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Published in:
Counselling and Psychotherapy Research

DOI:
[10.1002/capr.12650](https://doi.org/10.1002/capr.12650)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2023

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Verkerk, L., Fuller, J. M., Huiskes, M., & Schüppert, A. (2023). Expression and interpretation of emotions in multilingual psychotherapy: A literature review. *Counselling and Psychotherapy Research*, 23(3), 617-626. <https://doi.org/10.1002/capr.12650>

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Expression and interpretation of emotions in multilingual psychotherapy: A literature review

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Abstract

This review aimed at presenting the findings of 19 original studies that were published in the period from 2000 to 2022 in order to outline the current state of the art in the field of emotion communication (i.e., expressing and interpreting emotions) in multilingual psychotherapy. This analysis involves in particular the studies that investigate multilingual phenomena (e.g., code-switching and language-mixing) that occur during psychotherapeutic sessions when client and therapist can speak more than one language, as well as the articles that research emotion communication in this multilingual setting. With this in mind, the articles selected for this review are divided into two main categories: *linguistic phenomena in multilingual psychotherapy* and *emotion communication in multilingual psychotherapy*. Results of the studies in the current analysis reveal that code-switching remains one of the main linguistic phenomena that arises in the area of multilingual psychotherapy. Switching languages in therapy tends to be considered as beneficial for both client and therapist. Besides, findings suggest a connection between speaking L1/LX and one's identity (e.g., feeling different depending on the language). Additionally, studies that investigate emotion communication in multilingual psychotherapy show that an individual's first language (L1) is predominantly viewed as more emotionally charged than their language(s) learned later in life (LX). However, some studies also demonstrate that the relationship between L1 and LX is more fluid and context-dependent than it has traditionally been regarded. Propositions are given for future research in the field of emotion communication in multilingual psychotherapy.

KEYWORDS

code-switching, emotion, multilingualism, psychotherapy, trauma treatment

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1 | INTRODUCTION

The increasing number of multilingual populations in many countries of the world has led to a surge in research that investigates multiple aspects of these new conditions. In Europe, several recent waves of large influxes of refugees from war regions (e.g., Syria and Ukraine) have posed a challenge to mental health workers regarding treating clients of various linguistic profiles. Recent research on the role of language in multilingual psychotherapy has mainly focussed on aspects such as language fluency, code-switching and cultural differences. However, when a mental health worker and their client speak different mother tongues, sometimes it may be a challenge to even find common terms to define a problem (Vardar et al., 2012), especially since communication in a psychotherapeutic setting often involves conversations on sensitive and emotional topics. Apart from potential challenges that appear in a monolingual environment (i.e., when both therapist and client share the same first language and speak it in their sessions), emotion communication in multilingual psychotherapy also includes linguistic factors (e.g., fluency and code-switching). In the research field that combines psychotherapy and linguistics, only a few scholars (e.g., Costa & Dewaele, 2012; Verkerk et al., 2021) have specifically investigated the role of language in emotion communication in the therapeutic setting, which involves more than one language. Since multilingual psychotherapy combines both emotion communication and more than one language, it seems crucial for this field to gain a better view on the dynamics of linguistic phenomena (e.g., code-switching) and emotion communication during psychotherapeutic sessions that involve more than one language.

With this in mind, the main purpose of the current literature review was to summarise the state of the art in the field of expressing and interpreting emotions in multilingual psychotherapy, as well as identify potential avenues for future research. By doing so, this work will serve as a guide for all parties that take interest in the current subject.

After a brief explanation of the method used for compiling the present review, findings of the studies included in this paper are arranged by topic in the following way. In line with the subject of this review, the content part begins with an overview of the studies that investigate the main linguistic phenomena (e.g., code-switching) that occur in multilingual psychotherapy. This section is followed by the results of the studies on aspects of emotion communication (e.g., emotional distance in L1/LX) in multilingual psychotherapy and the ways the linguistic phenomena from the first section may influence such communication. Finally, propositions for future research are formulated in the area of emotion expression and interpretation in multilingual psychotherapy.

