

# Doctoral Thesis

## Bilingual Clinical Psychologists' Experiences of Conceptualising Emotional Distress: An Interpretative Phenomenological Analysis

Submitted in partial fulfilment of the requirements of the University of Hertfordshire for  
the degree of Doctor in Clinical Psychology

Darwin Buyson

*June 2010*

## **Contents**

<i>Abstract</i>	105
<i>Introduction</i>	
The social context of bilingualism today	106
The historical context of bilingualism in clinical psychology	108
The challenge of bilingualism	108
Language and Power	110
The ‘Value’ of Language	111
The Bilingual Individual	112
Linguistic Determinism	113
Acculturation and Language	113
The Creation of Difference by Language	114
Study Aims and Research Questions	118
<i>Methodology</i>	
A Qualitative Approach	119
Interpretative Phenomenological Analysis (IPA)	119
Participants	119
Ethical considerations	123
Data Collection	126
Data Analysis	126
Quality and validity in qualitative research	128
Self-reflexivity of the researcher	130
<i>Results</i>	
Worlds Apart in Culture and Language	134
Cultural and Conceptual differences	134
Linguistic Differences	138
Experiential Contrasts	141
Oscillating selves in language	143
Restricted self	144
Contrasting self	145
Adaptive self	147

Reconnecting with self	149
Ubiquity of English language, concepts and values	150
Unquestioned essentiality of English language	150
Unrelenting proliferation of western concepts	153
Influence of western culture and values	157
Challenging and managing difference	158
Middle of the road stance	158
Active stance	161
Translating and hybridising language	163
<i>Discussion</i>	
The Importance of Context	167
Structure of Language	168
The Western Parallel	168
Caring Language	169
The Right Word	170
Language, Values and Cultural Endeavour	171
The Unquestioned Nature of Language	172
Unquestioned Expertise	175
On Stance and Intervention	177
Implications for Practice	180
Methodological Considerations	182
A Final Word	186
<i>References</i>	187
<i>Appendices</i>	196

## **Bilingual clinical psychologists' experiences of conceptualising emotional distress: An interpretative phenomenological analysis.**

### **Abstract**

**Aim:** The study aims to explore, in-depth, South Asian bilingual clinical psychologists personal and clinical experiences of conceptualising emotional distress in first and second language. It is hoped that a clearer understanding of these experiences will help emphasise the role of language in the experience of emotional distress, which may be beneficial for working with clients that make sense of emotional distress in multiple languages. An understanding of these processes may also encourage further exploration and critique of the ways in which western psychological models are used to make sense of emotional distress, given many, if not all have been constructed using English language.

**Method:** A qualitative approach was used for this study. Semi-structured interviews were conducted with six South Asian, bilingual clinical psychologists working in NHS services. The resulting data was analysed using interpretative phenomenological analysis (IPA).

**Results:** The analysis highlighted four main themes emerging from participant accounts of conceptualising emotional distress in multiple languages. These were: “Worlds apart in culture and language”, “Oscillating self in language”, Ubiquity of English language and values” and “Challenging and managing difference”.

**Implications:** Whilst much has been written about race and cultural issues in the context of clinical psychology, relatively little attention has been given to the experience and impact of multiple languages on the conceptualisation and experience of emotional distress. A major implication is first language conceptualizations are rarely considered in the development of psychological models of emotional distress, nor are they explicitly considered in the way clinical psychologists are trained and in the majority of current

clinical practice guidelines. Participant accounts are discussed in the wider historical context of psychology, anthropology and sociolinguistics informing further discussions on bilingualism and current psychological practice and theorising.

### **Introduction: The social context of bilingualism today**

*“To the extent a word was specific to a single language, it must therefore reflect an experience unique to the members of that culture” (Fitch, 2001).*

It has been estimated there are over six thousand languages spoken in the 193 countries of the world today and there are approximately thirty times the number of languages than there are nations (Lewis, 2009). Given these figures, it is unsurprising then that approximately two-thirds of the world’s population is either bi- or multilingual (Jones & Bradwell, 2007). The largely monolingual indigenous populations of English speaking nations such as the United Kingdom and the United States are therefore in the minority relative to a large proportion of the rest of the world, where living and functioning with at least two languages is the everyday norm. Whilst the prevalence of bilingualism varies significantly between and within countries, major cities within English speaking nations have long been a melting pot of disparate languages, coexisting largely without question. London, with over three hundred languages spoken by schoolchildren, is one of the most linguistically diverse cities in the world (Burck, 2004). Whereas in the recent past, physical interaction was a necessary prerequisite for users of different languages to communicate and share ideas, given rapid advances in worldwide communication, primarily driven by the internet, interaction between different native and non-native English users is only set to increase. The continued movement of immigrants, who throughout history, immigrated for social or economic reasons, for political and/or religious reasons, for educational or business reasons (Grosjean, 1982; Javier & Herron, 2002) have steadily eroded the notion that the English language represents a universal and unified view of the world.

Authors of a recent think-tank study highlight the fact that of the 1.3 billion speakers of English, only about 330 million of these are native. This majority of non-native bilingual speakers of English carry with them the many different cultures and contexts within which English is used around the world, causing an evolutionary change in the English

language incorporating meanings that are not inherently 'English'. The authors proceed to argue that the UK, in particular, has become complacent in recognising and responding to these changes due to the historical dominance of English as the 'world's language', particularly in the areas of business and science (Jones & Bradwell, 2007). This rather arrogant stance is manifested in our attitudes towards foreign languages, where despite taking pride in fostering a multicultural society, Britain has the most negative attitudes towards foreign languages among all of the countries within the European Community (Zeldin, 1996). A possible consequence of the view that the English language represents a dominant, unified worldview, the UK and its various institutions are missing out on the potential opportunities acquired by understanding how English is used and understood by non-native bilinguals. Recognising and understanding this shift from 'Native English' to 'Global English', as represented by the increasing number of bilinguals worldwide, is fundamental for the continued relevance of the ways in which we operate.

