

# Language as power in the therapy room: A study of bilingual (Arabic–English) therapists' experiences

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## Abstract

The topic of language as power (LaP) in individual therapeutic encounters has thus far been overlooked, and as bilingual therapists have the ability to use more than one language in the therapy room, their experience of LaP is a compelling research area that this paper attempts to explore. This qualitative, inductive, phenomenological study used interviews and interpretative phenomenological analysis to explore five bilingual Arabic–English-speaking therapists' experiences of LaP in the therapeutic encounter. The study identifies two overarching themes: (a) the emergence of identity and power from language and (b) comparisons of power in the English and Arabic languages. Within these themes, the study finds that therapists experience LaP through multiple avenues: self-disclosure, intersectionality, being transported to different identities and expressions of power and power of expression in Arabic–English. These multiple avenues illustrate the complexity of LaP in the therapeutic encounter. The study sheds light on an underexplored area in psychotherapy, illuminating an important area for psychotherapists and training institutions to consider when working with clients.

## KEYWORDS

bilingual, language, power, psychotherapy, qualitative, therapist

## 1 | INTRODUCTION AND LITERATURE REVIEW

As our world becomes increasingly interconnected, linguistic diversity is developing and broadening in many countries, including the UK. Indeed, there are over 300 languages spoken in England and almost 100 in Wales and Scotland (Edwards, 2011). Although the UK's main language, English, has achieved the status of a global lingua franca, there is a sizable presence of other major languages (in the UK) such as Polish, Punjabi, Urdu, Bengali, Gujrati and Arabic (Marlina & Xu, 2018; Office for National Statistics, 2011). Ranking

as the sixth most common foreign language in the UK and the sixth most spoken worldwide (Eberhard et al., 2022; Office for National Statistics, 2011), Arabic is an important medium of communication for many people, including Arabic speakers who seek therapy. It is essential that psychotherapists are available who can respond and cope with various languages, dialects, accents, registers, styles, etc., particularly as telecounselling necessitates a demand for UK-based psychotherapists to engage with clients overseas and at home. Hence, it is appropriate to explore the influence of the use of a foreign language (herein Arabic) on the therapeutic encounter to assist bilingual psychotherapists in their own professional development; of

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particular interest within this field of enquiry is the inherent power within language (Arabic and English).

This issue of language as power (LaP) and the associated matter of the relationship between language and power have been extensively investigated by sociolinguists (Bourdieu, 1977, 1991; Fairclough, 2015; Kramsch, 2021; Ng & Deng, 2017), but thus far they have been overlooked in the field of individual psychotherapy. This is surprising, given that language is at the heart of therapy and attending to power differences is emphasised throughout psychotherapeutic training and practice. Therefore, this study attempts to bring these closely intertwined concepts together by exploring bilingual therapists' experiences of LaP. It is hoped that this will raise awareness of the language–power connection in therapy and that the diverse linguistic abilities of bilingual therapists will assist in facilitating a more detailed, comprehensive exploration of LaP. Consequently, the current study addresses areas such as power, sociolinguistics and bilingualism in the context of psychotherapy.

As there is no consensus on the definitions of power, some descriptions may be helpful before the relevant literature is examined. Merriam Webster's Dictionary (2021) broadly defines *power* as the “ability to act or produce an effect.” Positivist theories argue that this is a one-way cause–effect sequence, whilst poststructural theories maintain that power is dynamic, everchanging and omnipresent (Foucault, 1979/2020; Proctor, 2017). Although these definitions are reasonable, it is important to note that power is a “value-laden” and “elusive” concept that means “different things to different people” (Ng & Deng, 2017, p. 3).

In this study, “LaP” refers to language as a form of power or language and its relationship with power in the therapeutic encounter.

## 1.1 | Power in the therapeutic encounter

Zur (2008) rejected the widely accepted power differential of his time by claiming that the inherent power of therapists and the vulnerability of clients is a myth. Instead, he described power in the therapy room as an interactive, dynamic process—a “power dance” in which power can be expressed equally by both therapist and client (Zur, 2008, p. 35). He believed that power in the therapy room can stem from multiple sources, including attractiveness, personality, strength and education. Whilst language was not mentioned, it is plausible that it may contribute to the “power dance” between therapists and clients as the very process of therapy is reliant on language for building good rapport and communicating effectively (Verkerk et al., 2021).

In acknowledging the implicit power dynamic within the therapy room, Proctor (2017) identified three types of power at play: role, societal and historical power. Role-based power comes from the respective positions of *therapist* and *client*. Societal power arises from the therapists' and clients' structural positions outside the therapy room. Historical power is related to therapists' and clients' personal histories and their individual experiences of power and

## Implications for practice and policy

It is envisaged that this study will contribute to practice and policy by encouraging:

- Bi/multilingual therapists to examine the power embedded in and communicated by their languages in order to facilitate better-informed decision-making concerning linguistic choices during therapy.
- All therapists, including monolingual therapists, to examine the power related to their language(s), with an added emphasis on examining their language varieties (dialect/accents/register, etc.) in the therapeutic encounter.
- Therapists to discuss LaP with their clients and supervisors.
- Policies to be set in place for counselling/psychotherapy training institutions to educate therapists (monolinguals and bi/multilinguals) on the power that language holds and represents in the therapy room, and the importance of reflecting upon and considering such dynamics when working with clients.

powerlessness. This illustrates that whilst some types of power, such as role power, are inherent in the therapy room, others, namely societal and historical power, are acquired from external sources.