2 | METHOD

The method used for compiling the literature review at hand is a database search for the most relevant studies on emotion

Implications for practice and policy

- At the time of compiling this review, there have been no studies involving the analysis of actual therapeutic sessions and/or therapeutic dyads as participants. Research on emotion communication in multilingual psychotherapy could benefit from the addition of a more comprehensive outlook on various linguistic and psychological dynamics taking place in therapy.
- Another valuable direction is raising awareness of multilingualism in psychotherapy among practising future specialists. Introducing specialised (parts of) courses at universities and offering hands-on trainings could be helpful in achieving this goal.
- Since some findings in this review reveal how language choice can influence one's self-perception and power dynamics, more intersectional research on language use and other social categories would be relevant.
- Finally, applying the concept of translanguaging (looking at an individual's linguistic repertoire as a whole; e.g., Vogel & Garcia, 2017) to therapeutic discourse might be worth investigating in order to affirm the dynamic nature of multilingualism in emotion communication during therapy.

communication in multilingual psychotherapy on two research databases, namely Web of Science and PubMed. The search covers the period from January 2000 to September 2022.

The research team for this review comprises a doctoral candidate (main author) and three supervisors from the PhD project team with corresponding interests in the field of healthcare communication, sociolinguistics and psycholinguistics. Since the subject of this review combines three main areas, namely emotion expression and interpretation in multiple languages, linguistic phenomena in multilingual psychotherapy and emotion communication in multilingual psychotherapy, the following choice was made regarding the inclusion and exclusion criteria applied to the main sources for database search:

- The articles had to be published in peer-reviewed journals for reasons of quality and availability.
- Only articles directly related to the topic of emotion communication in multilingual psychotherapy were included in order to represent the current state of the art in this field. This means that articles that do not include emotion, multilingualism or psychotherapy were excluded from the final selection.
- Both qualitative and quantitative methods were represented among the studies in order to investigate possible trends and overlaps in findings obtained when different research methods were applied.

- The studies had to be published between January 2000 and September 2022.
- The articles had to include data from original studies, including case studies and reflective papers.

The main author was responsible for finding and reviewing the selected studies, while the supervisors reviewed and approved the reference list and suggested some additional sources. In order to identify scholarly articles that focussed on emotion communication in multilingual psychotherapy, the following keywords were chosen: *multilingualism psychotherapy emotion*, *bilingual psychotherapy emotion*, *bilingual psychotherapy*, *multilingual psychotherapy*, *bilingual psychotherapy trauma* and *multilingual counselling*. After completing the initial search, the total number of hits exceeded 800.

The next step to narrow down the selection was to review the abstracts of the studies found during the initial search. This was done with the aim of establishing direct relevance to the topic of the review and reflecting the most recent trends in the field of emotion communication in multilingual psychotherapy. A detailed table of references was compiled in order to determine which of the studies suited the subject of this review the best. In the end, the final selection included 19 articles, described in more detail in [Table 1](#).

It should be mentioned that some terminology used in the studies in this review varies. For the purposes of this article, the following comprehensive definitions of the main concepts have been adopted throughout.

Multilingualism: This term encompasses both “bilingualism” and “multilingualism” and refers to an individual's ability to communicate in at least two languages.

Most of the studies in this review use the terms “bilingualism” and “multilingualism” interchangeably, which is why the same approach is applied here. However, in agreement with Costa and Dewaele (2012), this paper makes no distinction between bi- and multilingual individuals, and only the term “multilingual” has been used in this paper.

Code-switching: According to Li Wei (2007), this term refers to a change of language in the course of the same conversation (as cited in Dewaele & Costa, 2013). Code-switching also includes inner speech, when such a switch occurs internally.

L1/LX: These terms are applied correspondingly to an individual's first and any other later acquired language. According to Dewaele (2018), applying the terms L1/LX user offers neutrality regarding language fluency and superiority of one language over the other(s), which is what this review strives for.

Psychotherapy/therapy: These two terms are used interchangeably to refer to such forms of psychological help as psychotherapy and counselling. These terms encompass both specialists that work in mental health care and those who work in the private sector.

Emotion communication: A comprehensive term that covers expression and interpretation of emotions.

3 | RESULTS

The articles selected for this review provide findings on expression and interpretation of emotions in multilingual psychotherapy. Some of the selected studies have been included in more than one section of the review, as they investigate more than one aspect related to emotion communication in multilingual psychotherapy (e.g., both code-switching and emotional distance). Due to the fact that such concepts related to the subject of this review as identity and gender have received greater attention in recent studies, the research results mentioning these categories of metalinguistic discourse (i.e., what is expressed “beyond words”) are given in a separate subsection.

3.1 | Linguistic phenomena in multilingual psychotherapy

This section covers such concepts related to the topic of the review as *code-switching* and *metalinguistic discourse*. Of the 19 selected articles, 14 look into these concepts. Of these 14, eight studies address code-switching and six include metalinguistic discourse as part of their subject of investigation. The findings are spread thematically over the two subsections described below in more detail.

