual psychologists.

Language switching certainly seems to play a prominent role in therapy with minority ethnic clients; facilitating psychologists' understanding of the client's position and enhancing therapeutic engagement. As a practice, it suggests development of cultural competency through adaptation and flexibility. However, with many complexities associated, it is important for further research, both quantitative and qualitative to be conducted so that we can improve our understanding and develop appropriate guidelines for this area of work which seems important to maintain in practice.

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Part C: Critical Appraisal

A reflective account of the research process

Critical Appraisal

A reflective journal written throughout the research process forms the basis of the discussion below.

The development of the research topic

The initial research idea originated from reflections of my own personal experiences of maintaining two very different cultures and languages which together, have formed my current identity as a British South Asian individual. I identify with being British foremost – this is naturally a reflection of the dominance the Western culture imparts onto my life. My South Asian culture is inherently part of my personality, but I am aware this requires active maintenance to uphold. I feel I have been able to maintain this 'native identity' – and native language well.

However, during various discussions with previous colleagues and fellow trainees on the course, I developed an awareness of the lack of knowledge the 'outside world' possessed on my *own* culture. Naturally, I found myself wanting to share this knowledge with others so that they were able to understand the cultural intimacies and nuances that would allow them to know the *complete me*. This precipitated my thought processes on the cultural and linguistic mix in bilingual minority ethnic clients, and whether as services, we were able to understand minority ethnic clients' fully in the absence of inviting this 'mix' into the therapeutic framework.

It can be argued from the postmodernist conceptions of identity that we can never obtain information on every aspect of an individual's identity due its multi-dimensional aspects (Howard, 2000). However, I considered the potentially privileged position

bilingual psychologists can be in to access these different dimensions when working with bilingual minorities. I felt this would be a useful area for focus which could contribute to the way in which bilingual psychologists practice when providing support to minority ethnic individuals and their families.

During my preliminary literature search, I realised the enormity of the area of research I was interested in. Within this, language switching was one aspect which resonated with me in particular. Reflecting on my previous professional experiences, I considered language switching to be a potentially useful engagement strategy, and one which could enhance formulation in psychological therapy. However, I was unsure how this intervention would fit in within a Eurocentric framework where the English language is dominant. I also considered whether the notion of language switching would be seen as being over-familiar or increasing allegiance with clients as it required sharing a part of the therapist's personal background (by way of disclosing the native language), which would not normally be shared in therapy. However, given the under-representation of minority ethnic communities in psychological services (Williams *et al*. 2006), I thought that these factors may be outweighed by the possibility of increasing our engagement and understanding of these individuals. Reviewing the existing research, I was surprised how little was covered on language switching itself given the diverse demographics in the west, and more specifically, in the United Kingdom (UK).

Methodological considerations

As a relatively new research area for the UK, I thought it would be useful to obtain information on bilingual and minority ethnic psychologists and their current practices around language switching. Whilst there has been a recent survey which obtained the

demographics of applied psychologists in England (BPS, 2005), this did not incorporate the information that I required on the language skills within the clinical psychology profession.

A further survey was thus required to collect this information and access large numbers of clinical psychologists across the UK. Recruitment was initially sought through the British Psychological Society (BPS) and Health Care Professionals Council (HCPC) due to their direct links with the psychology profession. However, due to the ethical and practical constraints by which these bodies were bound, I had to consider another route for recruitment. At this point, I considered the various training routes and settings which were associated with different types of psychologists. This influenced my decision to narrow recruitment to clinical psychologists alone using university doctorate course links around the country.

Whilst this enabled the recruitment of a more homogenous sample, the data obtained from the survey cannot be considered as representative of the clinical psychology profession, as not all clinical psychologists are linked to university courses. In addition to this, recruitment relied on voluntary participation. This type of recruitment is found to give rise to participant bias and therefore, the data I have obtained, may be biased towards particular individual characteristics (Fowler, 2002; Glasgow, 2005). However, given the ethical considerations regarding consent and anonymity, this was deemed to be the most appropriate and practical form of approach to access clinical psychologists across Britain.

An additional limitation of the survey in terms of obtaining a representative sample, was that the definition of bilingualism was not provided so participants' self-perceptions of being bilingual may have varied. Many individuals view bilingualism as acquiring equal proficiency in both languages, for example (Grosjean, 2010). Therefore, those that did not consider themselves fluent in two languages may not have responded to the recruitment email, but may still have used language switching in their practice. As a result, I felt that it would have been useful to explore the proficiency of languages spoken by psychologists and compare this to languages used for switching. Many responses came from multilingual psychologists. In addition, during the analytical process, I realised that I could not assume that all the languages spoken by a psychologist were those that were used in language switching. I considered this limitation to obtain valuable information a flaw in the survey. This would have been particularly important to note given that previous research has indicated that language proficiency may impact on language switching and therapist training needs (Verdinelli & Biever, 2009a). It would be useful, therefore, for future research to explore this and clarify this further.

Moreover, language proficiency was not explored via the interview schedule either, due to the aim of obtaining subjective experiences and accounts which were participant led where enquiring about language proficiency. On reflection, however, I feel it would have been valuable to enquire about language proficiency given that this has been raised in the previous literature as impacting on professional feelings of anxiety and competence (Castano *et al*. 2007; Verdinelli & Biever, 2009a). However, given that this topic was not raised as a concern amongst participants in the current research, I also

reflected that this may suggest that it was not relevant to clinical psychologists in the UK – or more specifically, to South Asian clinical psychologists.

Personal reflections: Influences, surprises, challenges and learning outcomes

I was surprised by the sample I obtained overall. I certainly did not expect a large response rate for the survey, or for the interest shown for the interview part of the study. This may have been due to my assumption that participants may not wish to speak about language switching, but also due to my awareness of the under-representation of minority ethnic psychologists (Williams *et al*. 2006). The diversity of ethnic orientation represented amongst clinical psychologists and the languages they spoke, therefore, came as a surprise. I expected this mix to be representative of the bilingual clinical psychology profession. However, I could not be sure due to the points discussed earlier. I pondered whether to go with my temptation to include a diverse sample of bilingual clinical psychologists for the interview process, or to go with my original plan and focus on those from South Asian backgrounds only. The latter, was the preferred option due to its predominant representation within the general population of the UK and partly perhaps, due to its resonance with my own background as a South Asian bilingual.

The interviews conducted with South Asian psychologists were thankfully rich in information, and I was surprised at how openly participants spoke of their experiences and the challenges they faced. I wondered whether my own exploratory thoughts on the use of language switching being a potential contradiction to the Eurocentric framework had influenced my presumption that South Asian psychologists would be less likely to discuss this topic. I was aware that this assumption may have influenced my choice of

approach to conduct one to one interviews instead of facilitating focus groups. Whilst I initially considered focus groups to develop interesting discussions on the different experiences relating to language switching, the practicalities of pooling together busy psychologists from across the country at one time and place would provide a steep challenge. In addition, my aims to explore in depth subjective experiences of psychologists', lent itself to an Interpretative Phenomenological Analysis (IPA) approach where conducting interviews was more appropriate (Smith *et al*. 2010).

On reflection, I feel that the decision to conduct interviews and adopt an IPA approach was an appropriate one. Carrying out a pilot interview helped me tailor my interview schedule towards gaining more subjective accounts. In addition, I felt that my interviewing technique improved over the course of conducting six interviews, as I was referring less to my schedule but still guiding the discussion in a way which was relevant to the participant and the topic of language switching. I realised I became less anxious about collecting what I needed and more concerned about obtaining what was important to the participant regarding their experiences. I also became accepting of the likelihood that the interview would veer off language switching at times, and focus on related topics such as culture. This seemed reflective of the cultural and linguistic overlap which is often discussed in the literature around bilingual individuals (Grosjean, 1996; 2010; Kanno, 2003), and the complexities around the use of language switching; though I realised this at a later stage in the research process.

This may be due to my somewhat delayed engagement with the research and participants I was interviewing. Whilst the research topic was an area of interest for me, I was aware of my own anxiety in using the IPA approach, which appeared complicated

when I was first introduced to it during teaching. I wondered whether this was due to the rigor of the analysis process that IPA adopts. Perhaps I was concerned about my own ability to match the rigor expected. Subsequently, I relied heavily on following scripted prompts during the first two interviews as outlined by the interview schedule. Even though this did not seem to deter participants in sharing their experiences, I wondered if it would have been helpful to pilot the analysis rather than just conducting an interview prior to conducting the six interviews. This may have alleviated my initial anxieties and enabled a clearer flow of conversation for participants.

The use of supervision and qualitative research groups was invaluable, as I was able to reflect on these issues and minimise the impact it had on my engagement with the interview and later, the analytical process. Reading articles by Yardley (2000) and Morrow (2005) around how I could improve the credibility of my research helped me further in breaking down the barriers to engaging fully with the data. I found myself beginning to enjoy the process more than I had initially expected and was able to engage and immerse myself in the data during analysis.

I had to be cautious in the analytical process, however, and ensure that I was not highlighting extracts of a transcript and identifying themes due to its resonance with my own experiences and perceptions of a South Asian bilingual psychology professional. This was a challenge as I felt I could connect with many aspects of participants' accounts and during interviews found myself providing acknowledgement of this through non-verbal communication. The use of triangulation and inter-rater processes was, therefore, essential and helped me explore different perspectives and check the accuracy of my interpretation of the data.