Although Crenshaw's (1989, 1991) theory of intersectionality was not specifically developed to address the therapeutic encounter, it can be used to explore how power plays out in the therapy room (Singh et al., 2020). Intersectionality is an approach regarding identity and its connection to power that exposes the multiple avenues through which oppression and power are experienced (Crenshaw, 2015). Ongoing research on intersectionality goes beyond Crenshaw's (1989, 1991) initial discussion on gender and race. However, there is a lack of research on intersections relating to language or language identity and their collective influence on power differences.

The paucity of the empirical literature on power in psychotherapy may be alleviated by efforts to apply intersectionality and other nontherapy-based sociolinguistic theories, such as those discussed in the following section.

## 1.2 | The relationship between language and power in nontherapeutic encounters

The relationship between language and power has long been studied by philosophers and sociolinguists, who have identified many links between the two concepts. Language has been claimed to reveal, reflect, maintain and create power. It has also been described as an instrument of power and as a type of symbolic power (Bourdieu, 1977, 1991; Kramsch, 2021; Ng & Deng, 2017).

In his metaphor of language markets, Bourdieu (1991) highlighted that accents and registers can indicate speakers' social positions and reflect or disclose their linguistic, economic, educational, social and cultural capital. Kramsch (2021) reintroduced and reinvigorated Bourdieu's theories to illustrate that language as symbolic power is still relevant in today's globalised world.

Ng and Deng (2017, p. 4) divided the "power behind language" into two parts, first showing that language can *reveal* power. That is, it can illuminate the extralinguistic power behind the speaker and thus exert influence or control. Second, they identified that language can *reflect* power by mirroring "the collective/historical power of the language community that uses it." They distinguish this from the "power of language," where language has a power of its own and creates influence through different aspects, such as connotative meanings of words and turn-taking.

Hence, language can be theorised to embody power in many ways. However, whether this idea prevails in psychotherapy encounters requires further investigation.

### 1.3 | Bilingual therapists' experiences

The literature regarding the experiences of bilingual therapists, specifically concerning one-to-one therapeutic encounters, is scarce and can be divided into two categories: bilingual therapists' experiences of two therapeutic selves, and these therapists' experiences of bilingualism as an advantage or disadvantage in therapy.

#### 1.3.1 | Two therapeutic selves

Drawing on her clinical material, Walsh (2014), a bilingual therapist working in Hebrew and English, described experiencing two distinct therapeutic selves when using each language during therapy. When using Hebrew, the language she trained in, she was more daring and confident in working with complex therapeutic processes, such as transference. However, when using her mother tongue, English, she found that her therapeutic work felt shallow and stagnant. Walsh (2014, p. 69) believed that the difference between her therapeutic selves was due to "transference to language": a shift to a different state of mind prompted by language, driven by the object-relational world in which each language was learnt. She also believed that her psychoanalytic language was embedded only in the language which she used when developing her professional self (Hebrew). Consequently, this meant that her therapeutic self in English was limited and less sufficiently developed to aid therapy.

Whilst it could be argued that Walsh's (2014) findings may be restricted to her own unique psychodynamic experience, similar findings emerge from nonpsychodynamic-specific studies, which have explored several therapists' experiences. For example, Gulina and Dobrolioubova (2018) examined 16 therapists from different professional orientations and found that bilingual therapists experienced

two selves, depending on which language they used, with some therapists feeling more mature, formal, knowledgeable or creative in one language compared with the other. Additionally, Johal's (2017) analysis of 11 therapists from different modalities revealed that therapists failed to explore complex issues when working in a language in which they had not trained in.

The aforementioned literature suggests that therapists may have different language-based therapeutic identities/selves with varying characteristics and states of mind depending on the language used. Moreover, the language in which the psychotherapeutic self is embedded or trained in is likely to be the most effective. Whether these different language-induced identities impact power in the therapeutic encounter seems not yet to have been explored, despite its obvious relevance.

#### 1.3.2 | Advantages and disadvantages of bilingualism

The literature shows that bilingual therapists find that their bilingualism lends itself to functional therapeutic skills that are helpful in their work with clients. These skills include being more attuned, better at communicating, finding meaning beyond words, tolerating the anxiety that stems from not understanding immediately, and being more understanding and not acting on assumptions (Costa, 2010; Costa & Dewaele, 2014). Another skill that bilingual therapists possess is their ability to code-switch. Santiago-Rivera et al. (2009) explored the code-switching experiences and views of Spanish-English-speaking therapists. In their study, therapists felt that their code-switching promoted clients' emotional expression and disclosure by managing their resistance and challenging their beliefs. Moreover, therapists also viewed code-switching as a way to improve the therapeutic alliance by enhancing bonding and trust.