3.2 | Code-switching in multilingual psychotherapy

In terms of methodology, four of the eight studies (Alhamami, 2020; Carmen Calvo-Rodríguez, 2021; Das, 2020; Verkerk et al., 2021) in this subsection applied qualitative methods in their research: one (Dewaele & Costa, 2013) is quantitative, two (Bager-Charleson et al., 2017; Rolland et al., 2017) are mixed methods studies, and one (Szoke et al., 2020) is a case study. Of the eight papers, two (Alhamami, 2020; Das, 2020) specifically investigate code-switching, while the remaining six (Bager-Charleson et al., 2017; Carmen Calvo-Rodríguez, 2021; Dewaele & Costa, 2013; Rolland et al., 2017; Szoke et al., 2020; Verkerk et al., 2021) include this among additional findings.

Among the papers that have code-switching as their main focus, a qualitative study conducted by Alhamami (2020) investigates the dynamics of code-switching by healthcare workers and patients in Saudi hospitals. Despite the fact that the setting of this research is a hospital, code-switching and its emotional consequences within healthcare communication are directly related to mental healthcare communication, which includes psychotherapy. This is what makes this study relevant to the subject of the review at hand. Thirty-seven participants of this study were interviewed on the subject of their attitudes to and experience with code-switching in the hospital. What is noteworthy among the findings is the motives for code-switching, in particular, when participants resorted to shifting to their L1 in conversations with their colleagues when it came to facilitating faster verbalisation of their emotions. In the non-job-related contexts, code-switching allowed the participants to “feel more

TABLE 1 Empirical studies on emotion communication in multilingual psychotherapy (N = 19).

Authors	Year	Method	Data collected	Sample
Alhamami	2020	Qualitative	Interviews	37 hospital employees
Bager-Charleson et al.	2017	Mixed	Online questionnaire + interviews with 7 out of the 88 participants	88 therapy trainees
Brune et al.	2011	Quantitative	Data from HAM-D (Hamilton Depression Rating Scale) and CGI (Clinical Global Impressions Scale)	190 patients and 8 interpreters
Burck	2011	Qualitative	Interviews + analysis of autobiographies	24 participants and 5 autobiographies
Carmen Calvo-Rodríguez	2021	Qualitative	Online questionnaire with open questions	41 mono- and 9 multilingual therapists
Cook & Dewaele	2022	Mixed	Interviews	3 refugees
Costa & Dewaele	2012	Mixed	Online questionnaire + interviews with 3 out of the 101 participants	101 therapists
Das	2020	Qualitative	Interviews	4 therapists
Dewaele & Costa	2013	Mixed	Online questionnaire with closed and open questions	182 clients of psychotherapy
Gulina & Dobrolioubova	2018	Qualitative	Interviews	16 therapists
Ibarra	2021	Qualitative	Reflections based on the author's experience as a multilingual therapist	1 therapist
Or-Gordon	2021	Qualitative	Interviews	9 therapists
Rolland et al.	2017	Mixed	Online questionnaire with closed and open questions	109 clients of psychotherapy
Santin	2018	Qualitative	Reflections based on the author's experience as a multilingual therapist	1 therapist
Softas-Nall et al.	2015	Qualitative	A summary of empirical findings with the focus on implications for multilingual counselling	n/a
Schwanberg	2010	Quantitative	Data from CAPS-1 (Clinician-Administered PTSD Scale) and TMI-PS (Traumatic Memory Inventory—Post-Script Version)	19 clients of mental healthcare services
Szoke et al.	2020	Qualitative	A case study	One client of psychotherapy
Vardar et al.	2012	Mixed	Data from the Free Listing structured interviews	220 users and nonusers of mental healthcare services ^a
Verkerk et al.	2021	Qualitative	Interviews	10 therapists

Note: The participants in the studies mentioned in the table were both multilingual and monolingual.

^aThe study does not mention how many participants were users and how many were nonusers of mental healthcare services.

comfortable and relaxed" (p. 184). Along with this, another motive for code-switching related to the subject of this review was to establish the feeling of belonging to the same community. Switching to a common language allowed medical staff to "feel that they are from the same country and speak the same language" (pp. 184–185). In addition to the motives, the author also reports the results on positive and negative attitudes towards code-switching. Patients' negative attitude to switching language was reported when their doctors started speaking a different language among each other, because it brought up feelings of suspicion and "decreased the trust between patients and doctors" (p. 185). However, when the medical personnel switched to the patients' L1, it made the patients "feel that they are taken care of thoroughly" (p. 186). Overall, the author suggests

that the study results might promote raising awareness about the role of multilingualism among healthcare workers.