Another difficulty which transpired during the analysis was the considerable overlap of different quotes and themes which had to be read, re-read and checked again using triangulation and inter-rater reliability. This ensured that the quotes which were initially associated with multiple themes, were identified, re-interpreted, and re-coded to improve the quality and rigor of analysis. The complexities and overlaps associated with language switching also proved a challenge during the write-up of the research and resulted in a comprehensive discussion about the findings overall rather than a structured discussion which separated the different themes identified.

Conclusion

Despite my initial anxieties around conducting this study, I feel I have learnt a great deal regarding qualitative research. The aim of exploring deeper meanings and focus on data quality has developed my insight into the complexity of interpretation. I feel that this will only enhance my therapeutic work in considering the variable perspectives in understanding clients' positions. In addition, the reflexity process involved in qualitative research has enabled me to become increasingly aware of my own assumptions, influenced by my own background. I anticipate this experience will help me to recognise future influences more readily so that I can address this in supervision as appropriate.

Moreover, the experience of conducting research whilst balancing course and placement demands, in addition to life events, has undoubtedly taught me to prioritise and organise effectively. This will be invaluable when balancing my personal and professional responsibilities in the future. On a fundamental level, this research sheds light on the importance of the cultural and linguistic nuances that are imperative in providing a holistic framework when providing psychological support to minority ethnic clients.

I hope that this research will work to the betterment of my own practice.

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Appendices

<u>Appendix A</u>: Target Journal Guidelines – Journal of Counselling Psychology

- diversity and underrepresented populations in relation to counselling activities
- professional issues in counselling psychology

Manuscripts should be concisely written in simple, unambiguous language, using bias-free language. Present material in logical order, starting with a statement of purpose and progressing through an analysis of evidence to conclusions and implications. The conclusions should be clearly related to the evidence presented.

Manuscript Title:
The manuscript title should be accurate, fully explanatory, and preferably no longer than 12 words.

Abstract:
Manuscripts must be accompanied by an abstract of no more than 250 words. The abstract should clearly and concisely describe the hypotheses or research questions, research participants, and procedure. The abstract should not be used to present the rationale for the study, but instead should provide a summary of key research findings.

All results described in the abstract should accurately reflect findings reported in the body of the paper and should not characterize findings in stronger terms than the article. For example, hypotheses described in the body of the paper as having received mixed support should be summarized similarly in the abstract.

One double spaced line below the abstract, please provide up to five key words as an aid to indexing.

Length and Style of Manuscripts

Full-length manuscripts reporting results of a single quantitative study generally should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Reports of qualitative studies generally should not exceed 45 pages. For papers that exceed these page limits, authors must provide a rationale to justify the extended length in their cover letter (e.g., multiple studies are reported). Papers that do not conform to these guidelines may be returned with instructions to revise before a peer review is invited.

Appendix B - Table 3: A table to demonstrate search strategy

Database	Rationale	Time period covered	Total articles retrieved	Articles shortlisted as relevant	Search terms/key words Note: * Allows for multiple spellings/synonyms of words	Limiters
PsychInfo & PsychArticles	To search psychologically linked articles	1975 - 2013 1968 - 2013 1975 - 2013 1980 - 2013	261 109 31 161	2 13 4 18	*"engag* AND bilingual* AND psych* "language* switch* AND bilingual* AND psych* "bilingual* therap* AND engag* AND ethnic* "code switch* AND bilingual* AND psych*	English
Medline	To search medically linked articles	2000-2013 2000- 2013 2000 - 2013 2000 - 2013	71 181 26 3	0 5 6 0	*"engag* AND bilingual* AND psych* "language* switch* AND bilingual* AND psych* "bilingual* therap* AND engag* AND ethnic* "code switch* AND bilingual* AND psych*	English Language
Scopus	To search linked articles from all disciplines	1969 - 2013 1958- 2013 1996 - 2013 1977 - 2013	48 82 83 30	4 16 5 10	*"engag* AND bilingual* AND psych* "language* switch* AND bilingual* AND psych* "bilingual* therap* AND engag* AND ethnic* "code switch* AND bilingual* AND psych*	Title, Abstract & Keywords
Web of Science and Web of Knowledge	To search most up to date articles and those that may not be covered by Scopus	1988 - 2013 1968 - 2013 2003 - 2013 1984 - 2013	45 67 5 21	2 12 2 5	"engag* AND bilingual* AND psych* "language* switch* AND bilingual* AND psych* "bilingual* therap* AND engag* AND ethnic* "code switch* AND bilingual* AND psych*	Topic
NHS Library/ Department of Health/BPS	To search for related guidelines	Up to 2013		0	*Language Switching and Ethnic minority* *Bilingual and Engagement* *Code-Switching*	Evidence based reviews AND Guidance documents

Total relevant articles retrieved = 104 Total on removal of duplicates = 4

<u>Appendix C</u> - Table 4: A table illustrating data extraction of selected articles for review: Empirical studies:

Author, date, geographic location	Bond & Lai 1986 Hong Kong	Castano et al. 2007 USA	Guttfreund 1990 USA	Ramos-Sánchez 2007 USA	Santiago-Rivera et al. 2009 USA	Verdinelli & Biever 2009 USA
Aims of study	To investigate whether people feel embarrassed when discussing topics in their second language compared to their first	To discover how practicing psychologists who receive their training in English have managed to become competent in providing Spanish services	To investigate the effects of language usage on the emotional experience of Spanish-English & English-Spanish bilinguals	To examine effects of counsellor language switching (LS) & counsellor ethnicity on Mexican-American (M-A) participant's emotional self-disclosure	To explore how bilingual therapists use language switching (LS) in therapy with their clients & explore their perceptions of what triggers LS in their clients	To better understand how bilingual psychotherapists develop the skills & knowledge to provide services in 2 languages
Participants and sampling	Clients - 48 Chinese university students (female) all with baseline proficiency in English as second language (from university entrance exam)	127 Psychologists drawn from APA mailing list that self-identified as providers of Spanish language mental health services but trained in English. Those trained in Spanish were omitted	Clients – 80 (60 female/20 men) from 2 ethnic groups: Hispanic & Anglo-American. All learnt mother tongue in 1st 5 yrs of life & 2nd language after 5yrs.Recruited by mail, advertisements, direct contact at universities & foreign language departments	Clients - 65 M-A college students (volunteers) who at minimum understood Spanish (25 men/ 40 women) 18-27yrs. Counsellors - 8 female graduates in terminal Masters program (5 Latino, 3 E-A) 24-38yrs. Judges - 4 female from Masters program (3 E-A, 1 Latina)	9 therapists (6 female/ 3 male) 31-60yrs from various services that were providing therapy to bilingual Spanish-English speaking Latino clients using both languages. Chain purposeful sample from professional contacts & letters to numerous agencies/ services calling practitioners	13 Therapists (9 female/ 4 male) with minimum 2yrs postgrad experience, Latino/ Hispanic with high proficiency in spoken & written Spanish & few or no concerns about their ability to provide services in Spanish. Purposive sampling of volunteers from survey
Method	Participants grouped in pairs & coin tossed to determine interviewer - sheets given with instructions & pre-set ordered questions. Interviews were videotaped & observed through 1-way mirror. Specific instructions given on language to be used	12-item questionnaire developed. Completed by participants. 4 point rating scale (*not concerned to very concerned, not useful to very useful, low need to critical need*) & 3 open ended questions. Included methods, competencies, gaps & current needs & suggestions	4 randomly assigned mother-tongue conditions; Spanish - Spanish; English - Spanish; Spanish - English; English - English. Translated pre & post self-reports depending on language condition. Clients recalled 2 sad events in a recollections procedure	4 randomly assigned conditions for 45 min videotaped interviews European – American (E-A) counsellor English only; M-A counsellor LS; E-A counsellor English only; E-A counsellor LS	Consensual Qualitative Research (CQR) approach. Audiotaped semi-structured interviews with 4 main sections: Scope of practice; Background of client; Process of therapy; Strategies used in therapy. 2 members of research team interviewing one therapist	Recorded telephone interviews 30-60mins by 2nd yr doctoral student focusing on 3 topics: personal language & development background, professional use of languages & therapy process. Interview protocol developed by another member of research team with bilingual colleagues

Presenting problem of client	No specific problems – 2 embarrassing & 2 non-embarrassing topics from student discussions & t-test	N/A	No specific problems - no difference between groups on premeasures of depression, anxiety & social desirability	No specific problems - student volunteers willing to receive counselling to identify areas of stress	Various depending on service therapist was working in although none specifically stated	N/A
Clinical Intervention	Interview	N/A	Autobiographical Recollections Induction Procedure - sad events only	Counselling	Interviews of therapists delivering cognitive behavioural, family & psychodynamic approaches	Interviews of mental health practitioners/ therapists delivering various interventions
Most dominant language of client/therapist	For both interviewer & interviewee - Cantonese. 2nd language - English	Over 95% Spanish or equally bilingual	Various. Some 1st language English; Some 1st language Spanish	Varied for both clients & counsellors. For clients: 23 - English; 35 - Spanish; 7 - Equal	For 5n = Spanish For 4n = English	For 5n = Spanish For 8n = English
Language switched?	No. Interview conducted in either English or Cantonese with translated instructions & questions depending on language condition	N/A	No. Recollections verbalised in English or Spanish with an attempt to condition these through translated or non-translated instructions/ self-reports	Dependent on 4 conditions (Judges counted differing language responses from videos: 40-50% counsellor responses given in Spanish in LS conditions)	Yes due to criterion sampling but initiation of LS (from interview accounts) varied between client & therapist initiations (although from English to Spanish initially)	Yes due to criterion sampling. Therapists stated LS occurred in daily lives as well as in therapy (initiation varied between client & therapist)
Analysis	Post interview questionnaire to determine familiarity of topics & language in which previously discussed – both for interviewer & interviewee. Total speaking time for each topic noted determine degree of embarrassment - pauses excluded	Descriptive stats to identify key issues & difficulties of most concern. Content analysis to identify specific elements of useful training	State Trait Anxiety Inventory (STAI) - State subtest; Depression Adjective Checklist (DACL) - altered to respond to feelings at that *moment* rather than *day*; Social Desirability Scale (MC-SDC) to identify extent that responses may be socially correct; WAIS (& Spanish version) - Vocabulary subtest	2 Judges scored The Emotional Self Disclosure Scale (ESDS, altered to be scored objectively) for each video. Clients scored The Counsellor Effectiveness Rating Scale (CERS) & completed demographics questionnaire	Transcription of data to follow CQR in identifying (independently & as research team) core constructs & domains. Therapist domains - linguistic issues & therapist strategies. Client domains - linguistic issues, personal experiences & therapeutic process. Frequency noted of categories & subcategories	Transcribed & sample split in 2 groups due to language acquisition differences: Native speakers (NSS - born & raised in Spanish speaking countries) & Heritage speakers (HS - concurrent bilingual learning in US). Groups analysed separately through phenomenological analysis.