Conversely, bilingual therapists felt that their bilingualism hindered therapy when they had less access to professional words and knowledge or when they overidentified with clients (Costa, 2020; Costa & Dewaele, 2014).

Thus, bilingual therapists often experience both advantages and disadvantages of bilingualism during therapeutic encounters.

#### 1.3.3 | A brief acknowledgement of power

Whilst the above studies are useful in highlighting bilingual therapists' experiences, they neglect the language-power link and the experience of LaP. Power was mentioned briefly in one study which reported a therapist's experience of their non-native English status helping balance the power in the room with their bilingual clients (Costa, 2010). The author attributed this observation to the possibility that non-native therapists were perceived as independent of colonial influence. Nevertheless, in-depth empirical research on bilingual therapists' experiences of LaP remains insufficient and constitutes a gap that this paper addresses.

## 1.4 | Conclusion, research rationale and research question

Empirical research examining power and its relationship to language and bilingualism in the therapeutic context is scarce. This study intends to fill this gap and contribute additional depth to each field by qualitatively exploring the research question:

- What are bilingual Arabic–English-speaking therapists' experiences of LaP in the therapeutic encounter?

## 2 | METHOD

### 2.1 | Approach and rationale

Interpretative phenomenological analysis (IPA), founded by Smith et al. (2009), was chosen as the methodology for this study, with data being collected via semistructured interviews. This qualitative approach was deemed most suitable because it is most compatible with the above research question's focus on experiences, it aligns with the researcher's constructivist–interpretivism paradigm, and it takes the rarity of the researched participant group into account by allowing for small sample sizes from a homogeneous pool (Spiers & Riley, 2019).

### 2.2 | Study participants

#### 2.2.1 | Implications of the nature of the Arabic language for the study sample

As a *diglossic* language, Arabic has two forms: (a) the Classical-Standard form (adapted today to “Modern Standard Arabic”) and (b) the colloquial form (expressed in regional dialects), which co-exist but are used under different conditions (Alsaahfi, 2016; Ferguson, 1959). Classical-Standard Arabic is a universal standardised form used in extremely formal contexts, such as political speeches, academia, religious sermons or news broadcasts (Alsaahfi, 2016; Al-Sobh et al., 2015; Ferguson, 1959), whereas colloquial regional dialects differ across the Arab world, being used in everyday exchanges (Al-Sobh et al., 2015). The 22 Arabic-speaking countries have distinct dialects that can be further broken down into multiple subdialects (Al Shamsi & Abdallah, 2021), which can differ from city to city or community to community. For example, in Baghdad, Iraq, the Christian Arab community has a different dialect from the Muslim Arab community (Ferguson, 1959). Further to this, country dialects can be grouped into larger, more significant dialect categories, such as the Gulf dialect, representing the dialects of Saudi Arabia, United Arab Emirates, Oman, Qatar, Bahrain, Kuwait and some parts of southern Iraq (Abuata & Al-Omari, 2015); they share certain similarities that differ from other group dialects, such as those spoken in the Levant region (Levantine dialect) or North Africa (Maghrebi dialect) (Zaidan & Callison-Burch, 2014). The Egyptian dialect is thought to be the

most widely spoken and understood dialect, probably due to its popular use within the Arab film industry (Abuata & Al-Omari, 2015; Zaidan & Callison-Burch, 2014).

From this, it can be understood that a bilingual Arabic–English-speaking therapist must be skilled not only in two languages, but must also possess the ability to recognise and relate to several different dialects present within Arabic. This forms one criterion for eligibility for the study sample.

#### 2.2.2 | Participants

Five participants were recruited overall: three via purposive sampling using online counselling directories and two using snowball sampling. Participants' ages ranged from 33 to 53 years, and they all self-identified as ethnic Arabs from Middle Eastern and North African (MENA) backgrounds. They were UK-based, bilingual (Arabic–English) psychotherapists who practised in both languages. Participants came from different theoretical orientations, including integrative, person-centred and different disciplines within cognitive behavioural therapy, and practised in one-to-one therapy with adult clients.

### 2.3 | Semistructured interviews

The data were obtained through 60-min semistructured interviews arranged through a face-to-face virtual platform. The semistructured interviews provided a consistent format to the questions asked via the interview schedule whilst still providing space for participants to direct the interview and the telling of their narrative, producing richer data (Smith & Osborn, 2015).

Before the interviews, all participants were sent an invitation to participate in the study. This included information about the study's purpose, potential risks, confidentiality, anonymity and participants' right to withdraw. A separate consent form was included. Participants gave written and verbal consent before the start of their semistructured interviews. All participants were invited to use whichever language they felt most comfortable speaking in. The researcher, however, only used English.

After their interview, participants were invited to discuss any impact the study may have had on them and were given debriefing information. The interviews were audio-recorded and stored securely prior to being transcribed verbatim by the researcher.