Continuing the subject of (mental) healthcare communication, Das (2020) investigates code-switching in her explorative qualitative study in the field of systemic family psychotherapy. Five multilingual systemic therapists were interviewed on the subject of their own experience with code-switching in the therapeutic context. Results reveal that participants saw switching languages as both beneficial and constraining. Among the benefits, the participants mentioned creating a safer, easier and more comfortable communication when it came to complex emotional experiences. One participant stated that code-switching gave them some emotional distance, which made the therapeutic setting feel safer. On the contrary, another

participant discussed “the complexities of closeness and distance” and the effect of code-switching on creating an alliance with clients, possibly affecting this connection (p. 49). The participants in this study underlined the importance of staying reflective during the process of code-switching.

Unlike the two studies mentioned previously, the other six studies included in this subsection all have multilingual psychotherapy as their setting and mention code-switching not as the main focus but as part of their broader research. Three of the six articles (Bager-Charleson et al., 2017; Carmen Calvo-Rodríguez, 2021; Verkerk et al., 2021) focus on therapists' perspectives, two (Dewaele & Costa, 2013; Rolland et al., 2017) focus on clients' views, and one (Szoke et al., 2020) is a case study that offers a general perspective on using different languages in therapy. Two studies (Carmen Calvo-Rodríguez, 2021; Verkerk et al., 2021) applied qualitative methods, one (Dewaele & Costa, 2013) applied quantitative, another two (Bager-Charleson et al., 2017; Rolland et al., 2017) had a mixed methods approach, and the last one (Szoke et al., 2020) was a case study.

In terms of therapists' views on code-switching during therapeutic sessions, most of the participants in all three corresponding studies (Bager-Charleson et al., 2017; Carmen Calvo-Rodríguez, 2021; Verkerk et al., 2021) saw this as useful and beneficial. To illustrate this, the participants in the study by Bager-Charleson et al. (2017) mentioned that code-switching could give the client an opportunity to explore the emotional richness of their L1 and LX. In a similar vein, the therapists in Carmen Calvo-Rodríguez (2021) also spoke about the ability of code-switching to “facilitate exploration” in the therapeutic process (p. 744). In addition to this, the participants in Verkerk et al. (2021) reported that switching languages helped them “counter the lack of certain words or concepts in one of the languages,” particularly in relation to emotional concepts (p. 12).

In terms of clients' perspectives of code-switching in therapy, the participants in the studies by Dewaele and Costa (2013) and Rolland et al. (2017) reported switching to another language in therapy in connection with emotional resonance with the language. For instance, Rolland et al. (2017) state that some of their participants resorted to code-switching “in order to fully express the emotions associated with particular phrases” (p. 13), while 61% of the participants in Dewaele and Costa (2013) said that they code-switched in connection with “a raised emotional tone” (p. 38). The distancing and protective effect of language switching was also mentioned by the participants in both of these studies.

The way code-switching may serve as a blocker of emotional release is described in the case study by Szoke et al. (2020). The case involved an originally Spanish-speaking client undergoing prolonged exposure therapy (PET) with an English-speaking therapist in English. PET is generally used for post-traumatic stress disorder (PTSD) and is based on the client's recollection and recounting of traumatic events. In this particular case, the therapist noticed incongruence between the client's self-reported levels of symptoms and distress at the time of the clinical interview and their scores on the clinical measures. During imaginary exposure, the therapist suggested that the client finished the session in their L1. This led

to the first instance of congruence in the client's scores since they started therapy. This study provides a good example of how inviting a client to switch to their L1 in therapy can lead to an emotional discharge and a more efficient treatment. However, as with any individual study, it should be interpreted and applied with caution since language can be a powerful tool in the psychotherapeutic setting.

3.3 | Metalinguistic discourse: Categories of gender and identity in multilingual psychotherapy

Of the five articles in this subsection, three (Bager-Charleson et al., 2017; Burck, 2011; Gulina & Dobrolioubova, 2018) applied a qualitative approach, one (Dewaele & Costa, 2013) applied a quantitative approach, and one (Santin, 2018) was a reflective paper. Two papers (Burck, 2011; Santin, 2018) have a specific focus on the categories of gender and identity in their research and investigate them in the context of multilingual psychotherapy. The remaining three articles (Bager-Charleson et al., 2017; Dewaele & Costa, 2013; Gulina & Dobrolioubova, 2018) mention the categories of gender and identity in relation to L1 and LX among other findings.