If, as predicted, the trend towards greater movement between countries continues, we would expect to meet with an increasing number of bilinguals seeking help for emotional distress. The problem then is not of explicit communication where the people we meet have a limited command of the English language, it is the problem of seeing people who have a good command of English but in addition have not always used English to communicate. As we shall explore in this review there is growing evidence indicating that meanings of experiences, personal values and beliefs may vary dependent on language. This is particularly significant for bilingual individuals since experiences may not necessarily be experienced in the English language, potentially changing the meaning of an experience altogether.

However, this may only be one side of the problem. As a discipline, clinical psychology is predominantly informed by 'western' knowledge, which as mentioned earlier, is predominantly constructed using the English language. I would further argue that the majority of clinical psychology is not only practiced under the assumption of the 'monolingual norm', but most of the knowledge generated, which continues to contribute and inform our field, operates under the same assumption. This raises the further question of whether clinical psychology can truly ever be practiced in a culturally sensitive manner if it continues to be informed by such knowledge.

## **The historical context of bilingualism in clinical psychology**

*“History should not be used to make ourselves comfortable, but rather to disturb the taken for granted”*  
(Kendall & Wickham, 1999)

Given the preceding discussion, it is surprising then to find, that in a field charged with the responsibility of understanding human behaviour, very little attention has been paid to the study of bilinguals in the field of clinical psychology. Given a greater emphasis on meanings, one is more likely to find clinical studies of bilinguals in the systemic literature (Burck, 2004; Karamat Ali, 2004). Most of the remaining clinical studies on bilingualism have been conducted against the backdrop of the ‘monolingual norm’, where having more than language has been perceived as unfavourable (Romaine, 1995). Some well known studies have even gone so far as to view bilingualism as a vulnerability factor which ‘can lead to a split personality and at worst to schizophrenia’ (Adler, 1977: 40). Whilst recent studies no longer make such controversial claims regarding bilingualism, the relative lack of clinical research with bilinguals is just as concerning given the potential number of bilingual people requiring psychological interventions.

## **The challenge of bilingualism**

According to Monica Heller, throughout history and even today, the concept of bilingualism challenges our assumptions of what languages supposedly represent, namely, that languages are “whole, bounded objects tied to whole bounded social and political units like ethnic groups, nations or states” (Heller, 2006: 156).

With the rise of science and technology throughout the nineteenth and twentieth centuries, led by Anglophone countries, English inevitably became the language of innovation (Jones & Bradwell, 2007). Between 1750 and 1900, nearly half of the scientists worked in English and even today, English is by far the most used language in science (Crystal, 2003). Worldwide dominance of the English language to represent such fields as business and science, and of particular relevance to this study, the human sciences, including clinical psychology, has inadvertently resulted in the assumption that English is the only language used for sharing and contributing knowledge within these domains. If we are then to consider the assumption, that languages broadly represent the

ideologies of the nation state, in the case of the English language the state being the 'western' world, what then of languages unrepresentative of 'western' ideologies?

Throughout history, language has come to represent more than a just a set of symbols used for communication. Since the time of philosopher and linguist, Wilhelm von Humboldt, who in 1820 pronounced that 'language is the very fabric of thought' and that these thoughts are considered in the thinker's native language (Humboldt, 1999), the concept that different languages could potentially represent different ways of thinking about the world around us began to develop. However, Romantic nationalistic ideologies of the time, promoting culturally and linguistically homogeneous nations, took this idea a step further (Hobsbawm, 1990). A nations language developed into a resource used to negotiate power and to facilitate the development of national identities. As geographical boundaries and economic resources were contested and subsequently delineated, it became all the more important that nations were individually unified in order to differentiate themselves from other nations. The identity of a nation greatly depended on a shared language that inherently incorporated its nations values and beliefs. During the French revolution, for example, monolingualism was promoted under the rubric of what was then the national motto of the French revolution, and what is now the national motto of France; "Liberty, equality, fraternity" (Heller, 2006). Ensuring that citizens spoke the same language was believed to be the most effective way of promoting and maintaining the values of the then revolution (Grillo, 1989). Multiplicity of values and beliefs, by way of bi- or multilingualism, was perceived as detrimental towards achieving national unity and the formation of a coherent national identity. Furthermore, Willhelm von Humboldt's view that German and English were 'the most perfect languages' (Pütz & Verspoor, 2000) fuelled the growing notion that 'western' languages were naturally superior to others, implicitly invalidating less economically powerful 'non-western' nation's worldviews, inadvertently suggesting the inferiority of whole cultures who spoke so-called 'primitive' languages.

Franz Boas, an anthropologist and a linguist, also known as the "Father of American Anthropology" (Holloway, 1997) was the first to challenge the burgeoning view that some languages, especially English, were superior to so-called 'primitive' languages. Early anthropological studies were conducted under this assumption of language, reinforcing a view that only served to maintain so-called 'primitive cultures' in less a less powerful

position relative to the 'western' cultures that studied them. Boas viewed language as inseparable to culture and argued there was no such thing as a primitive language, stressing the equality of all languages and cultures (Boas, 1974). The majority of linguists and anthropologists did not share this view at the time.