### 2.4 | Data analysis: IPA

The analysis consisted of several steps. The first step involved an unstructured, free-flowing analysis of the text where the researcher noted whatever came to mind when reading the transcript (Smith et al., 2009). The second step involved a more structured form of analysis, set by Smith et al. (2009), wherein descriptive, linguistic and conceptual comments were made, and

potential themes were highlighted. The third step involved writing a summary of each transcript's findings to help illustrate each transcript as a whole. This facilitated the researcher's movement from understanding and interpreting the whole transcript to its parts and back again, which forms part of the IPA process (Peoples, 2021). Also, in the spirit of IPA, the researcher analysed each participant's transcript individually before searching for patterns across participants (Smith et al., 2009). Throughout this process, a reflexive journal was kept to awaken preconceptions and enhance bracketing and awareness (Chan et al., 2013).

## 2.5 | Reflexive statement

As a bilingual Arabic-English speaker, I was aware that English empowered me by giving me greater access and confidence than Arabic. I understood that this experience could influence how I approached the research, so I made a conscious effort to bracket the assumption that the English language holds more power. This may have led to my heightened awareness of accounts that demonstrated the opposing view, influencing me to extract accounts that showed Arabic as holding more power.

Additionally, as a bilingual researcher with two linguistic perspectives, it was essential for me to acknowledge that a study conducted and written in English may show a different reality than one conducted and written in Arabic.

## 2.6 | Ethics

The study was conducted in line with the ethical guidelines for research stipulated by the British Association for Counselling and Psychotherapy (BACP, 2019), and ethics approval was granted by the University of East London's Ethics Committee. Anonymity and confidentiality were ensured by referring to participants by numbers and by removing specific details around dialect that might expose the identities of this group of participants, which was an important consideration given the limited number of Arabic-speaking therapists in the UK.

## 3 | RESULTS

Alongside analysing the data for salient themes, it is important to understand how the participants viewed power (Appendix 1),

especially since, as explained, there is limited agreement on a universal definition of power (Ng & Deng, 2017; Proctor, 2017; Foucault, 1979/2020). Collectively, participants' interpretations were observed to define power in therapy as (a) multifaceted and fluid, (b) a discrepancy between the client and therapist and/or (c) the "magic" (or effect) of what is happening in the session and between the therapist and the client. These meanings of power were kept in mind when exploring and interpreting subsequent findings.

Two superordinate themes and five subthemes emerged from the analysis (Table 1). Each theme is supported with verbatim extracts below, illustrating participants' experiences of LaP in the therapeutic encounter.

### 3.1 | Superordinate theme 1: The emergence of identity and power from language

The emergence of identity and power from language was a theme identified throughout the therapists' accounts. It encompasses any aspect of identity that emerges from language and consequently affects power in the therapeutic encounter.

#### 3.1.1 | Subordinate 1: Self-disclosure from language

All therapists highlighted how language can self-disclose elements of clients' and therapists' identities or group alignments and how this can then influence power in the therapeutic encounter:

In Arabic, you can speak and the other person will automatically know who you are. So I know from my dialect clients could have figured out who I am, where I'm from; they may have created an idea of my political stance, my religious sect; there are so many things that may influence the power dynamics...It comes with the territory and it's unfortunate. There is only so much you can mask.

(Ps3)

Arabic identifies where I'm from, where my family are from, my history that way, maybe my religion or ethnicity, which could impact the bonds clients make with me...A client was nervous to work with someone

TABLE 1 Themes

Superordinate themes	Subordinate themes
The emergence of identity and power from language	Self-disclosure from language
	Intersectionality with language
	Being transported to different identities through language
Comparisons of power in the Arabic and English languages	Comparing the expression of power in Arabic and English
	Comparing the power of expression in Arabic and English

like me after finding out my dialect. So, issues with trust from my identity and what that would mean. I was uncomfortable that this client had knowledge of the dialect and therefore me.

(Ps2)

From these accounts, it appears that disclosures of identity may be revealed from therapists' Arabic dialect and that this can affect the therapeutic relationship and the power dynamics. Furthermore, it appears that these self-disclosures from language are beyond therapists' control and thus may reduce their felt sense of power in the therapeutic encounter.

Although the above disclosures were more concerned with therapists' self-disclosure via the Arabic language, participants also spoke about client disclosures revealed by the English language:

In English, certain accents are related to certain class and status and socioeconomics; some may use their language to assert their position or status...In the Arab world, there is a class division; if you speak English, that means you are from the better class because it means you are educated, or you have been overseas... However, in my work, I don't allow it to become a barrier. It's about me understanding where that person [client] is coming from and relating to them...meeting them where they are at...and removing judgment from our time...using the climate to explore...and understand more.

(Ps4)

Whilst Ps4 acknowledged power/status-related disclosures from their clients' use of the English language, he made it clear that these disclosures had no negative influence within the context and period of his therapy. It seems that, for Ps4, disclosures can be used to relate to and move towards clients rather than allowing them to create a power differential barrier.

From participants' accounts, it appears that Arabic self-disclosure impacted power in the therapeutic encounter more significantly. Interestingly, this experience led some participants to find ways to limit their self-disclosure in Arabic:

I try and make my Arabic neutral. Although I do have a traditional dialect, in my work I speak neutral Arabic... Classical Arabic with a modern context...[which] has some uniformity.