Emotional expression in LX comes up in the study by Burck (2011). This author's research focusses on language, gender and identity in the multilingual psychotherapeutic setting and includes data from 24 interviews and five published autobiographies. A key finding of this research is that the participants experienced re-evaluation of their identities and gender when performing in LX. All of the participants reported that “the language they spoke differentiated their experiences of self” (p. 365). Such different experiences of self also entailed differences in emotional expressiveness. As an example, one of the respondents reported that speaking LX helped them to be more angry or aggressive since their L1 supposed suppressing such emotions. The same participant also stated that they used LX when they wanted to establish a different gendered position. Learning and using an LX was interconnected with differently construed social perceptions and performances of gender. To illustrate this, some women in the study resorted to their L1 in communication with their children, because the process of being a mother (e.g., being tender and emotionally close) felt more natural in the language of their childhood. This study demonstrates that a new language might enable both men and women to perform their gender differently compared to their L1.

A reflective paper by Santin (2018) describes personal experience of a family therapist working in two languages. It raises an important point of “the emotional posture in therapy” when multiple languages are at play, bringing up complex issues of professional boundaries and competence (p. 1). Being already used to working in LX, the author received a client who spoke their common L1, which stirred her sense of professional self and prompted her to reflect on her own emotions that came to the surface when speaking L1 with the client. The experience of wanting to escape rather than engaging with the different side of her professional self made the

author ask herself whether she had become "a less emotional therapist" than she would be if she was living in her native country (p. 10). Speaking L1 with the male client made the author renegotiate professional boundaries and create a safer, more emotionally distant environment for herself. Through her reflections, the author states her intention to increase awareness about therapy that involves multiple languages and selves.

The question of identity and identification is also raised in two explorative studies (Bager-Charleson et al., 2017; Gulina & Dobrolioubova, 2018) that focus on therapists' experiences of working with multilingual clients. Therapists in the samples of both Bager-Charleson et al. (2017) and Gulina and Dobrolioubova (2018) mentioned the connection between identity and language. For instance, one participant in the study by Bager-Charleson et al. (2017) reported the awareness of their clients being different selves depending on the language they speak. In line with this, a respondent in Gulina and Dobrolioubova (2018) spoke about shifts in self when using L1 or LX. Another participant in the same sample added that such language-dependent shifts could also happen with one's national identity. Another finding in this study aligns with the observation in Santin (2018): most of the participants felt that LX was "an important component of their professional identity" (p. 12). Additionally, Santin (2018) describes her anxiety and concern about working in her L1, whereas the participants in Gulina and Dobrolioubova (2018) refer to such experiences in their LX.

The last study to discuss identity in multilingual psychotherapy is by Dewaele and Costa (2013). This research addresses clients' experience of multilingual psychotherapy and is based on the data from an online questionnaire completed by 182 multilingual clients who had received psychotherapy. The questionnaire included open questions, thus bringing both quantitative and qualitative data. Identity was one of the major subthemes found in the data. Some of the respondents reported experiencing themselves differently depending on the language, which they also consider an influential factor in therapy. For instance, one participant stated that they felt as though a large part of them was not present in therapy. Another mentioned that having therapy in L1 had turned out to be helpful in dealing with their L1 self. A further interesting finding is that the majority of the clients stated that sharing a multilingual identity with the therapist promoted a better sense of connectedness and greater empathy.

3.4 | Emotion communication in multilingual psychotherapy

There are two main concepts included in this section: *emotional distance in L1 and LX* and *treating trauma in L1 and LX*. Of the 19 articles selected for this review, 12 investigate one or both of these concepts. Emotional distance in L1 and LX is addressed by eight of the 12 studies, while treating trauma in L1 and LX is discussed in four.

The findings of these 12 studies are arranged thematically below in the corresponding subsections.

3.5 | Emotional distance in L1 and LX

In terms of methodology, four (Burck, 2011; Gulina & Dobrolioubova, 2018; Or-Gordon, 2021; Verkerk et al., 2021) of the eight studies in this subsection applied qualitative methods in their research, one (Dewaele & Costa, 2013) used quantitative methods, two (Costa & Dewaele, 2012; Rolland et al., 2017) chose a mixed methods approach, and one (Santin, 2018) was a reflective paper. All of the studies are set in the psychotherapeutic environment. When compiling this review, we found no study focussing specifically on emotional distance in L1 and LX in multilingual psychotherapy. Nevertheless, the selected studies that included emotion and multilingual psychotherapy as part of their investigation often mention this among their findings.