Results	2 x2 ANOVA to determine interviewer & interviewee effects: No main effects or their interaction found to be significant for interviewers; For interviewees main effects for language & topic order. Interviewees spoke longer on embarrassing topics when in 2nd language - English. From post-Interview questionnaire: interviewees reported they had talked twice more frequently for non-embarrassing topics than embarrassing topics. All topics discussed in Cantonese	52-58% = some level of concern about their use of vocabulary & applying concepts & theories. 39% received supervision of Spanish language services. 28% had attended a workshop or some other form of training. Most common difficulty -transferring/ translating concepts learnt in English to Spanish. Least useful rated as supervision. Content Analysis: 57n recommended practicing Spanish daily & 46n suggested the support of supervision & consultation with competent bilingual practitioners	MANCOVA between covariates STAI & DACL to: Compare responses in 1st language with responses in 2nd language - no significant difference found (p=0.14); Compare different mother tongues regardless of language responded in - no significant difference found (p=0.6); Test effects of interaction between responding in mother tongue & responding in primary language - significance found (p=.03)	ANOVA to ensure self-disclosure not influenced by CERS: No significant difference found. 2x2 ANOVA to assess impact of counsellor language/ethnicity on ESDS: Use of LS elicited more emotions than English only conditions & E-A counsellors elicited more emotions than M-As. Turkey's post hoc to determine differences between conditions: Emotional self-disclosure significantly higher for E-A LS condition than other 3 conditions (p<0.1)	Therapists used LS as means to build therapeutic alliance, due to sensitivity of client's English proficiency or to translate specific words. Strategic use of phrases or words used to engage/redirect clients or facilitate disclosure/expression of emotion or focus on client self-identity & self-image. Client's use of LS was reported for lack of familiarity with specific words, expressing emotions although would switch to English when feeling threatened/ frightened. Clients were observed as presenting themselves differently during LS.	Both groups identified themes of struggling to learn/apply 2 languages & in living in 2 worlds, highlighted a need for training for bilingual services, recognised pride in their skills, perceived differences in self as a therapist & the challenges faced & also discussed LS in therapy. Perceptions that sharing cultural background & LS had benefits in session were elicited & therapist felt LS was tool used not only therapeutically but in their daily lives. Stronger connections reported with Spanish-speaking clients than English-speaking ones
Reliability and Limitations	Clear, replicable study. Limits: Interviews not conducted by trained interviewers -plus university students - limited clinical implications and ecological validity due to constrain of topics discussed & pre-set questions. Responses set in a language so choice unknown in 'real' situation. Also female sample so not generalisable. No measure of content of responses so can't differentiate if interviewees talking around subject or about subject in relation to measure of embarrassment	Limits: Self-defined Spanish language providers – results showed they were concerned regarding their own vocabulary so doesn't account for those psychologists who did not participate due to those very reasons. Contradictory results for supervision - least useful but also recommended. Method - questionnaires, closed mostly. Only looks at self-reported competencies but fails to address this fully due to small number of questions and ratings	Good design and reliability of measures used although some un-clarity of follow up in results/discussion i.e. results of WAIS not demonstrated specifically & how this links. Although reliable measures – their use & reliability aimed at clients with those presenting problems. Hence some queries to how appropriate this was given the sample was not targeted to be service engaged so study does not represent clinical settings. Also larger female representation	Rigorous well designed study, good sample size, control of variables between participants and conditions e.g. training counsellors and judges, clear transparency of method. Limits: More female representation. Counsellors all female graduate students – may not approach in same way when completed advanced level -Clients also students not 'actual' clients - limits clinical generalisability. Also did not discuss client impact of client language proficiency and impact on therapy as videotaped	Although small sample size, well conducted study, replicable & easily adaptable. Thorough methods of analysis provide good reliability of findings although limitations. Small sample size, interviews from perception of therapist only - risk of bias/socially desirable answers. Again larger proportion of female views. But provides a good platform for further research & exploration	Good thorough analysis & addressed issues of trustworthiness (as comparison for reliability/validity in quantitative studies). Detailed description of findings & responses to differences within sampled groups not just between. Limits: Risk of bias in terms of desirable responses. Also small sample size with varying degree of experiences between 2-33yrs could impact therapist perceptions & language use greatly

Impact on engagement	Support hypothesis that use of second language allows for easier discussion of embarrassing topics (that may be taboo/unspoken in the dominant language) LS could be useful in these situations	If not enough support/ training for bilingual practitioners - less likely to use 2nd language. Without this, risk of misconception/ miscommunication as with interpreters affecting alliance	More affect demonstrated in Spanish even when 2nd language so need to look at role of language in life too. Therapy may still though be more meaningful in Spanish for Hispanic populations	Support for use of LS as culturally relevant intervention with bilingual M-A's, particularly when counsellor is E-A – LS could enhanced perceptions of E-A counsellor	Therapists ability & use of LS provides for greater access to client experiences, increasing emotional expression & can help facilitate in building a positive therapeutic alliance	Shared cultural background/ LS helping in building a stronger connection with clients aiding rapport

<u>Appendix D</u>: List of University Doctorate Courses through which recruitment was sought

As referenced by the Leeds Clearing House for Clinical Psychology (30 in total):

1. Bangor University - North Wales
2. University of Bath
3. University of Birmingham
4. Coventry and Warwick
5. University of East Anglia
6. University of East London
7. University of Edinburgh
8. University of Essex - Tavistock
9. University of Exeter
10. University of Glasgow
11. University of Hertfordshire
12. Institute of Psychiatry, King's College London
13. Lancaster University
14. University of Leeds
15. University of Leicester
16. University of Liverpool
17. University of Manchester
18. Newcastle University
19. North Thames - University College London
~~20. Oxford~~
21. Plymouth University
22. Royal Holloway, University of London
23. Salomons, Canterbury Christ Church University
24. University of Sheffield
25. Shropshire and Staffordshire
26. University of Southampton
27. South Wales
28. University of Surrey
29. Teesside University
30. Trent - Universities of Lincoln and Nottingham

29 of 30 aided recruitment as highlighted above. Unfortunately, University of Oxford followed different guidelines for circulating research so their mailing list could not be accessed within the current study's time frame.

Appendix E: Initial email for course admin to circulate

Subject Line - Attention to all bilingual/multilingual clinical psychologists

Are you a practicing clinical psychologist? Are you also bilingual/multilingual? If so, would you be interested in taking part in a study I am conducting as part of my doctoral research exploring the role of language switching in therapy?

Language switching can be defined as changing from one language to another and can occur in a planned or spontaneous way at any point during a therapy session (SantiagoRivera et al., 2009).

This study aims to identify the prevalence of language switching amongst minority bilingual/multilingual clinical psychologists. I would welcome your input and would be really grateful if you could complete the survey by clicking on the link below. It is a multiple choice survey and should take you **no more than 10 minutes**!

http://www.surveymonkey.com/s/G88LYDP

No identifiable information is obtained so responses will remain anonymous.

The second part of the study focuses on one-to-one interviews to explore your views and experiences of language switching. If you could spare an hour of your time locally to you, please contact Zahera at zdk1@le.ac.uk or on 07734996145.

Interview venues and times can be flexible to suit your convenience. Identifiable information will be destroyed once data has been collected and you can of course, withdraw at any point during this process.

Kindest Regards and many thanks for your time

Zahera Kapasi, Trainee Clinical Psychologist (University of Leicester)

Appendix F: Survey Questions

PAPER COPY *(The online survey comprised of drop down menus where participants chose from a selection or responses. Exceptions were where a dotted line is indicated for requiring typed responses)*

Personal Information

1. Please indicate your age ……..……..years

2. Please indicate your gender: Male or Female

3. Please indicate how long you have been a practicing psychologist in years/months

……..