(Ps4)

I speak all dialects and would ask what dialect they use so I can try to match it. It's not easy for clients to know about me or where I'm from, just by how I

speak...because I would be speaking what they are speaking.

(Ps5)

It appears that Ps4 has chosen to use a more impartial dialect that is not associated with any specific identity in order to control self-disclosure. Similarly, Ps5 seemed to control self-disclosure from dialect by code-switching to her client's dialect as she is familiar with speaking all the Arabic dialects. It appears that Ps4 and Ps5 were able to conceal their genuine dialects, and as a result, the power discrepancy stemming from identity was easier for them to control.

### 3.1.2 | Subordinate 2: Intersectionality with language

This theme encompasses the many layers of identity—including age, culture, religion and minority identities—and their intersection with language, giving language a knock-on effect on power in the therapeutic space. Although other participants contributed to this theme, intersectionality with language was most evident in Ps3's account.

Ps3 highlighted the cultural influence upon the actual use of language in the way therapist and client address each other and how this can motivate certain power dynamics in the therapeutic encounter:

The Arabic language and the Arabic culture attaches that power to me...I've had incidents where clients have called me "doctora"...Even though the word 'client' doesn't exist in the Arabic language, I tried using closely linked alternative words like "zaboon- زبون (customer)" or "murajie- مراجع (the reviewed)" instead of the more widely used Arabic word for "patient", but it didn't make sense, and they were not the right words. Even the word "therapy" in Arabic makes it sound like you're going to heal them or analyse their personality. [So] before even getting into the room, there are such strong set power dynamics in the language about your position.

It seems that the culturally influenced terms that exist in Arabic to refer to the therapist, client and therapy itself promote power differentials. By contrast, English words such as "client" seem to have connotations of a more collaborative, less hierarchical relationship. Despite Ps3's efforts, it seems that she was unable to find a satisfactory equivalent in Arabic.

Participants also illustrated how age and culture influenced their style of addressing older clients in Arabic:

I had to call her "azeezty- عزيزتي (my dear lady)" because she's older than my mum...and she would talk

to me in an authoritative way because she knows she is older than me...I would give her that power—I don't mind.

(Ps1)

I did call her "sister". It was very hard for me to just call her by her first name because she was older than me..."Khala- *خاله* (auntie)" did feel a bit too much since it would have jolted the power dynamics. "Sister" certainly felt more neutral but still gave her that cultural respect.

(Ps3)

These therapists seem to be very aware of how addressing their older clients in a culturally age-appropriate manner in Arabic may impact the power dynamics.

Another way in which age influenced language was illustrated by Ps1:

It's about pushing boundaries, they talk, talk, talk and try and escape or divert their way from the topic—They feel they are older and it's their language—You listen to that and bring them back.

There seems to be a power struggle between older clients—who feel they have ownership over the Arabic language and can use it how they wish—and the therapist, who tries to use her power to rein them in.

It seems that religion is very much connected to the Arabic language. As Ps4 stated, "with Arabic, religion comes in more easily because it's part of the narrative." All but one participant made this language–religion link in their accounts. However, most of these links concerned self-disclosure of religion, as discussed earlier. Ps3 illustrated another way in which the intersection of religion and language can influence power in therapeutic encounters, that is, by illustrating how Arabic can bring a new faith-related element of power into the room:

It's really hard with the Arabic language, because a lot of it is associated with some elements of faith, and when Arabic is taken into the therapeutic room, it's you and the client and God in the room, so it's no longer about two people and their power dynamics.

It appears that the use of Arabic and its intersection with religion may change the number of object relations that are present in the encounter, turning the power dynamic into a power triad with God included in the mix.

Minority identity also seems to intersect with language:

In terms of power, I'm in a way grateful that I have a British accent or dialect because that has helped

in the therapy room, where clients might see me as a foreigner or not British-looking, but thankfully I sound British like them whereas some of my other colleagues who are European in accent do struggle...I think at least I have something equal. I feel like it breaks down some of the barriers once we talk, and then what I look like doesn't matter anymore. So, language, English, does have that power in putting us on the same playing field.

(Ps3)

Ps3's British accent gave her back some of the power that she lost by having a minority identity, so it seems that the English language (accent/dialect) can remove power differentials created by the other identities that the participant holds. It also appears that the British accent or dialect may hold more power than English spoken with a foreign accent.

### 3.1.3 | Subordinate 3: Being transported to different identities through language

The third subordinate theme embodies the notion that speaking a certain language transfers the participants/therapists to a particular identity that influences power in the room. Ps2 illustrated an example of this phenomenon:

I've experienced empathy in Arabic from family, so the empathy I expressed in Arabic [with clients] was very family-like or motherly because that's where my personality goes...I don't know how empathy would look like from a professional clinician or practitioner in Arabic, as I've not experienced this personally—so I didn't have access to it. For example, I did say "aww habibty- *حبيبتي*" to my client. I didn't know how else to show her my empathy. This may sound unprofessional and may have influenced the dynamic. I would never say "aww my love/darling" in English.