Using an LX to create more distance and safety in therapy is stressed in the studies by Burck (2011), Costa and Dewaele (2012), Dewaele and Costa (2013), Rolland et al. (2017), Santin (2018) and Verkerk et al. (2021). To illustrate this, Dewaele and Costa (2013) describe how switching to a foreign language while talking about something delicate could help a client feel safer. Another client in this study said that their therapist had invited them "to switch languages in order to increase the emotional resonance" (p. 43). However, that switch to the client's L1 did not have the desired effect since the client felt more distant in their L1, which was not the first language of the therapist. The participants in Burck (2011) stated that LX gave them a chance to bring "more social distance to their interaction" (p. 369). This would allow them to decrease the emotional intensity of what was being said. A participant in Rolland et al. (2017) also spoke about a similar experience of resorting to LX in therapy when talking about an emotionally intense memory. This distancing function of LX was also mentioned by some participants in the study by Verkerk et al. (2021). These respondents (therapists) noted that when a client's L1 brought up "a strong sense of stigma or rejection, it may be easier ... to receive therapy in LX" (p. 14). Some therapists in the sample stated that they would invite their clients to switch to the most emotionally close language in order to express themselves fully, even if the therapist did not speak that language. The clients did not even have to use translation "because the emotion expressed may be so strong that it is clear what it is" (p. 14). The therapists would then pay closer attention to non-verbal signals and intonation, which was also something Costa and Dewaele (2012) describe in their findings. A therapist in their sample reported that the distance offered by LX would allow the therapist to focus more on the body language of their client. In addition to benefits for the client, Santin (2018) reflects on her own experience of conducting therapy in her L1 and feeling that doing this in LX would decrease the level of emotional intimacy and create a much-needed professional distance. Sharing this opinion, one participant in the sample of

Gulina and Dobrolioubova (2018) also said that being closer to their emotion in L1 could affect their “therapeutic neutrality during the session” (p. 13).

Among other functions of a mostly larger emotional distance in LX than in L1, the same study by Gulina and Dobrolioubova (2018) gave an example of emotional alienation in LX on the side of the therapist, which was not considered to be positive. However, according to Or-Gordon (2021), some participants may feel emotionally closer to their LX than L1, in which case emotional alienation can be felt towards L1. One therapist in the sample of this study remarked that they felt “more emotional and spontaneous” when speaking in LX with clients (p. 16). Based on the findings of this review, this appears to be an exception since it is usually considered harder to engage with others on an emotional level when speaking in LX rather than in L1.

3.6 | Treating trauma in L1 and LX

The last subsection in this present review includes seven studies (Brune et al., 2011; Cook & Dewaele, 2022; Dewaele & Costa, 2013; Ibarra, 2021; Schwanberg, 2010; Szoke et al., 2020; Verkerk et al., 2021) that investigate the issue of treating trauma in multiple languages. Five of the studies (Brune et al., 2011; Cook & Dewaele, 2022; Ibarra, 2021; Schwanberg, 2010; Szoke et al., 2020) have trauma treatment and language as their primary focus, whereas the remaining two (Dewaele & Costa, 2013; Verkerk et al., 2021) mention this among their findings. Two studies (Brune et al., 2011; Schwanberg, 2010) used quantitative research methods, one (Verkerk et al., 2021) applied a qualitative approach, two (Cook & Dewaele, 2022; Dewaele & Costa, 2013) employed a mixed methods approach, and two (Ibarra, 2021; Szoke et al., 2020) were reflective papers on the subject.

Schwanberg (2010) explores traumatic memories among 19 Spanish-English bilingual participants by investigating the intensity of PTSD symptoms and particular features of traumatic memory. This intensity was reported differently in participants' L1 and LX. Results reveal that PTSD symptoms were reported with a higher intensity in L1 than in LX. In addition, four of the five features of traumatic memory had a higher intensity in L1. The researcher also observes that many of the participants expressed little emotion when recalling a traumatic event in LX, while becoming emotional when recalling that same event in their L1. The author argues that if the language of traumatic experience matches the later language of retrieval, it can contribute to the healing process of the traumatised person. A case study described in the reflective paper by Szoke et al. (2020) confirms this suggestion. This article gives an account of a highly traumatised individual who was treated for PTSD and could only achieve emotional resolution of their trauma when the process of recalling it was in their first language. In this case, it was the therapist who invited the client to switch to their L1 after noticing inconsistencies in their self-report and actual scores. Neither of these studies provide