Having then established the 'monolingual norm' with the underlying assumption that language represented its host state, what followed then was the reinforcement of national languages across Europe. This was mostly achieved by the institutionalisation of language through establishments, most notably through establishments that produce knowledge (Heller, 2006).

### **Language and Power**

Michel Foucault argued that the very production of knowledge is in itself a claim to power and states that 'It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power' (Foucault, 1980: 52). As an example, the knowledge produced by early anthropologists of 'non-western' cultures not only promoted the authority of the English language and its inherent system of meaning, but simultaneously excluded the views of the very people they chose to study. In the study of other cultures, Mary Louise Pratt argues, that the study of other cultures sets information within a Western classificatory system which often results in eradicating or invalidating the system of classification or understanding developed by the indigenous people (Pratt, 1992). The Foucauldian concept of power is not concerned with power as an 'object' that groups of privileged people possess and exercise in order to oppress and constrain as is commonly understood, but rather with the more subtle ways that power is exercised, which includes the production of knowledge purported to be 'fact'. I would argue that the particular language(s) used in this production of knowledge is of significant relevance as it is likely to inherit and symbolise a more powerful position relative to languages that are less used in knowledge production. In monolingual contexts the fact that not all languages are equal in terms of power may be of less relevance in comparison with contexts where more than one language is used as a matter of course. Unlike monolinguals, bi- or multilingual individuals may inadvertently be more subject to the subtle processes by which language comes to represent and embody the more powerful position. I would therefore argue that the symbolic value and power of a language is an

important consideration, especially for bilinguals where power differentials exist between the languages they speak.

### **The ‘Value’ of Language**

The preceding argument can be illustrated by the situation occurring in many Asian countries formerly under western colonial rule. Faced with the task of building an independent nation, many of the modern independent states in Asia which formed after the withdrawal of an occupying power, directed their attention towards developing their own national identities. A unified or national language was presumed to have a significant role to play in this process. Conversely, the presence of multiple languages was seen as detrimental towards achieving this goal (Simpson, 2007).

The potency of the English language, for many post-colonial Asian states, therefore resulted in the dilemma of national language selection. India, for example, in its Eighth Schedule of the Constitution, today recognises twenty-two different languages as national languages of the country. Of these, English is recognised as a co-official language of the state. The overwhelming desire to retain the English language despite its representation of repression and colonisation has remained high in states that were previously occupied by western colonial forces. Following a period of promotion of a single national language both India, in 1967 and the Philippines, in 1987, formally reintroduced English as a full official language. Whilst in Pakistan and Malaysia, English is still considered and used as an alternative to their respective national languages in formal situations despite the aim to abolish its use following independence from British forces (Simpson, 2007). Whilst there are striking similarities between the projects of nation building in many Asian states following colonial rule and those of the nineteenth century romantic movement in Europe a generation earlier, I would argue that in the case of many Asian states the power imbalance was much greater, given the English language and its inherent system of classification had already established itself as a global objective system of knowledge (Foster & Mills, 2002). Simpson also points out the differences between the nation-building projects during nineteenth century Europe and post-colonial Asia and states: “The linguistic interference in the development of national languages in much of Asia from the presence of a colonial language entrenched in government bureaucracy, legal systems, and education is something which has not experienced in a parallel way in the

emergence of national languages in Western Europe” (Simpson, 2007: 7).

I would argue that this poses a potential problem for many bilinguals, especially in resisting potentially conflicting systems of meaning. The concept of distress in western societies is inherently tied to and constructed by well-established and powerful knowledge producing institutions (psychiatry, clinical psychology). The relative prestige of the English language renders this knowledge difficult to dispute resulting in an adoption of these constructions regardless of their relevance to the individual situation and context.

The linguistic interference of English in the majority of former western colonies has resulted in an uneasy co-existence of national languages and the language of the former coloniser. Due to the pragmatic value of English in areas such as education, science and business, English has become associated with success, advancement and higher social status. Therefore, despite a former colonised nation’s best efforts to promote their own national language and identity, success is still largely dependent on use of the English language. For many individuals in former western colonies in Asia, learning English and adopting western conceptual frameworks offers clear economic advantages and the prospect of a better quality of life. In Bhutan and many other Asian countries, national governments recognise the advantage of being equipped with English. However, adopting the English language and its inherent conceptual structure may come at a cost. Relative to the prestige, power and modernity of English, the national language itself may come to represent less positive values and /or be viewed as outdated and peripheral. I would argue that the ways of thinking and conceptual structures inherent in a particular national language will inevitably also be viewed in the same way as the language itself.

### **The Bilingual Individual**

Having established a brief historical and social context of bilingualism, we now turn to the individual experiences of the bilingual individual and the implications of these experiences towards the conceptualisation and understanding of distress.

## **Linguistic Determinism**

The notion that the language we use limits and determines human knowledge or thought is the fundamental principle of linguistic determinism. In setting out to identify the relationship between language and reality, Ludwig Wittgenstein in his *Tractatus Logico-Philosophicus* stated “The limits of my language mean the limits of my world” (Wittgenstein, 2001: proposition 5.6). In the same spirit, Tom Andersen reflecting on his work with families as a systemic therapist states “My descriptions and understandings are formed in language, and I can only make them according to the language I have in my repertoire. Therefore I can only pay attention to and focus on that for which I have a language to describe and understand.” (Andersen, 1992)

Where an individual will have more than one language at their disposal, it begs the question as to how these worlds co-exist. In George Orwell’s novel *Nineteen Eighty-Four* (Orwell, 1954), the English language, as we know it, is gradually superseded by ‘Newspeak’. In the ‘Newspeak’ language all words that could potentially be used to revolt against the authority of the government are either removed or replaced. Therefore, over time, widespread adoption of the Newspeak language would render the population of language users powerless, since revolutionary thoughts are literally unthinkable insofar as thought is dependent on words. Given the preceding discussion on the power and potency of the English language, one wonders to what extent a bilingual individual can remain truly bilingual in that meanings and explanations in each language are given equal precedence.