Here, it appears that the Arabic language takes the therapist to a maternal identity (rather than to the professional identity that her English language transports her to), which may shift the power dynamic of "therapist and client" to that of "mother and child." It seems that Ps2 believed that this shift in identity was due to her lack of professional contact in Arabic.

Ps2 also described how hearing the Levantine dialect altered her dialect or language identity:

Outside of therapy, that's been my experience of the power dynamic between my dialect and dialects from that region...I notice that my tongue leans that way if I hear someone from that geographic region, I speak

their dialect and not the other way around, and that becomes a power dynamic in itself, and I think that projected or interplayed in the room with my clients from that region...It's more to do with power in my head rather than power in the room.

Seemingly, hearing the Levantine dialect in the room transferred Ps2 to a language-identity-induced power disparity that she had previously experienced outside of therapy, thus influencing the therapeutic encounter via countertransference. The Levantine dialect seems to hold more power as it appears to take over, provoking Ps2 to code-switch from her own dialect to the dialects of the Levant region.

### 3.2 | Superordinate theme 2: Comparisons of power in the Arabic and English languages

This theme addresses participants' comparisons of their languages' ability to express themselves differently in Arabic and English during the therapeutic encounter. All the participants made such comparisons in their accounts, either indicating that the languages had different expressions of power or that they varied in their power of expression.

#### 3.2.1 | Subordinate 4: Comparing the *expression of power* in Arabic and English

In the participants' accounts, the way that Arabic and English express and communicate power was discussed in relation to boundary setting.

First, Ps1 compared the languages' expression of power when negotiating prices:

I find, when I want to be assertive, I would say it in English because in Arabic there are quite a lot of emotions involved so would be harsher. With price negotiation, you would see me switching to English straight away because I feel this second language is like a shield or mask to me. I can conceal my emotions because I don't want to be perceived as rude. But at the same time, I'm trying to be assertive and deliver the information to them clearly, so you see me switching to English.

This illustrates that, for Ps1, both English and Arabic can express power in the therapeutic encounter, but in different ways. For example, the English language is assertive, clear and direct in its expression of power, whereas the Arabic language can appear harsh and rude in its expression of power. It seems that the therapist code-switches to English during bilingual therapeutic sessions in order to use or access a less abrasive form of power, possibly as a means of protecting her relationship with clients.

Second, Ps2 compared her languages' expression of power in terms of time boundaries during conversational flow:

In Arabic, it can be okay to talk over someone. You're still listening to them—you're still doing listening skills but the language can be overlapping, and that's okay, it's not necessarily rude, whereas, in English, there is this pause to make room for you to speak, rather than it being a dynamic duet.

It appears that, in English speech, power is given and taken in a turn-taking manner that is almost back and forth. This contrasts with Arabic, in which simultaneous speech expresses consistently shared power. Subsequently, Ps2 added:

I mean, sometimes interruptions are necessary in English too, to contain or rein them [clients] in, but it was as though you were a clinician with a certain agenda in your mind, whereas in Arabic, I was more comfortable doing it. It felt less rude and less directive because it's natural in the language, and it happened both ways.

Based on this, it seems that, in English, interruptions are perceived as an expression of taking power from the other speaker, that is, being "rude" and "directive." Conversely, in Arabic, interruptions are not perceived in the same way. Rather, these interruptions happen reciprocally, suggesting an equalisation of power.

#### 3.2.2 | Subordinate 5: Comparing the *power of expression* in Arabic and English

In contrast to subordinate theme 4, which explores the different ways in which the two languages express power, this theme examines how the different languages vary in their expressiveness and thus have different power in the therapeutic encounter.

Ps3 and Ps4 compared the power of expression in each language, both suggesting that Arabic was more powerful than English because it provides more "nuanced" words during therapeutic encounters.

The word "shame" in English...when we think about it in Arabic there are more words...like the word "khizee- خزي" is almost like having guilt...and there is "Aar- عار" which means, like, you're stripping someone from their clothes or from their dignity. So, there are more nuanced words to describe what is exactly meant by shame...they build pictures in someone's head...and this imagery can be connected to having more psychological influence and more profound impact because you can see it and feel it...it's metaphorical.

(Ps4)



I know if I spoke in Arabic completely, I would not be code-switching as much to English because the Arabic language is far more particular with certain words.

(Ps3)

It appears that Arabic has a greater range of vocabulary to express more deeply nuanced meanings than English, which gives both the client and the therapist more psychological power to touch each other with their words, probably aiding and empowering the therapeutic process and relationship.

By contrast, Ps2 and Ps5 reported experiencing limited power of expression when using Arabic during therapy-related communication.

Arabic is a powerful language, but I think it's been disciplined in the room. It's so much more varied and rich than what the room offers or allows. Because you've got to condense this very rich and very expressive language into an English script learnt from our westernised training.

(Ps2)

I think in some occasions where I would struggle in Arabic, I don't struggle that much in English because my training was in English, so obviously everything that I know about counselling is in English—concepts or emotions that are just not there in Arabic so you have to explain it—so in that aspect English is more powerful.