any information about the participants' level of fluency in their languages, with Schwanberg (2010) only stating that the respondents were coordinate bilinguals (i.e., acquired one language in their childhood and another later in life). This issue is addressed in the study by Brune et al. (2011), which explores mediated communication in the therapy of traumatised individuals. In cases where multilingual clients do not possess a sufficient grasp of the language used in therapy, an interpreter may be involved. Receiving an opportunity to speak about trauma in the language in which it was experienced seemed to have outweighed the possible inconvenience of a third party in the room. The results of the study demonstrate that the therapeutic outcome of receiving a mediated therapy did not differ from that without an interpreter. Perhaps a noteworthy addition to the therapy of Spanish-English traumatised clients is an observation of a multilingual psychotherapist Ibarra (2021), given in her reflective paper. From the author's conversations with her Spanish-speaking Latinx clients, it came to her realisation that some important aspects of a client's experiences could be lost or neglected in the process of translation and interpretation in English. In particular, the author gives an example of extensive use of metaphors when describing a traumatic experience, which may have a beneficial effect for the client. What the aforementioned studies have in common is that their focus is on achieving the most beneficial therapeutic effect for the clients. Therefore, taken together, they provide a broader insight into the treatment of severely traumatised individuals.

Trauma treatment in L1 and LX is also mentioned among other findings in the studies by Dewaele and Costa (2013) and Verkerk et al. (2021). While Dewaele and Costa (2013) focus on clients' experiences of multilingual psychotherapy, Verkerk et al. (2021) include therapists' perspective on this matter. In line with the findings mentioned in the previous paragraph, some clients in Dewaele and Costa (2013) also reported that being invited to switch to their L1 when recalling a traumatic incident felt relieving. Both of these studies show that using LX in the therapy of traumatised individuals can be beneficial. There are participants in both studies who found that speaking about traumatic events in their LX allowed them to decrease the emotional intensity of the recollection process. This finding is in line with what Cook and Dewaele (2022) found in their qualitative study. This work specifically investigates whether an individual's LX can enhance the healing of trauma suffered due to sexuality persecution. Findings show that LX provided the participants with the emotional detachment that was necessary for them to talk about their experiences of trauma. Two of the participants particularly mentioned their ability to avoid becoming overwhelmed with emotion when talking about trauma in LX. Besides, speaking LX in therapy “endowed [participants] with freedom and a means to depart from the restrictive oppressive constraints embodied in L1” (p. 9). It is also worth mentioning that the sample in this study is rather unique—three refugees who had been persecuted for their sexuality. In addition, the authors do provide details about participants' fluency: all three spoke English as their LX and their fluency was deemed high. The last important observation made by Cook and

Dewaele (2022) is their view on multilingualism as a dynamic feature. A trauma occurring in a particular language does not have to mean that that language will always remain associated with it, and acknowledging this in therapy might facilitate emotional release and healing.

As a word of caution, it should always be remembered that interpreting and applying the results of individual studies in practice must be done carefully and with the individual client's needs in mind.

4 | DISCUSSION

The overall purpose of this review was to present a comprehensive analysis of the literature in the area of emotion communication in multilingual psychotherapy. This paper includes 19 empirical studies closely related to the subject at hand. The findings reveal that code-switching remains the central point of recent research on emotion communication in multilingual psychotherapy. Of the 14 studies in the section on linguistic phenomena in multilingual psychotherapy, eight address code-switching. Switching languages is reported to provide participants with the necessary words or concepts (e.g., Verkerk et al., 2021), create or diminish emotional distance (e.g., Das, 2020) and facilitate emotion communication (e.g., Alhamami, 2020). Most of the participants in all of these studies said that they had found switching languages in a therapeutic setting beneficial, particularly for emotional expression (e.g., Bager-Charleson et al., 2017). However, some participants mentioned negative aspects of code-switching, such as how it might affect alliance between client and therapist (Das, 2020).

In terms of other linguistic phenomena that occur in multilingual psychotherapy, findings suggest a connection between emotion communication and an individual's experience of self. As an example, some authors (e.g., Burck, 2011) report that one's social identity (e.g., performing one's gender) might differ when realised in L1 and in LX. In this respect, most of the studies focus on the view of the client in therapy. In regard to the therapist's view, working in more than one language might raise issues of professional boundaries and competence (e.g., Santin, 2018). The notion of feeling different as a professional is supported by other data described above on performing differently in L1 and LX. In other words, a therapist might experience themselves as more or less confident and competent, depending on the language they are using with a client.