## **Acculturation and Language**

According to Berry’s (1999) model there are four main acculturation strategies (integration, assimilation, separation and marginalisation) (Berry, 1999). Of these, integration is considered to be the optimal strategy, where an individual maintains a balance between involvement in their host culture, while maintaining connections to their native culture.

Studies have shown that higher levels of acculturation lead to better functioning in daily life, contributing to increased psychological well being (Organista, Organista, & Kurasaki,

2003) and is a consistent predictor of better outcomes compared to the other three strategies (Berry & Sam, 1997).

Based on Hermans (2001) theory of a dialogical self, Konig (2009), argues that both inter- and intra- personal dialogue is a powerful tool to facilitate acculturation. This is achieved through the process of renegotiating and reevaluating personal positions, thereby creating a flexible sense of self, which in turn, facilitates the activation of social support systems necessary for positive outcome.

In the case of bilinguals, given that interpersonal dialogue occurs in two languages, I would assume that intrapersonal dialogue occurs in two languages also. Perhaps the deeper experience of emotions and emotional distress in first languages stated in autobiographical writings of bilinguals (Hoffman, 2008; Mori, 2003; Parks, 1996), is due to greater intrapersonal dialogue in one language over the other. This may also partly explain the experience of greater emotional arousal corresponding to first language and reduced emotionality when speaking a second language (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002; Schrauf & Rubin, 2000).

It would seem then that the process of acculturation and language is inherently linked, however there are few studies explicitly exploring this link with bi- and multilingual individuals and its association with emotional distress.

### **The Creation of Difference by Language**

The notion that languages create difference experiences is a compelling concept for clinical psychologists working with bilingual clients and possibly even more so for clinical psychologists who are themselves bilingual. In her study exploring the experience of living in several languages, Burck found that individuals consistently experience themselves differently in different languages (Burck, 2004). Languages represented more than simply a means to communicate. Participants in the study reported experiencing a different sense of self in each of their languages and that these differences relate to differences in meaning in a socio-political, local and personal context for the bilingual individual in each of their languages. Participants consistently drew distinctions between languages, commonly identifying their first languages as the language of emotion and

closeness. In contrast, second languages were more formal and constrained, generally introducing a sense of distance from what they were experiencing by the words they spoke and heard.

Participants also reported that languages compelled them to present themselves differently by enabling and/or requiring them to speak or not speak particular concepts. As an example, one Chinese participant only ever expressed anger in English.

Wittgenstein in his analysis of language stated, "...to imagine a language is to imagine a form of life" (Gergen & Gergen, 2003: 19). From this account, it is suggested that cultural patterns, including the sense of self-construal, are embedded in language and brought forth conversation or talk. In cross-cultural studies with monolingual speakers, there is considerable support for the idea that one's sense and understanding of the self may vary across cultures (Bagozzi, Wong, & Yi, 1999; Kitayama, Markus, & Kurokawa, 2000; Markus & Kitayama, 1991; Matsumoto et al., 2002). Besmeres states, "Moving between languages involves inhabiting significantly different conceptual and emotional worlds" (Besmeres, 2006). Therefore, by having two languages, bilingual speakers then have access to a multiple cultural repertoires, varying self-identities and ways of being that originate from and perhaps 'belong' to particular contexts. In the example of anger from Burck's study, expressing anger in Mandarin or Shanghai was not acceptable amongst her kin, which is perhaps reflected in ways of not expressing anger in the participant's first language. However, when embedded in societies where an outward form of expressing anger is more acceptable, the language of that society will more readily reflect that acceptance by the ways anger is talked about.

Given that our immediate discussion concerns bilingual experience and negotiation of different worlds, it may be helpful to clarify that not all bilinguals may experience such significant contrasts between the emotional worlds their languages bring forth. This may presumably apply to a lesser extent to bilinguals where there is a considerable cultural overlap between English and their first language. This may also apply to 'disaffected' bilinguals who no longer communicate in their first languages. Considering our earlier discussion of formerly colonised nations, power and language prestige, the study assumes that differences in the conceptualisation of emotions in language will be greatest when there is very little overlap between cultures. However, this in itself is a simplistic delineation since many cultures around the world are gradually adopting a 'westernised'

way of being or at least have aspirations towards this goal. Nevertheless, according to many translingual memoirs of migrants between languages and cultures, there is considerable anecdotal evidence of how emotions are experienced in different languages (Hoffman, 2008; Mori, 2003; Parks, 1996). What these memoirs suggest is that the experience of contrast is most significant when recently embedded in a culture different to their own. This may suggest that language considerations are especially relevant for bilinguals who have recently immigrated or are seeking refuge.

Nevertheless, the suggestion that different languages lead to different emotional experiences, and in particular, compel speakers to present themselves differently by inhibiting or encouraging particular emotional states, is important to consider in exploring experiences of emotional distress. The possibility that particular emotions may only 'exist' in one language and not the other may make it difficult for clinical psychologists to assess a problem in its entirety when consulting in only one language. This may especially be the case when emotional difficulty has been experienced in the first language.