4. Please state the speciality area/s in which you work

Adult Child and Adolescent Mental Health Learning Disability

Older Adult Neuropsychology Primary Care Forensic/ Legal Health

Other Please state……

5. What is your ethnic origin?

White: British Irish

Any other White background, please state……

Mixed: White and Black Caribbean White and Black African White and Asian

Any other mixed background, please state……

Asian or Asian British: Indian Pakistani Bangladeshi

Any other Asian background, please state……

Black or Black British: Caribbean African

Any other Black background, please state……

Chinese or other ethnic group: Chinese

Any other please state……

Language *(Options obtained from Language Line Services)*

6. As a bilingual/multilingual individual, i.e. which languages are you fluent?

Acholi
Afrikaans
Akan
Albanian
American Sign Language
Amharic
Arabic
Armenian
Assyrian
Azerbaijani
Azeri
Bajuni
Bambara
Basque
Behdini
Belorussian
Bengali
Berber
Bosnian
Bravanese
Bulgarian
Burmese
Cantonese
Catalan
Chaldean
Chaochow
Cherokee
Chuukese
Croatian
Czech
Dakota
Danish
Dari
Dinka
Diula
Dutch
English
Ewe
Farsi
Fijian Hindi
Finnish
Flemish
French
French Canadian
Fukienese
Fula
Fulani
Fuzhou
Gaddang
Georgian
German
Gorani
Greek
Gujarati
Haitian Creole
Hakka
Hakka – China
Hausa
Hebrew
Hindi
Hmong
Hunanese
Hungarian
Ibanag
Ibo
Icelandic
Igbo
Ilocano
Indonesian
Italian
Jakartanese
Japanese
Javanese
Karen
Kashmiri
Kazakh
Khmer(Cambodia)
Kinyarwanda
Kirghiz
Kirundi
Korean
Kosovan
Krahn
Krio
Kurdish
Kurmanji
Lakota
Laotian
Latvian
Lingala
Lithuanian
Luganda
Luxembourgeois
Maay
Macedonian
Malagasy
Malay
Malayalam
Maltese
Mandarin
Mandingo
Mandinka
Maninka
Mankon
Marathi
Marshallese
Mien
Mina
Mirpuri
Mixteco
Moldavan
Mongolian
Montenegrin
Navajo
Neapolitan
Nepali
Nigerian Pidgin
Norwegian
Nuer
Oromo
Pahari
Pampangan
Pangasinan
Pashto
Patois
Polish
Portuguese
Portuguese Creole
Punjabi
Romanian
Russian
Samoan
Serbian
Shanghainese
Shona
Sicilian
Sinhalese
Sindhi
Slovak
Slovenian
Somali
Sorani
Spanish
Sudanese Arabic
Swahili
Swedish
Sylhetti
Tagalog
Taiwanese
Tajik
Tamil
Telugu
Thai
Tibetan
Tigre
Tigrinya
Toishanese
Tongan
Tshiluba
Turkish
Twi
Ukrainian
Urdu
Uzbek
Vietnamese
Visayan
Welsh
Wolof
Yiddish
Yoruba
Yupik

7. Which of the above languages do you consider your native language (language of ethnic origin) and which do you consider your primary language (language spoken most often)? (Can state more than one language for each if necessary)

Native……

Primary……

<u>Language and Work</u>

Language switching can be defined as changing from one language to another and can occur planned or spontaneously at any point during a therapy session (SantiagoRivera et al., 2009).

8. Have you ever used language switching in therapy with minority clients who speak another language in addition to English?

Yes or No

9. If yes, who has normally initiated language-switching in therapy?

Client or Psychologist

10. How did you establish what the shared language was?

Client asks Psychologist asks Indicated from previous notes/ carers

Other - Please state……...

Appendix G: Ethics Approval Document with a statement of ethical considerations

Ethics Approval Document

To: **ZAHERA KAPASI**

Subject: Ethical Application Ref: **zdk1-8f82**

(Please quote this ref on all correspondence)

28/02/2012 15:07:19

Psychology

Project Title: **Exploring the role of language switching in therapy for bilingual/multilingual clinical psychologists sharing the same native languages as their minority clients**

Thank you for submitting your application which has been considered.

This study has been given ethical approval, subject to any conditions quoted in the attached notes.

Any significant departure from the programme of research as outlined in the application for research ethics approval (such as changes in methodological approach, large delays in commencement of research, additional forms of data collection or major expansions in sample size) must be reported to your Departmental Research Ethics Officer.

Approval is given on the understanding that the University Research Ethics Code of Practice and other research ethics guidelines and protocols will be compiled with

- http://www2.le.ac.uk/institution/committees/research-ethics/code-of-practice

- http://www.le.ac.uk/safety/

The following is a record of correspondence notes from your application **zdk1-8f82.** Please ensure that any proviso notes have been adhered to:-

Feb 28 2012 10:36AM Although this project involves NHS staff as participants, they will be recruited through University-based clinical psychology training courses. NHS Research Ethics Committees have recently ruled that they will no longer scrutinise projects that use NHS staff as participants - thus it is appropriate that this project is reviewed by PREC. I do not consider there are any major ethical issues here, but would welcome your comment, Robyn.

Feb 28 2012 3:07PM Please include your supervisor's name and contact details on all materials that are viewed / sent to participants.
I will approve this appliaction pending that small change.
Good luck with it!
Robyn

--- END OF NOTES ---

Ethical considerations during research process

Informed Consent

The study considered informed consent of participants from the initial email circulated. This email contained brief details of the study, its aims and a request for bilingual clinical psychologists to complete an online survey via a link provided. Participants were informed of the nature of confidentiality and their right not to partake in the study. Within the initial email, there was also a request for participation in an interview at a later stage. Confidentiality and right to withdraw were re-iterated prior to all interviews being conducted and a consent form was signed.

Confidentiality

The survey was conducted online and there were no requirements to state identifiable participant information maintaining confidentiality of all who completed it. Interview recruitment was dependent on participant response and emails and contact details

relating to this were deleted following the study to maintain confidentiality. In addition, fictitious names were utilised for interview transcriptions, chosen by participants.

Right to withdraw

All participants were informed that they had a right to withdraw at any point during the study although once a survey was completed, due to the anonymity process; responses were unable to be destroyed. For the interview stage however, participants were informed they were able to withdraw prior or during the process.

Debrief

Following interviews, participants were provided with a debrief to ensure that any discussions which may have raised questions pertaining to their own practice, identity etc. could be discussed and where appropriate be directed to a related peer support or supervision process i.e. BPS Race and Culture Faculty.

<u>Appendix H</u> – Timescales for research

Finalise research methodology	Sep – Dec 2011
Prepare for ethics form and peer review	Sep – Dec 2011
References for literature review	Jan – Mar 2011
Build contacts with recruitment aiders/ finalise survey questions	Jan – Mar 2012
Finalise data analysis for survey	Jan – Mar 2012
Dissemination of survey	Mar – Jun 2012
Introduction and Method	Mar – Jun 2012
Literature Review draft and Survey analysis	Jul – Sep 2012
Interview recruitment	Sep – Nov 2012
Interview transcriptions and analysis	Oct – Dec 2012
Results and Discussion and Abstract draft	Jan – Feb 2013
Finalise write up	Feb – Mar 2013
Hand in of thesis	April 2013
Amendments for journal	May – Aug 2013
Submission for publication	May – Aug 2013
Poster preparation	Aug – Sep 2013

Reflective diary on-going throughout

Appendix I: Researcher's epistemological position and choice of method

Epistemological positioning of the research is a key factor in the research process as it considers the angle which the research is being approached and how we attempt to understand other's people's understanding of chosen topics (Darlaston-Jones, 2007; Smith, Flowers & Larkin, 2010; Yeganah, 2004). The epistemological positioning of the researcher came from a social constructionist stance and an assumption that people's relationship with their world was changeable and dependent on their interpretation of their experiences (Berger and Luckmann, 1966; Gergen, 1999). This concurred with the argument that language itself is a social construct (St. Clair, 1982) as is the therapeutic context (Gergen, 1999) where subjective meanings that individuals hold impact on how both are constructed (Flick, 2006). Therefore, considering the research aims to explore psychologists' experiences and perspectives on language switching, the researcher assumed that participants would provide varied and subjective accounts of language switching dependent on their lived experienced.

The researcher was also aware of their own background as a minority bilingual trainee clinical psychologist and how their own experiences may influence the way in which participant accounts were interpreted (Smith, Flowers & Larkin, 2010). Previous experiences of coming from a minority community, discussions with peers and reflections of working therapeutically highlighted that the research topic may be contentious as it incorporated complex issues relating to minority groups with largely eastern backgrounds accessing services and psychologists adopting western traditions.

When choosing a method it was thus important to maximise the degree of flexibility by enabling elaboration of particular points, relevant to subjective experiences (Silverman, 1998; 2000) if a deep understanding of psychologist practices was to be gained. A semi-structured interview was chosen as the most appropriate approach for this whilst also allowing the researcher some scope to structure the interview (as a degree digression was anticipated in discussing such a complex phenomenon). It should be noted that focus groups were initially considered but was felt that it may not be practical to pool busy psychologists across the country together at a mutually convenient time and place. In addition, given the inclination from the researcher that the topic may raise many complex issues and given the variation in therapeutic approach, it was thought that a one-one setting may be more appropriate and comfortable for participants to discuss their own practice (Flick, 2006).

In terms of the analytic approach, it was important given the researcher's epistemological position, that the analysis was grounded in participants' accounts whilst also acknowledging the researcher as an active part of the process (Darlaston-Jones, 2007; Yeganah, 2004). IPA was chosen over several methods including Discourse Analysis (DA), Grounded Theory (GT). DA, whilst lending itself to the social constructionist stance, would have been valuable in exploring how language switching was used to construct meaning (Silverman, 1998; Starks & Brown Trinadad, 2007). However, a semi-structured interview method was deemed appropriate for this research as discussed above and DA recommended open ended interviews (Silverman, 1998). In addition, DA dismisses the cognitive elements of a participants account, considered important when exploring experiences and perceptions as the research aims stated (Starks & Brown Trinadad, 2007). Due to the research being largely exploratory and

relatively new to Britain, the researcher felt that GT would also be an inappropriate method to adopt as it focuses on an explanatory analysis to develop theory which did not fit with the research aims (Charmez, 2006; Willig, 2001).