Most of the studies in this review mention emotional distance in L1 and LX. The latter is reported to provide participants with greater emotional distance than the former (e.g., Costa & Dewaele, 2012; Rolland et al., 2017). Dewaele and Costa (2013) even mention that their participant was invited by their therapist to switch to L1 to increase emotional intensity. A curious finding in the study by Verkerk et al. (2021) is that some participants (therapists) did not have to understand their client's language, since their emotional expression was clear enough. Generally, in more recent studies (e.g., Or-Gordon, 2021), the fluidity of the concept of emotional closeness to L1/LX is evident. In the context of multilingual psychotherapy,

results show that LX can become a more emotionally close language, which may be useful to know when working with multilingual clients.

Such emotional connection with L1/LX can be especially meaningful when treating trauma. Studies in this review (e.g., Szoke et al., 2020) almost exclusively demonstrate that using L1 when speaking about trauma may allow clients to reach emotional release faster and facilitate the healing process. On the contrary, findings in the study by Cook and Dewaele (2022) reveal that using LX when talking about trauma could help some participants to detach themselves from the intensity of recall. If L1 is indeed the most emotionally intense, reliving traumatic experience in it may exacerbate emotions and retraumatise the client.

The studies described in this review have the following primary limitations: first, small sample sizes in qualitative parts of the research; second, predominantly female samples in qualitative studies; and finally, the use of self-reports without combining them with other research tools.

It should be acknowledged that the current review also has its limitations. First, the search for articles was limited by the databases, the language (English) and particular keywords. Second, in the time between writing and publication, new studies in this area may have emerged. Lastly, valuable research might not have been included since it had not been peer-reviewed at the time of writing.

Overall, this review of the recent empirical literature has shown that the amount of research in the area of emotion communication in multilingual psychotherapy has increased and expanded. For instance, there is now more evidence that expressing and interpreting emotions is not necessarily more efficient in an individual's L1, but can be just as effective in their LX. More attention has also been paid to the meaning beyond actual words when psychotherapy is conducted in multiple languages. Expressing and interpreting emotions in such a setting may then include code-switching because of a greater sense of authenticity in L1/LX or because of a desire to feel or be perceived as more professional. Finally, what can be seen more often in the studies in this review (e.g., Verkerk et al., 2021) is a focus on understanding beyond words, which is crucial when communicating emotion in multilingual psychotherapy.

5 | CONCLUSIONS AND PROPOSITIONS FOR FUTURE RESEARCH

Recent work in the field of emotion communication in multilingual psychotherapy has demonstrated that mental health specialists are becoming more aware of the role language can play in their work. It is not only the client's language(s) which is the focus of research, but the therapist's too. Psychotherapists tend to give more space to their own emotions and acknowledge that their L1/LX may influence both their relationship with the client and their professional self. In this review, some data show how inviting a client to switch languages may provide a therapist with an extra tool for a more emotionally authentic expression. The view that code-switching is beneficial and useful is predominant in the current

analysis, even though some rare findings suggest that code-switching may be confusing or unnecessary. In addition, there is more scientific evidence that L1 does not necessarily have to be an individual's preferred language in terms of emotional expression as, for some people, LX offers a required safety net when talking about a highly emotionally charged event. In addition, one's social identity (e.g., professional self) might be performed differently depending on the language used. Important additions that have appeared in recent literature concern changes in approaching multilingualism. In particular, it is now sometimes viewed as a fluid and dynamic concept, which does not always have to depend on language fluency or age of acquisition.

In terms of possible directions for future research, more longitudinal studies would help shed light on how emotion communication in multiple languages may change over time, and whether this has an effect on the subject an individual comes to psychotherapy with. At the time of compiling this review, there have been no studies involving the analysis of actual therapeutic sessions and/or therapeutic dyads as participants. Research on emotion communication in multilingual psychotherapy could benefit from the addition a more comprehensive outlook on various linguistic and psychological dynamics taking place in therapy. Another valuable direction is raising awareness of multilingualism in psychotherapy among practising future specialists. Introducing specialised (parts of) courses at universities and offering hands-on trainings could be helpful in achieving this goal. Since some findings in this review reveal how language choice can influence one's self-perception and power dynamics, more intersectional research on language use and other social categories would be relevant. Finally, applying the concept of translanguaging (looking at an individual's linguistic repertoire as a whole; e.g., Vogel & Garcia, 2017) to therapeutic discourse might be worth investigating in order to affirm the dynamic nature of multilingualism in emotion communication during therapy.

CONFLICT OF INTEREST STATEMENT

The authors report no conflict of interest.

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How to cite this article: Verkerk, L., Fuller, J. M., Huiskes, M., & Schüppert, A. (2023). Expression and interpretation of emotions in multilingual psychotherapy: A literature review. *Counselling and Psychotherapy Research*, 23, 617–626. <https://doi.org/10.1002/capr.12650>