The suggestion that certain emotions are either inhibited or encouraged by language gives emphasis to the socially constructed nature of emotions and emotional distress. The reality for bilingual individuals is that some emotional experiences are largely dependent on what language they were experienced in. However, some western psychological and biomedical approaches to conceptualising distress may fail to appreciate the socially constructed nature of emotional experience in bilinguals given the inherent bias as a result of the underlying monolingual assumptions of these models.

In addition to the idea that languages are the vessels of culture and speaking a particular language is an expression of that culture, is the idea that languages define a speaker's role and position in interaction. By speaking one language over another, the bilingual speaker assumes an identity defined by that particular language. In Burck's study participants reported their identities changed according to the language they spoke. When speaking first languages, participants reported feeling a sense of obligation to fulfill specified roles and responsibilities inherent in their culture. An example of being positioned through language might be the expectation to fulfill certain gender roles in specific interactions. As in the experience of emotion, language may require, encourage or inhibit particular

roles, positions or ways of being.

In terms of the socio-political meanings inherent in languages, as discussed earlier, languages may differ in the power and status they represent. Returning again to Burck's study, upon being educated in English in post-colonial Zimbabwe, one Zimbabwean participant reported feelings of superiority and 'cultural imperialism' relative to his Zimbabwean compatriots who could not speak English. As they became more fluent in English the more they became ashamed to speak Shona, their first language. What wasn't mentioned in this particular account was how they came to view their earlier experiences, given that prior to learning English, their lives were lived and experienced in Shona.

According to a number of studies of emotion in bilingual individuals, there is increasing evidence of greater emotional arousal corresponding to first language and reduced emotionality when speaking a second language (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002; Schrauf & Rubin, 2000). In addition, evidence from memory studies suggests that descriptions of childhood memories were more emotionally charged when recalled in their first language (Koven, 2001; Schrauf & Rubin, 1998; Schrauf & Rubin, 2000). Whilst these findings support the notion that experience, in particular, emotional experience is dependent on language, these findings do not take into account speakers appraisals of their languages and hence an appraisal of their early experiences.

Taking into consideration the perceived value and prestige of the English language, bilingual speakers may appraise their early emotional experiences as shameful as in the above example or irrelevant and outdated given that English represents progress and modernity. Returning to the issue of westernised conceptualisations of emotional distress, depending on the circumstances detailed above, clinical psychologists may be unwittingly coercing bilingual individuals into taking a westernised view by inadvertent use of 'western' psychological models. Bilingual clinical psychologists themselves may be oblivious to their own position on language, which as discussed, has throughout history, acquired personal, local and socio-political meanings that are not immediately obvious but serve to maintain significant power imbalances.

## Study Aims

The current study aims to explore, in-depth, South and South-East Asian bilingual clinical psychologists experiences of conceptualising emotional distress. In addition to exploring the contrasts between languages, by exploring how first and second languages have been used to conceptualise emotional distress, the study aims to clarify some of the processes by which these differences are managed, both in clinical and personal contexts. The study also intends to explore how this process may have developed over time through experiences leading up to and including clinical training.

It is hoped that a clearer understanding of these experiences will help emphasise the role of language in the experience of emotional distress. This knowledge may be beneficial for working with clients who make sense of emotional distress using non-western language. In addition, an understanding of these processes may encourage further exploration and critique of the ways in which psychological models are used to make sense of emotional distress, given many, if not all have been constructed from western languages.

## Research Questions

Given the background of the study and its aims, the primary research question asks **“What are the experiences of South Asian bilingual clinical psychologists in conceptualising emotional distress?”**

Within this overarching research question, secondary questions that may be clarified include:

- What are some of the major linguistic differences between South Asian languages and English in conceptualising emotional distress?
- If linguistic differences do exist:
  - How are these managed within the psychological models used?
  - What are some of the difficulties/barriers experienced as a result?

## **Methodology**

This section provides a detailed description of the research process behind the study. It describes recruitment of participants, data collection, data analysis and the measures taken to meet ethical and quality standards. It also outlines the personal and professional position of the researcher in an endeavour for transparency of the entire research process.

### **A Qualitative Approach**

Whilst there are a number of autobiographical accounts of experiences of bilingual individuals (Hoffman, 2008; Mori, 2003; Parks, 1996), there has been no research specifically exploring the experience of bilingual clinical psychologists and their conceptualisations of emotional distress. According to Barker, Pistrang, & Elliott (2002), qualitative approaches are ideally suited for in-depth exploration of people's experiences, especially in novel areas. A qualitative approach was therefore seen as ideal for this particular study.

### **Interpretative Phenomenological Analysis (IPA)**

#### *Theoretical philosophy*

Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008; Smith, Flowers, & Larkin, 2009) "is an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography" (Smith et al., 2009: 11) IPA's commitment to each of these areas is consistent with the explicit aim of the study to explore how bilingual clinical psychologists make sense of living with multiple languages, as well as with my epistemological position concerning regarding the importance of meaning which is so often ignored in quantitative research.

The phenomenological emphasis of IPA is particularly important given that people's experiences are deeply personal whilst at the same time constrained and influenced by societal constructions of 'what should be'. Capturing the essence of what this is

experience 'is like' is important towards understanding how clinical psychologists incorporate and manage often contrasting meanings inherent in the languages they use both in professional practice and in their personal lives.