IPA was thus considered the most appropriate method for meeting the exploratory nature of the research as it provided a voice for participant's subjective experiences whilst observing common patterns between them (Smith & Osborne, 2003). The researcher was also drawn to this method for its use of semi-structured interviewing, its acknowledgment of the researcher's interaction with the data, emphasising reflexivity and its attempt for analysis to be grounded in participant accounts without pre-determining themes (Smith, Flowers & Larkin, 2010; Willig, 2001). This method also concurred with the researcher's epistemological position as it acknowledged variable interpretations of data dependent on the subjective meaning held by both participant and researcher and the context in which they were shared.

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Appendix J: Interview Schedule

1. What is your experience of use/non-use of language switching when working with minority clients during therapy

- *Can you think back to a specific situation?*
- *How often*
- *How initiated*
- *Rationale*
- *Which language*
- *How experienced by you / client - thoughts/feelings*

2. What are the perceived effects when you have/haven't used language switching in therapy?

- *On yourself / client*
- *On therapeutic engagement / outcome*
- *Wider system impact*

3. Are there reasons why you would/would not use language switching in therapy?

- *Potential barriers*
- *Concerns*
- *Fluency of language*

4. How do you explore the use/non-use of language switching and its role in supervision?

- *Supervisor demographics*
- *Constraints*

5. What do you think are the considerations of language that bilingual/multilingual clinical psychologists should address when working with minority clients?

Amended schedule following pilot

1. What is your experience of use/non-use of language switching when working with minority clients during therapy?

- *Examples of specific situations?*

2. How was language switching initiated?

- *Rationale?*

3. What were the effects of its use?

- *On self?*
- *On client?*
- *On therapeutic process?*

4. Can you tell me about times when you haven't used language switching in therapy or chosen not to?

- *Rationale?*

5. How do you explore language switching and its role in supervision?

Appendix K: Interview Consent Form

Title of Project: Exploring the role of language switching in therapy for bilingual/multilingual clinical psychologists sharing the same native languages as their minority clients

Thank you for volunteering to take part in this study.

The following part of the research involves taking part in a one-to-interview for approximately an hour with a debrief at the end and a chance to ask any further questions about the study. The interview will look to explore your views and/or experiences on language switching when working with minority groups. Language switching can be defined as changing from one language to another and can occur in a planned or spontaneous way at any point during a therapy session (SantiagoRivera et al., 2009).

Interviews will be audio recorded so that they can be transcribed verbatim. You will be asked to provide a fictitious name to protect your identity. This name will be used in the write up of the study to maintain confidentiality of discussions. It is hoped that results from the study will be disseminated through publication and through relevant seminars and conferences.

Your participation in the study and interview is voluntary and you are free to withdraw at any point in the process.

The research has been approved by the University of Leicester Ethics committee.

If you have any queries about this information after the interview you can speak to me, Zahera Kapasi on 07734996145 or email me at zdk1@le.ac.uk.

1. I confirm that I have read and understand the information sheet dated 23.01.2012 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected ☐
3. I understand that data collected will remain confidential and my identity will be annoymised by use of fictitious names during the process from hereon in ☐
4. I agree to take part in the above study ☐

Name of participant[16]:…….....

Signature:……Date:……

[16] All names are fictitious as chosen by participants to maintain anonymity and confidentiality

Appendix L – Table 5: <u>Examples of a reflexive account and stages of analysis</u>

Extracts from the researcher's reflective diary

<u>Extract from general reflections during the interviewing process:</u>	*<u>Extract following interview 2:</u>*
…I find that I don't have to use the agenda much during interviews. It could be because it's in my head but actually I'm beginning to observe that if I just follow their account, participants themselves are bringing up issues around supervision etc themselves so I don't need to refer to the agenda. This appears to resonate with American research on Hispanic individuals is resonated in terms of gaps for support though it is important to remain curious and open still until the analytic process is over. I am surprised how openly participants seem to be discussing these issues. I wonder if such questions have been asked to them or whether they perhaps think that I will understand? Careful not to generalise or assume this…	*…I found myself nodding to her in acknowledgement of her talking about her culture as if I understood. For some reason it felt more than just active listening – it was like I was nodding because I knew what she meant when she talked about people having pre-set assumptions about you being a working female and trying to break down the barrier. I'm not sure I've had experiences like that in therapy but maybe in my personal interactions with minority communities or I was more aware of it anyhow. Was there something about just having formed our own connection of being in the same culture even though we hadn't discussed this prior to the interview? Is this how she might be experience it in therapy?...*

Appendix L – Table 6: <u>Examples of a reflexive account and stages of analysis</u>

Examples of initial stages: Immersing self in data and making notes of description summaries and initial interpretations

Summary/Codes	**Original Transcript**	**Exploratory Comments and Ideas**
More complicated if elder client 'In my culture outside of the clinic' – states a different culture from clinic culture Talks of cultural expectations and obligations existing outside the clinic for interactions with older people	it does become quite complicated, especially when there are people that are older than you, so I remember seeing Pakistani women who are in their 50's and 60's… And in my culture outside of the clinic, you would always, urm, refer to them with respect, you're kind of obliged to answer their questions and you treat people older than you with greater respect than with somebody your own age where you can, perhaps, stand your ground and say, 'well, I don't have to answer that' (Sophia, _)	A sense that complications ensue once cultural expectations and obligations outside the clinic are brought inside the therapy session Assumes identifying with two cultures, hers being outside the clinic Does she not then identify the clinic culture as her own? Is this what it might mean to be a minority psychologist in a western working context?
Always English with reception staff Speaking in a non-English language in front of colleagues felt strange Feeling different can feel uncomfortable	I always speak to reception staff in English, urm, and urm, maybe, I felt a little bit strange speaking to a patient not in English in front of them – so I think that was part of my own discomfort. And I think that there was an aspect of whether she'd want to feel different – and I think feeling different can feel uncomfortable – certainly for me (Salim, _)	Something about not wanting to feel or be perceived as different and how this links with feeling uncomfortable. Does this highlight identity of minority or language use as different then? An attempt to fit in? *Is this why perhaps other interviewers have talked about a connection shared due to minority backgrounds even if they differ?*
A need for client to understand that therapist understands Identity – I straddle two cultures, two mind-sets At work, indianness is hidden Being western at work	once they understand that I have an understanding what they are going to face when they go over there, yeah, then whatever I give them will feel more digestible… I straddle two cultures, and I also straddle two mind-sets, at times. It's just when I'm at work, a lot of the time people don't see that part of it. They don't see the Indianess in me in much – because I'm being so Western (Carmen, _)	A clear indication of an identity or part of her which is separate from what is present at work. Straddling two cultures- and that this comes with two mind-sets perhaps? An overall sense that usually indianness is hidden but when working with minority clients, need to tap into this part of self to show empathy/understanding of experiences

Appendix L – Table 7: <u>Examples of a reflexive account and stages of analysis</u>

Examples of secondary stage of analysis: Highlighting emergent themes for each interview and emerging superordinate themes across interviews

Summary/codes from individual transcript	**Associated exploratory comments initially noted and interpretation**	**Emergent Themes**	**Emergent Subordinate Theme**
More complicated if elder client 'In my culture outside of the clinic' – states a different culture from clinic culture Talks of cultural expectations and obligations existing outside the clinic for interactions with older people	A sense that complications ensue once cultural expectations and obligations outside the clinic are brought inside the therapy session Assumes identifying with two cultures, hers being outside the clinic Does she not then identify the clinic culture as her own? Is this what it might mean to be a minority psychologist in a western working context?	Cultural expectations and obligations towards the elderly outside clinic Identity Identifying with a different culture to that at work	<u>Straddling two cultures</u> "<u>In my culture, outside the clinic</u>" *Represents work culture or identity as being different to another identity held outside the clinic*
Always English with reception staff Speaking in a non-English language in front of colleagues felt strange Feeling different can feel uncomfortable	Something about not wanting to feel or be perceived as different and how this links with feeling uncomfortable. Not wanting to feel different – does this highlight identity of minority or language use as different then? An attempt to fit in? *Is this why perhaps other interviewers have talked about a connection shared about experiencing difference due to minority backgrounds even if they differ?*	A different language at work Not wanting to feel different at work	
A need for client to understand that therapist understands Identity – I straddle two cultures, two mind-sets At work, indianness is hidden Being western at work	A clear indication of an identity or part of her which is separate from what is present at work. Straddling two cultures- and that this comes with two mind-sets perhaps? An overall sense that usually indianness is hidden but when working with minority clients, need to tap into this part of self to show empathy and understanding of their experiences	Straddling two cultures A hidden identity unseen at work A western identity at work	

Appendix L – Table 8: <u>Examples of a reflexive account and stages of analysis</u>

Examples of tertiary stage of analysis: Critically reviewing themes across all participants