(Ps5)

Although Ps2 appeared to acknowledge Arabic's greater power of expression in general, she made it clear that this does not apply in therapy. It seems that, in the therapy room, English has control over (or “disciplines”) the Arabic language with the result that Arabic cannot be expressed freely as it must adhere to western-based rules of communication. Ps5 also appeared to experience English as more powerful than Arabic for expressing therapy-related communication, but reported that this may occur because therapy-related language is more readily available in English. In both participants' accounts, it seems that training being conducted in English may have led to this language having greater power of expression in therapeutic encounters.

Ps4 and Ps1 both reported investing more time in developing their therapy-related Arabic language in order to aid their power of expression in the therapeutic encounter. Interestingly, they experienced an improvement in expression that consequently empowered them and their clients:

In the beginning, I was very concerned about my ability to deliver the therapeutic knowledge I've learnt in English to Arabic. With a bit of preparation and talking to family back home, I've been able to find a

replacement to it in Arabic. I find it now easy; this is my power to empower the client.

(Ps1)

It's about investing in learning and speaking Arabic within the therapeutic context...it's about if I wish to empower my clients, then I need to empower myself. It's about empowering me and enabling me to be in a position where I can give the client the best I can... in time that would yield good results...for the client.

(Ps4)

Ps1 used terms such as “in the beginning” and “now,” suggesting that there has been a change in her expressive ability in Arabic during therapeutic encounters and that this has, in turn, empowered her clients. Similarly, Ps4 also emphasised that empowering himself by improving his therapy-related Arabic language may have a positive knock-on effect in empowering his clients and the therapeutic work.

## 4 | DISCUSSION

The ideographic, empirical findings of this current study have, for the first time, illustrated bilingual experiences of power in the therapeutic encounter that are specifically related to language.

### 4.1 | The emergence of identity and power from language

The findings suggest that identity is primarily connected to language and can influence power in the therapeutic encounter.

According to participants, it was mainly the Arabic dialect and English accent that revealed or self-disclosed identity. This appeared to influence power in the therapeutic encounter because it reflected the sociopolitical power that their disclosed identities symbolised or represented. This finding contributes therapy-based empirical data to the existing sociolinguistic theories, which state that language can reveal, reflect and symbolise power (Bourdieu, 1977; Kramsch, 2021; Ng & Deng, 2017). The findings of this study take a further step by demonstrating how therapists can possibly counteract the asymmetrical power dynamics created via self-disclosure from language by (a) using dialects (Arabic) that were not their own and/or (b) using the language-induced client disclosures, in a positive way, to move closer towards their clients. Therefore, although language appears to reveal, reflect and symbolise power via self-disclosure, it may also be used in a particular way to regain a power balance and benefit the therapeutic encounter.

Culture, age, religion and minority identities intersect with language and appear to influence power dynamics in the therapeutic setting. This highlights that power derived from language is complex and should not be analysed in isolation, an idea which supports both

Crenshaw's (1989, 1991) intersectionality theory and Zur's (2008) concept of power from multiple sources. Interestingly, the language-related intersections examined in this study were observed to modify power in the therapeutic encounter by either (a) influencing *how language was used* in the room (e.g., by influencing how clients and therapists addressed each other) or (b) influencing *what language represented* (e.g., by symbolising faith, the power of God entered the room, changing the therapeutic power dyad to a triad).

Additionally, the type of language used appeared to transport or transfer one participant to specific identities that could influence power in the room. This finding supports Walsh's (2014, p. 69) notion of "transference to language", as language was shown to trigger a different state of mind in the therapeutic encounter. However, findings from this study expand "transference to language" further by highlighting that (a) the different identities/states of mind triggered by language can potentially influence power dynamics in the therapeutic encounter and (b) that transference to language is not just triggered by *speaking* a particular language, as was claimed by Walsh (2014), but may also be motivated by *hearing* a specific language or dialect. The latter was experienced by one participant as prompting a re-enactment of existing external power dynamics in the therapeutic space. This supports claims that language can maintain power (Ng & Deng, 2017) and that power in the room can stem from personal histories and individual experiences (Proctor, 2017).

This superordinate theme has illustrated that bilingual therapists' experiences of LaP are complex as they relate to the multidimensional nature of identity.

## 4.2 | Comparisons of power in the Arabic and English languages

The findings illustrate that power may be experienced differently in Arabic compared with English, especially with regard to the expression of power and the power of expression. Additionally, findings relating to this superordinate theme can be viewed as belonging to the "power of language" category described by Ng and Deng (2017, p. 4), as language creates an influence on its own without the involvement of extralinguistic power.

In terms of the expression of power, a difference was perceived in how each language manifests this in the therapeutic encounter when setting boundaries. Arabic was perceived as expressing power in an emotionally harsh and rude manner, whilst English was seen as direct and assertive. One therapist described how she code-switched to English to mask the abrupt emotional expression of power in Arabic to benefit the therapeutic encounter. Regarding time boundaries in conversations, it seems that turn-taking and interruptions were perceived as expressions of power in English-speaking therapy conversations but not in Arabic-speaking ones. Overall, this suggests that language may influence the expression and perception of power in therapeutic encounters.