However, in recounting experiences of being a bilingual clinical psychologist, it is important to acknowledge that access to participant's experiences is dependent on what is said during the interview. Participant accounts reflect the ways in which they attempt to make sense of this experience in response to the particular questions asked in those particular moments. The IPA researcher is said to be engaged in a 'double hermeneutic' in that they are attempting to make sense of the participant attempting to make sense of what is happening to them (Smith et al., 2009). This is particularly important given that the researcher's interpretations are inevitably influenced by the 'conceptual lenses' they use to make sense of the world. Acknowledging the hermeneutic nature of investigating people's experience at the outset, in my view, provides a more authentic account given that inherent biases are not only acknowledged but utilised in the analytic process.

The relatively small sample size reflects the primary concern of IPA studies to provide a detailed account of human experience given the complexity of most human phenomena (Smith et al., 2009). Whilst I also feel it is important to explore and document the universal nature of human experience, this should not be done at the expense of the individual, especially in areas where there has been little or no previous research. The search for universalities in human experience should begin with the particular. Therefore the small sample size alongside the idiographic commitment of IPA fulfils this particular aspect of the study as well as my own views on the complexity of human experience.

#### *Comparison with other methods*

Three other qualitative approaches were considered but deemed inappropriate for the study. These were: grounded theory (Corbin & Strauss, 2008), discourse analysis (Wetherell, Taylor, & Yates, 2001; Wodak & Meyer, 2009) and narrative analysis (Emerson & Frosh, 2009). Grounded theory was rejected on the grounds of its underlying positivist philosophy and emphasis on theory construction. Given my previous comment on the individuality of experience, the use of grounded theory may

have resulted in premature ‘theories’ generalised across bilinguals with little emphasis on the particular.

Discourse analysis was initially considered given its ‘concern with the role of language in the construction of social reality’ (Willig, 2008a). Indeed many of the points raised in the introduction would be interesting to explore from a discourse analytic perspective. Whilst I acknowledge that language does play a significant part in the construction of our realities and therefore our experience and meanings attributed to our experiences, this particular study is focused on the ‘phenomenon’ of bilingualism, what that is like and what it means for individuals in a field dominated by one language. The rejection of individual cognition in discourse analysis is contrary to the aims of my research, which is to explore how individuals make sense of their experience. It is mainly on this basis that discourse analysis was ruled out.

Narrative analysis was initially considered given its concern with the narratives people construct to bring a sense of order and meaning to seemingly chaotic and ever-changing lives (Murray, 2008). However, I felt the emphasis on pre-existing narrative structures by which people are assumed to construct their narratives might unnecessarily impose limits on the data, thereby potentially excluding novel aspects of bilingual experience. In my view, IPA was more flexible in these respects and fitted most appropriately with my primary research question.

### *Strengths and limitations*

The main strength of IPA is its commitment to people’s individual experiences (Malik, Fateh, & Haque, 2009). This commitment is particularly significant for investigating phenomena of a personal and meaningful nature as its inductive nature allows for the unexpected to emerge as opposed to theory-driven approaches which often tend to set inadvertent limits on what can and can’t be said. Bringing people’s experiences to the forefront of the investigation acknowledges the individual complexity of human experience potentially untethering individual accounts from pre-existing ways of understanding and enabling new and unheard perspectives to emerge.

However, these strengths can also be viewed as the source of IPA's limitations. The interpretative nature of exploring human experience is very much dependent on the ability of the participant to express their experiences in words and the level by which the researcher is able to reflect on their interpretations of what they are analysing. IPA has been criticised for its lack of clarity with both the level of interpretation required (Larkin, Watts, & Clifton, 2006) and the incorporation of reflexivity in analysis (Willig, 2008b).

## **Participants**

### *Recruitment*

Potential participants working in Hertfordshire were invited via email to participate in the research. Given the relatively small number of bilingual clinical psychologists in the area who met the inclusion criteria it was necessary to widen the scope and contact other organisations to recruit the necessary number of participants. Two organisations in particular were contacted, these were the Clinical Psychology Black and Asian Network (CP-BAN) and the British Psychological Society (BPS) Race and Culture Faculty. Both organisations agreed to circulate basic information about the research via email to their members. Those interested in participating were requested to contact the researcher directly for further information. The researcher made contact with each potential participant several days after sending information to arrange interviews and request that consent forms be completed before the interview.

Out of four potential participants identified from the Hertfordshire area two did not reply, one did not meet the inclusion criteria and one agreed to participate. Of the twelve identified through the BPS Race and Culture Faculty three did not reply, two declined to take part, four did not meet the inclusion criteria and three agreed to participate. Out of eight identified via the CP-BAN, two had already been contacted, four did not reply and two agreed to take part.

### *Inclusion and exclusion criteria*

In order to ensure a sufficiently homogeneous sample, participants had to be qualified clinical psychologists of South or South-East Asian ethnic background, currently

practicing in the United Kingdom. To ensure sufficient bilingual homogeneity bilingualism is defined according to the psychological dimensions of bilinguality (Hamers & Blanc, 2000). Using these dimensions participants must be 'balanced' bilinguals with equivalent competence in at least two languages including English. Participants are required to have started acquiring both languages simultaneously before the age of eleven in a mixed-lingual family context rather than by having learnt a second language solely through their school curriculum. Finally, participants are expected to have used both languages both inside and outside of the home context throughout their childhood years. Although desirable, participants are not expected to be currently regularly using the language of their country of origin. However, all participants must still be competent in all of their languages.