Emergent Subordinate Theme	**Reconsiderations from reviewing associated quotes and exploratory comments/ reflexivity/ supervision and IPA inter-rater group processes**	**Subordinate Theme**	**Superordinate Theme**
		Attempts were made to capture participants quotes in titles	
<u>In my culture, outside the clinic</u>	Prompted to reconsider title - could this be a more superordinate theme in line with some of the other themes highlighted i.e. negotiating boundaries when two cultures/ language merge? Re-reading quotes this specific theme seems to be more about straddling two cultures and fitting in with the clinic culture – can also use Carmen's quote to capture this	<u>Straddling two cultures</u> *Represents work culture or identity as being different to another identity held outside the clinic*	**Straddling two cultures** "<u>In my culture-outside the clinic</u>" *Looks at psychologists' identity being a minority individual and being a minority psychologist. Whilst slightly similar to subordinate theme of 'straddling two cultures', the hyphen in this title represent the push-pull experiences which psychologists seem to have and represents the tension it raises when the two cultures merge*
<u>An affinity of being different</u>	Question posed - can this theme be captured more accurately by changing the term to 'a different worldview' or 'being outside of society?' Discussions held about how this actually uses a participant's language and therefore is more meaningful and still captures the essence of this pull because you're both different	<u>An affinity of being different</u> *Highlights being more connected to the individual because they can identify with coming from different culture outside western context*	
<u>This is not a social community meet up</u>	Reconsideration given to whether this captures the essence of what participants were saying. They talk more of negotiating various boundaries. Negotiating boundaries was suggested though this felt to be too clichéd perhaps? Participants demonstrate what it means to be professional	<u>Drawing the line and being professional</u> *Demonstrates how participants identify themselves as professionals through negotiating boundaries*	

Appendix L – Table 9: <u>Examples of a reflexive account and stages of analysis</u>

Reviewing representations from participants for each theme

Super-Ordinate Themes	**Subordinate Themes**	**Participant representations**					
		Sophia	**Sanaa**	**Camille**	**Martha**	**Salim**	**Carmen**
Straddling two cultures *"In my culture, outside the clinic"*	Straddling two cultures	√	√	√	√	√	√
	An affinity of being different	√			√	√	
	Drawing the line and being professional	√	√		√		√
Building a deeper connection *"A different way of being heard"*	A distance brought closer	√		√	√	√	√
	A real way of sharing	√			√	√	
Psychologist-client challenges *"A mutual struggle"*	Adapting on different levels	√	√	√		√	√
	English as a barrier	√	√	√	√	√	
A feeling of uncertainty *"Not on dangerous grounds, just unknown territory"*	A space for creativity			√	√	√	√
	"Assumed expert" but feeling uncertain	√	√		√	√	
	Supervision to "seek out another world view"	√			√	√	
Emergent theme from researcher's experience of interview and analytical process	An intuitive switch *(Discussed in Critical Appraisal section)*	√	√	√	√	√	√

Appendix M: Survey Results

Figure 6: Q.1: A bar chart to demonstrate age variation between participants

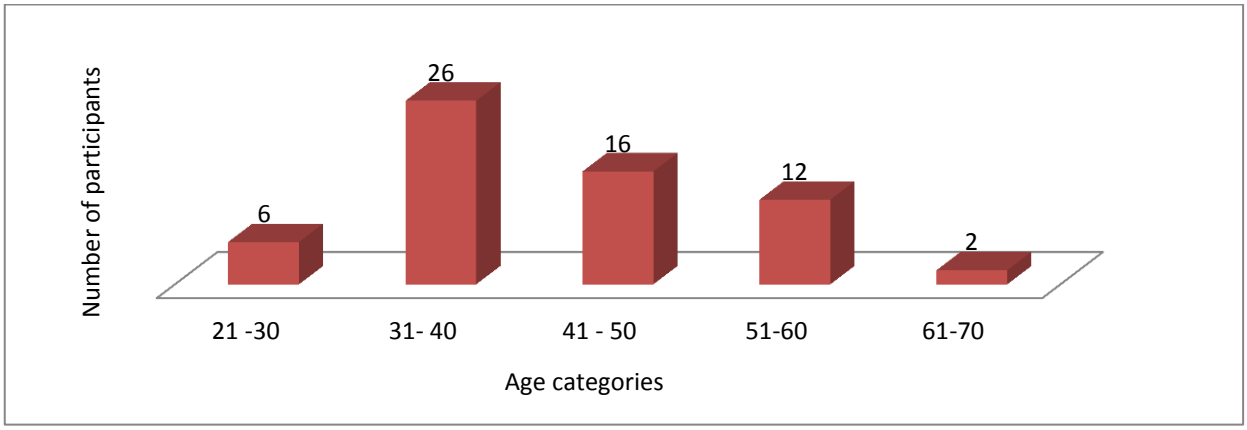

Figure 7: Q.2: A pie chart to demonstrate gender variation between participants

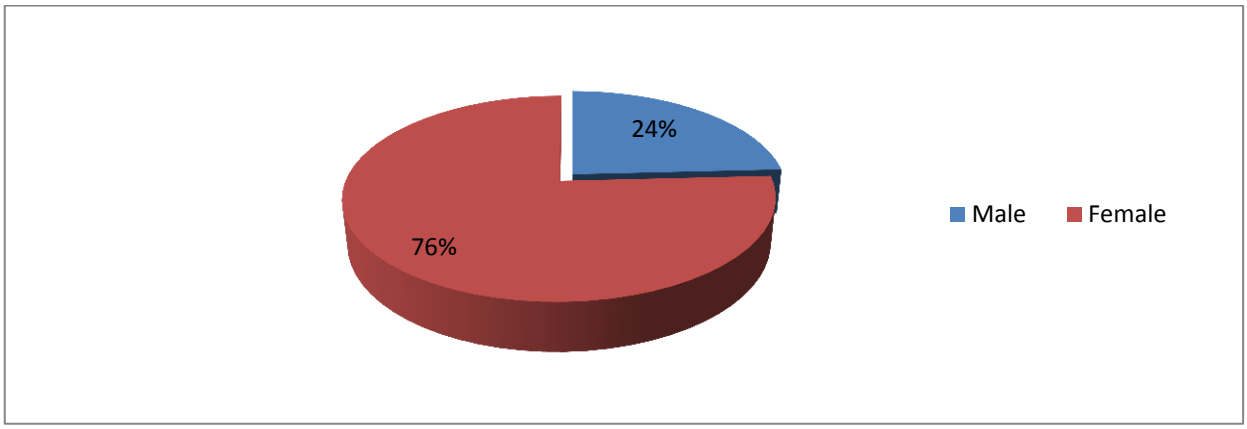

Figure 8: Q.3: A bar chart to show participant variation for number of years qualified