It appears that participants experienced each language differently with regard to the power of expression. Some accounts show

that Arabic may possess greater power of expression in terms of expressing nuanced meaning, whilst other accounts oppose this view by suggesting that the Arabic language is more limited in the therapeutic encounter than English. It must be highlighted that participants who described Arabic as more limited also expressed the view that training in English may have significantly impacted this experience, and so it may be plausible that if training were available in Arabic, the Arabic language could be accepted as possessing greater power of expression than English. Johal (2017) and Walsh (2014) also showed that the language in which therapists train can impact their experience, illustrating further the likely dominance of the language used in training.

Interestingly, greater power of expression was linked to psychological empowerment in the therapy room, so it was not surprising to find that some therapists invested time in improving their therapy-related language to aid their power of expression and ultimately empower themselves, their clients, the therapeutic work and the therapeutic encounter.

Whilst previous literature has explored the experience of bilingual therapists' linguistic abilities in the therapeutic encounter (Costa, 2010, 2020; Costa & Dewaele, 2014; Gulina & Dobrolioubova, 2018; Johal, 2017; Santiago-Rivera et al., 2009), it has largely ignored the exploration of individual languages' functional capacity and its power of expression in the therapeutic encounter.

This superordinate theme has illuminated the fact that participants were aware of how their languages differed in their expression of power and power of expression and that they could experience these differences in the therapeutic room.

## 4.3 | Limitations and recommendations

This study has several limitations. First, IPA methodology places considerable weight on researchers' interpretations of the findings. It is therefore important to acknowledge that different researchers may interpret the same results in different but equally valid ways.

Second, the small sample size of five participants and the idiographic nature of this study limit the generalisability of the findings, but this is an accepted feature of IPA methodology.

Furthermore, as the participants' specific dialects and accents cannot be explicitly discussed without compromising their anonymity, some significant themes were necessarily disregarded.

Whilst this study rightfully concealed participants' dialects and accents and recommends that future studies are equally as mindful, it should be acknowledged that it excluded certain linguistic details about participants that could have been useful to gather and explore without any privacy concerns. For example, information about choice in language acquisition or acquisitional willingness (whether participants had to learn their second language or chose to learn it) may have shown different and worthwhile perceptions and experiences of LaP in therapeutic encounters. This is an interesting area for future research.

Furthermore, the status of English as the global lingua franca was not emphasised in this study, but it cannot be ignored in research on language and power. Future research should explore how LaP is experienced by bilingual speakers who use different native languages (other than Arabic) with English in the therapy room to shed light on the impact that the power embedded in the universal language (English) may have on therapeutic experiences.

Finally, the study adopted a one-sided view, looking only at experiences in the therapy room of bilingual therapists who speak Arabic and English. To achieve a more comprehensive understanding of LaP, from multiple angles, researchers should explore: (a) experiences of LaP from bilingual (Arabic–English) clients' perspectives, (b) experiences of LaP among therapists and clients who speak different language pairings other than Arabic and English and (c) LaP outside the therapy room (e.g., in supervision, academic or business settings). The latter was highlighted briefly in some participants' accounts, which described therapy-related experiences of LaP that were not specific to the therapy room or encounter but instead related to supervisors and management. This is a fascinating area for future research that could extend the findings of this study.

## 5 | CONCLUSION

In the therapeutic encounters of participants, LaP was experienced through multiple avenues: self-disclosure, intersectionality, being transported to different identities, and Arabic–English expressions of power and power of expression. These various avenues illustrate the complexity of LaP, which is compounded further for bilinguals due to their experience of these avenues through two linguistic lenses. The benefit of researching bilinguals who operate through these two lenses is that it has enabled a more detailed, comprehensive examination of LaP due to their contrasting views through each linguistic lens. It is hoped that this study will help highlight the importance of considering the power that language holds and represents in the therapy room when working with clients. Additionally, these empirical findings support and supplement the theoretical literature on power and language whilst introducing LaP to the literature on one-to-one therapy, which explores the bilingual experience. Further research on LaP in the therapy field would extend knowledge in this under-researched area.

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## CONFLICT OF INTEREST

The researcher declares that no competing interests are involved in this research.

## DATA AVAILABILITY STATEMENT

Data used to support the findings of this paper will only be available to the author, the supervisor and individual participants upon request. Transcripts will be retained for a maximum of 24 months after submission of the article to the journal.

## ETHICAL APPROVAL

Ethics approval was granted by the University of East London's Ethics Committee.

## PATIENT CONSENT STATEMENT

All participants gave their written and verbal consent after receiving an invitation–information sheet and a consent form that outlined the study's purpose, potential risks, confidentiality, anonymity and their right to withdraw from the study.

## PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

All figures/tables are the researcher's own work. Material from other sources has been referenced using APA referencing.

## CLINICAL TRIAL REGISTRATION

Not applicable to this study.

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APPENDIX 1

WHAT "POWER" MEANS TO PARTICIPANTS