### *Sample*

Participants of the study were six qualified clinical psychologists between 31 and 58 years of age. All six participants were employed by different NHS trusts. Of the six, five were based in inner London whilst one participant was based in Hertfordshire. The sample consisted of two males and four females all of whom were fluent in at least two languages including English. All participants were from a South Asian background, four of whom were outside of the United Kingdom. The remaining two participants were both born in the UK. The four participants born outside of the UK all started their clinical training overseas and continued study in the UK, whilst the two born in the UK completed their training in the UK. The range of languages spoken across all participants (not including English) included: Gujarati, Hindi, Kutchi, Urdu, Bengali, Punjabi and Chittagonian. Consistent with exclusion criteria all participants acquired both English and the language(s) of their country of origin before the age of eleven in a mixed lingual family context.

### **Ethical considerations**

Ethical approval was granted by the University of Hertfordshire for recruiting clinical psychologists from professional organisations to which they were affiliated. The ethics application is included in Appendix 1.

### *Informed Consent*

Participants were provided with an introductory letter and an information sheet detailing the aim and purpose of the research. Information on participation requirements, confidentiality, transcription procedures and the right to withdraw was included in writing (see appendix 2) and was also given verbally with the opportunity to ask questions prior to each interview. Each participant signed a written consent form, which was also signed by the researcher (appendix 3)

### *Potential Distress*

The process of reflecting on experiences of conceptualising emotional distress in two languages may have potentially caused distress for the participants during the interview. As an experienced clinician I endeavoured to use my therapeutic skills to conduct the interviews as sensitively and respectfully as possible. I informed each participant in writing prior to the interview date and verbally before the start of the interview in accordance with the pre-interview briefing schedule (appendix 4). Within this briefing, I explained that they could ask to stop at any time during the interview and that they did not have to answer any question they felt uncomfortable with. At the end of each interview time was allocated for debriefing according to the debrief schedule included in appendix 5. During this time, participants were asked to provide basic demographic details and details of languages spoken by filling out a participant information sheet (appendix 6). Both participant and interviewer had the opportunity to provide feedback and to reflect on their experiences of participating. Participants were provided with contact information should they need to talk to someone from the supervisory team or myself if they had any concerns regarding the interview.

### *Safety*

Following British Psychological Society code of conduct guidelines, participants were informed that if information is disclosed during the interview which leads to sufficient concern about their safety or the safety of others the researcher may inform an appropriate third party without formal consent. The researcher will endeavour to contact

the project supervisor to discuss any possible concerns prior to contacting the authorities, unless the delay would involve a significant risk for the participant or others.

### *Confidentiality*

All participants were made aware that information collected throughout the course of research will be kept strictly confidential. Names and other identifying information will be kept securely and separately from the tape-recording and the subsequent data-analysis.

All participants will have been informed that some parts of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire for the purpose of monitoring the research. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All professionals involved will have agreed to a duty of confidentiality to the research participant. Only the researcher and project supervisors were aware of each participant's real identity throughout the duration of the research.

All audio recordings will be destroyed as soon as the chief researcher's degree has been conferred. Any anonymised data relating to participants will be kept for 5 years post research project submission (June 2015) according to the University of Hertfordshire's 'Good practice in research' guidelines, after which it will be destroyed by the chief researcher.

Participants were informed prior to consenting to their involvement, that a transcription service would be used to transcribe the interviews. The transcription service, as recommended by the University of Hertfordshire, was required to sign a non-disclosure/confidentiality agreement prior to providing them with interview recordings (See Appendix 7: Transcription agreement).

## **Data Collection**

### *Interviews*

A semi-structured interview schedule (appendix 8) was developed based on research findings (Burck, 2004; Marian & Kaushanskaya, 2004; Karamat Ali, 2004; Koven, 1998), personal experience of being bilingual, discussions with research supervisors and specific guidance on developing IPA interview schedules (Smith et al., 2009). As much as possible, participants were encouraged to give detailed accounts of their experiences, facilitated by the use of prompts where appropriate. Due to the fluid nature of conversations, interviews did not necessarily follow the same order as the schedule. Despite this, I ensured that all topics areas had been covered before moving on to a different section.

Participants were given the choice of interview location. Five chose to be interviewed at their respective places of work and one participant was interviewed at a local community centre. Interviews lasted between 32 and 62 minutes. All interviews were digitally audio recorded, transcribed and subsequently anonymised by the researcher.

## **Data Analysis**

IPA was used for data analysis, as described by Jonathan A. Smith (Smith et al., 2009; Smith & Osborn, 2008). In addition, supervision was provided via peer group analysis, facilitated by an experienced IPA supervisor and researcher.

### *Engagement with the data*

In line with the IPA's idiographic commitment, each transcript was analysed individually in turn with the first step involving an immersion of oneself in the original data. This initially involved listening to the original audio recordings in their entirety whilst at the same time reading the transcript to initiate a deeper and active engagement with the data. Transcripts were subsequently read and re-read, each time increasingly advancing the participants account as the main focus of analysis in an attempt to enter the lifeworld of the participant (Smith et al., 2009). During this period of analysis, initial recollections and

observations of the interview are recorded 'elsewhere' in order to remain focused on engagement with the data.

### *Initial annotation*

The next stage of analysis involved exploratory data commenting. Three categories of commenting were used: descriptive, linguistic and conceptual. Descriptive commenting describes the content of the transcript at face value, summarising the subject of the talk. Linguistic commenting highlighted how language was used by the participant to describe their experiences. These include the use of metaphor, tone of voice, pauses, laughter, fluency and repetition. Conceptual commenting focused on the possible implicit meanings of a participant's utterances in an attempt to understand overarching meanings. As a result conceptual commenting was more interpretative than the previous two forms of annotation and often involved asking tentative questions of the data in the hope that these might be clarified in other areas of the transcript.