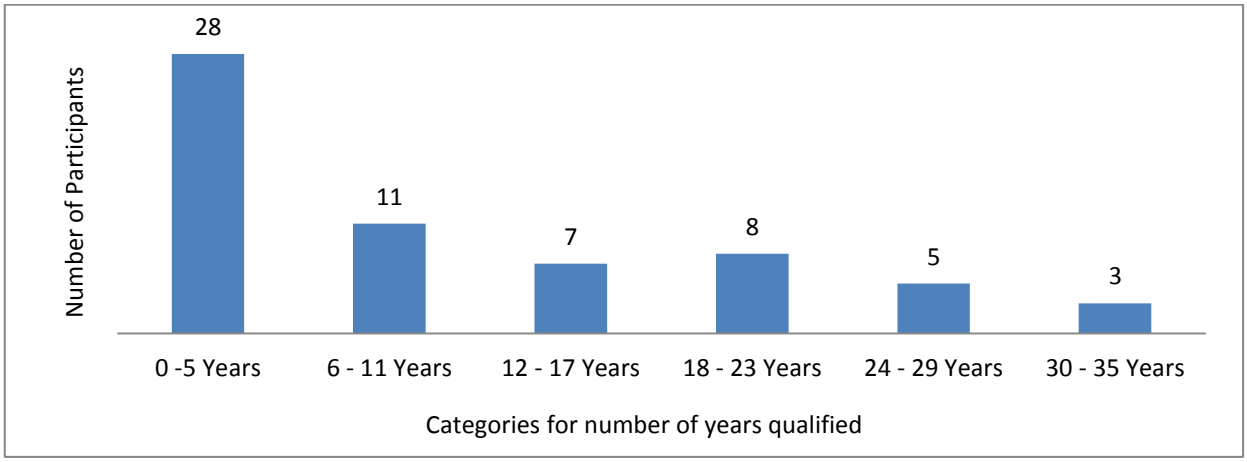

Figure 9: Q.4: A pie chart to show respondents' work specialism

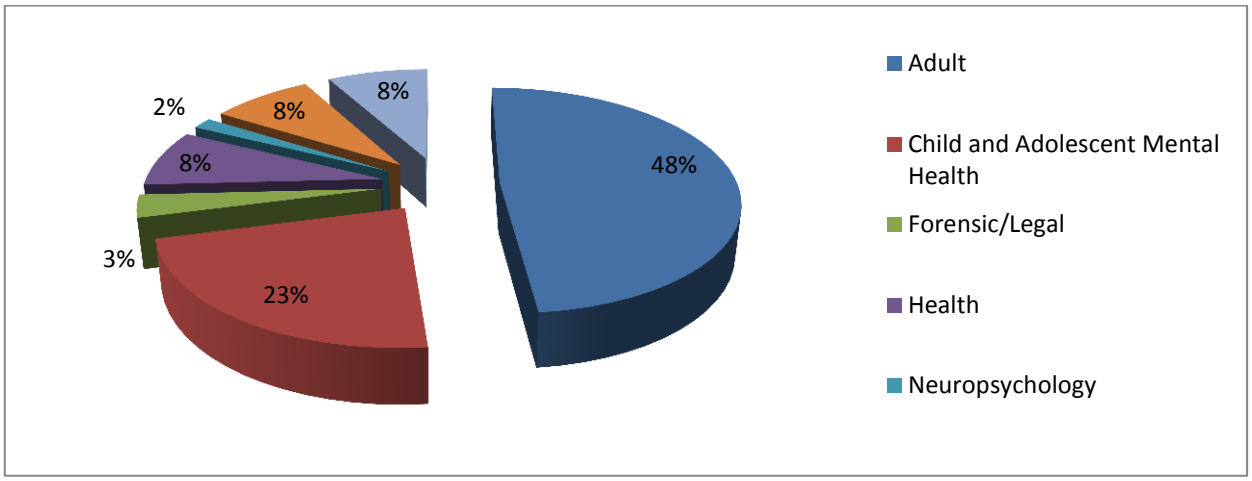

Figure 10: Q.5: A pie chart to show ethnic origins of participants

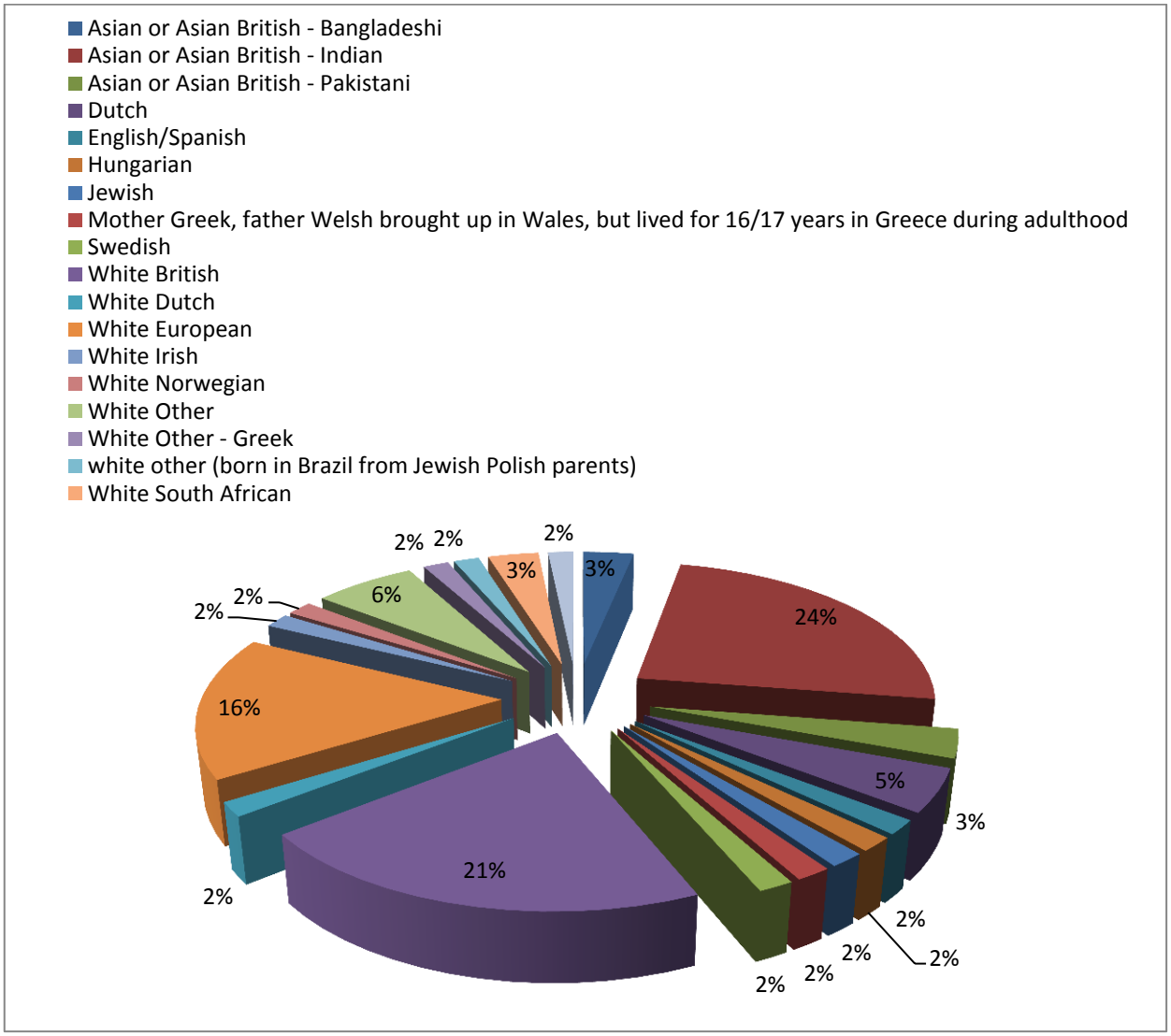

Figure 11: Q.6: A graph to demonstrate language fluency across participants

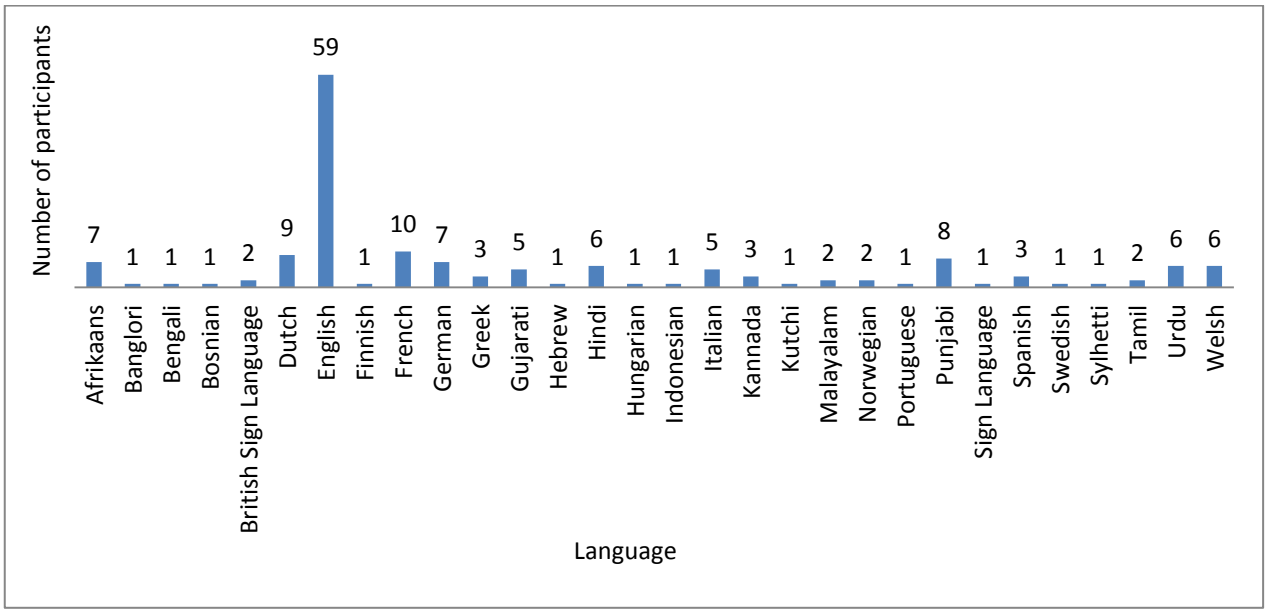

Figure 12: A graph to compare fluent languages spoken within ethnic categories

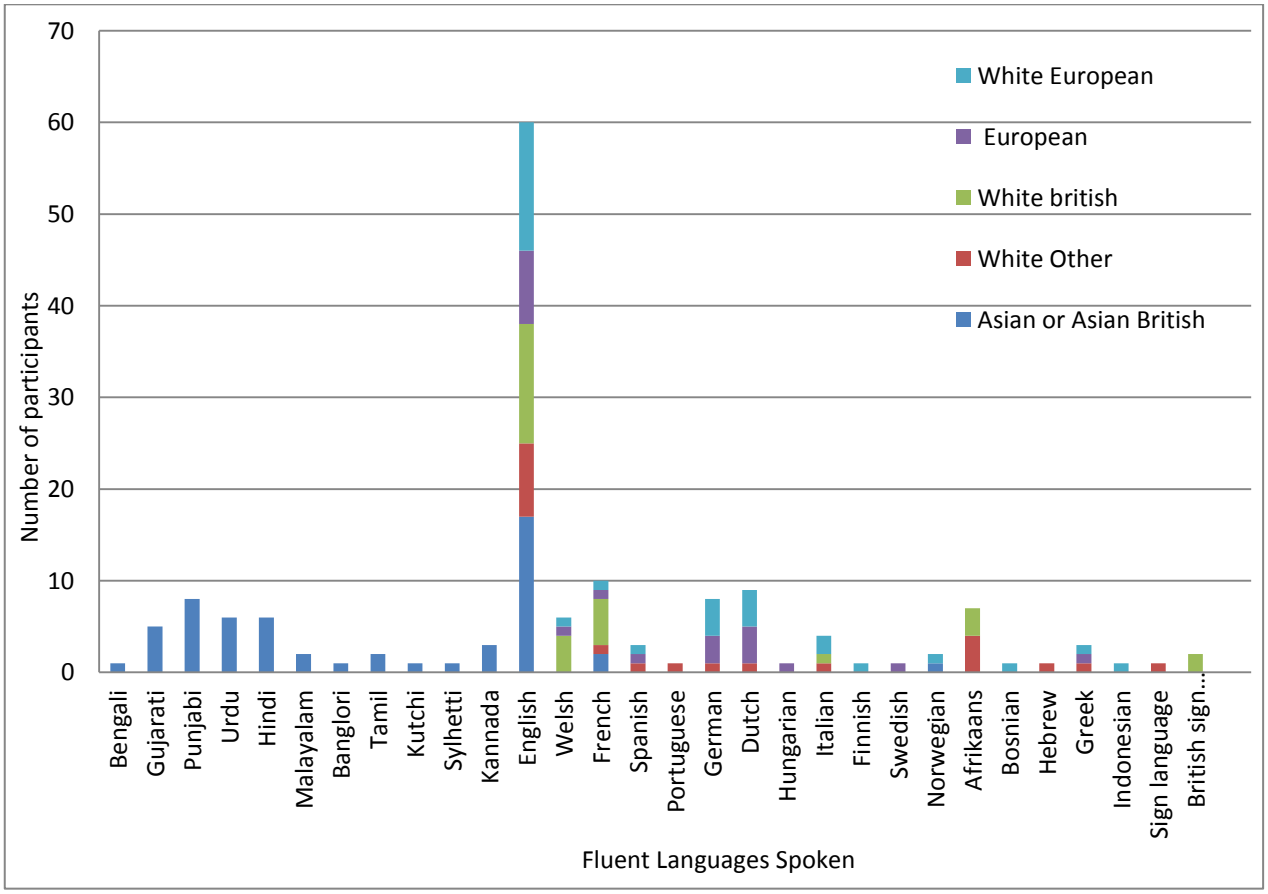

Figure 13: Q.7: A graph to indicate participants' primary languages

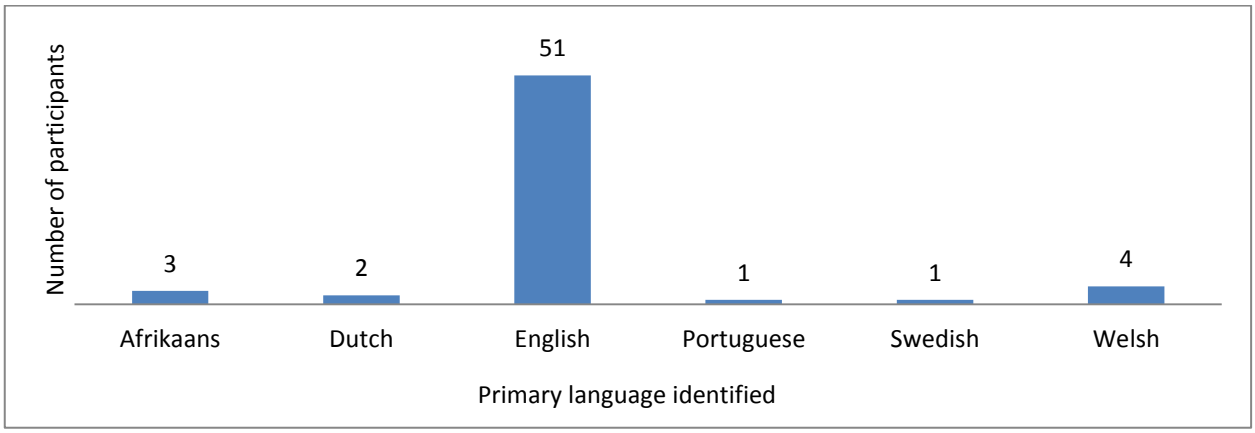

Figure 14: A graph to show participants' identified native languages

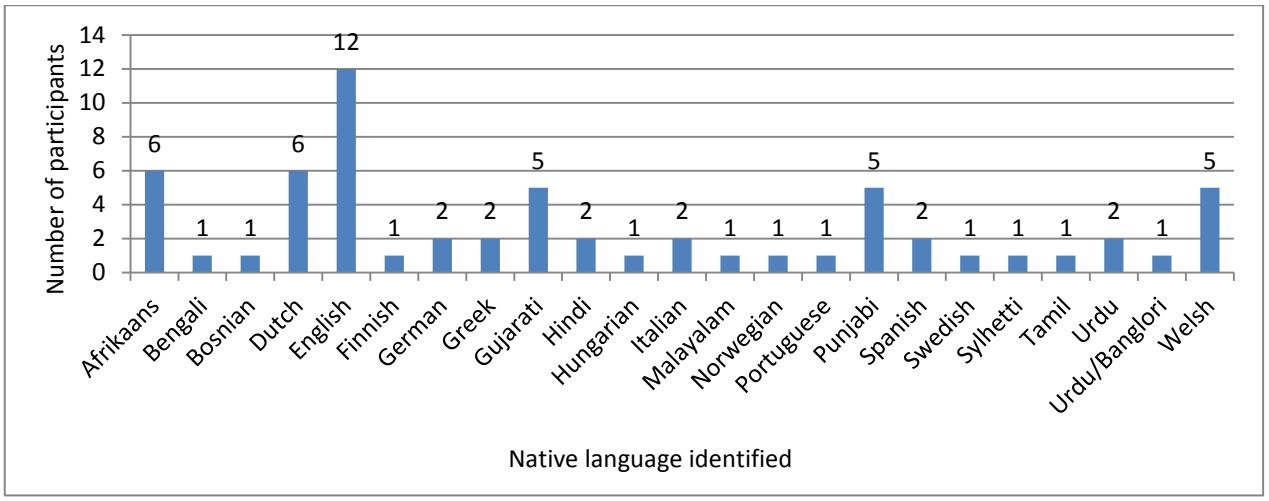

Figure 15: Q.8: A pie chart to show the occurrence of language switching in therapy

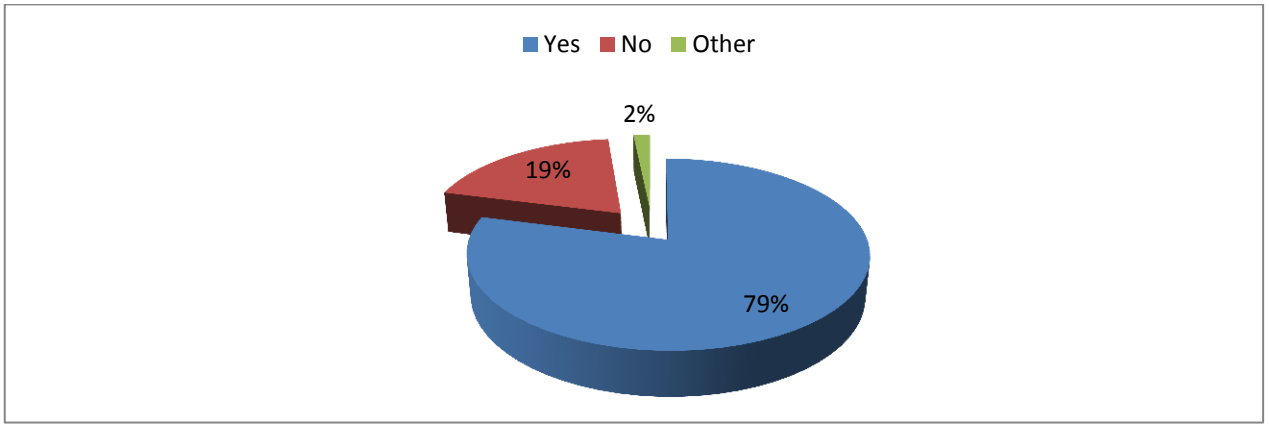

Figure 16: Q.9: A pie chart to demonstrate who initiated language switching

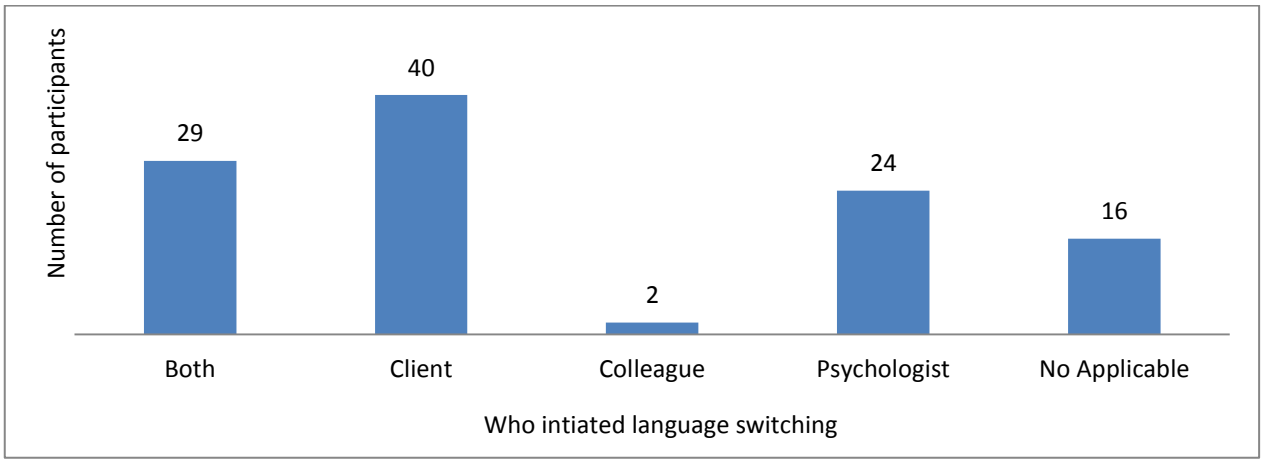

Figure 17: Q.10: A pie chart to demonstrate how shared language was established