Following initial annotation across all of the transcripts, it was agreed between the researcher and main supervisor of the study that the analysis be repeated to ensure that emergent themes closely reflected participant accounts. All transcripts were then re-annotated, with notes across both sets of analyses used to identify emergent themes. A sample transcript illustrating both the initial annotation (appendix 9) and the repeated annotation (appendix 10) is provided.

### *Developing themes*

The next stage of analysis involved developing emergent themes from the data. This was done by primarily working with the comprehensive set of notes gathered from the previous stages of exploratory data commenting. Since these notes stemmed from the careful reading of each transcript, the relationship between the original data and identified themes were assumed to be closely linked. The main aim of developing themes involved producing concise statements that captured the essence of the participant's account. This involved identifying patterns and relationships between the notes made previously. Inevitably, themes reflect not only the contribution of the participant but also the interpretation done by the researcher. Connections were then made across emergent

themes to illustrate how they fit together to make up a coherent whole. A table of emergent themes consisting of superordinate and sub-themes was produced along with corresponding text extracts to illustrate how each theme was grounded in the original data.

### *Bringing it all together*

Once the process described was completed for a particular transcript, the process was repeated for each subsequent case. From this process a master list of themes was drawn up incorporating emergent themes from across all cases (appendix 11). Diagrams are provided (see appendices 12-15) illustrating the connection between each participants' themes and the final group themes. This list was written up as a narrative account with a description and explanation of each theme illustrated with verbatim extracts.

### **Quality and validity in qualitative research**

In order to demonstrate the quality and validity of my study, I have referred to several authors who have published criteria outlining the essential features of best practice in qualitative research (Yardley, 2008; Spencer, Ritchie, Lewis, & Dillon, 2003). Spencer et al. (2003) suggest the use of four central principles in assessing the quality of qualitative research studies.

### *Research as contributory*

A key principle of all research is that it should contribute and advance existing knowledge in the area investigated (Spencer et al., 2003). In order to achieve this, the aim and design of the study should be set in the context of existing knowledge and that findings be clearly discussed alongside the limitations of their applicability. As outlined in the introduction, the relevance and need for this particular study were discussed and set in the context of a wide range of existing knowledge from a variety of disciplines. The analysis of data was also set in the context of existing knowledge with a particular focus on its applicability to the field of clinical psychology.

### *Defensible in design*

A defensible design is concerned with how the overall research strategy was designed to meet the aims of the study (Spencer et al., 2003). It includes the appropriateness of the chosen methodology, which was discussed in detail in the methodology section.

### *Rigorous in conduct*

Qualitative data collection, analysis and interpretation needs to be both systematic and transparent during all stages of the research process (Spencer et al., 2003). Self-reflexivity has been considered throughout all stages of the process from the underlying motivation to carry out the study, formulation of research questions and analysis, interpretation and reporting of the data. In addition, participants were offered the opportunity to comment on the themes identified, ensuring transparency of data analysis. An audit of analysis was conducted by the two supervisors of the study, both of whom are clinical psychologists with a specific interest in the field of cross-cultural research. In addition, an IPA peer support group was set up at the University of Hertfordshire, facilitated and supported by a member of the academic staff team with extensive IPA experience. The group mainly focused on the process of data analysis whilst also providing an opportunity for peer review of themes.

### *Credible in claim*

The significance of the evidence generated from the study needs to be supported by well-founded and plausible arguments (Spencer et al., 2003). Throughout the narrative description of themes, verbatim extracts have been included to illustrate the points being made. In addition, both participant and supervisor feedback was sought to ensure credibility.

## **Self-reflexivity of the researcher**

Given the earlier discussion on the 'double hermeneutic' nature of IPA methodology (Smith et al., 2009), following is a background summary of the researcher detailing experiences and assumptions that will inevitably influence how the data is interpreted and what conclusions are drawn from them.

I am a 36 year old British male of Filipino background. My parents immigrated to the UK in the early 1970's in search of work to support family members back in the Philippines. I was born in London and grew up in an ethnically diverse and sporadically affluent part of West London. I still live there now.

My career in clinical psychology started relatively late after initially qualifying as a graphic designer and working in the corporate design industry for five years. A combination of factors prompted me to consider a career change. The first of which was a sense of growing disillusion with the commercial design industry in general. In my view, individual creative expression was too often stifled by people who were more concerned with function over aesthetics. Increasingly, economic factors dictated the feasibility of design solutions to the point where designers were no longer artists but technicians.

Experience of overt and covert difference was the second major reason for considering a career in psychology. Whilst never a direct target of racism, I had often experienced what I call the social exclusion potential of British society. In my experience, the degrees to which one is marginalised and excluded by society depends on how adept one is at negotiating, managing and even concealing difference. Apart from the overt differences in appearance which I could not hide I very rarely shared the fact that I was deeply religious as most of my friends were either atheists or non-practicing Christians. As a child I sometimes accepted being referred to as Chinese or Japanese since so many people at the time had even heard of the Philippines. Even though I did not have a foreign language accent, I was wary of sounding different as this was one potential marker of discrepancy which could lead to being discriminated against. The subtle ways in which difference was either negotiated, managed or concealed helped me negotiate the minefield of ignorance and individual prejudice that surrounded me at the time, although

this was not without cost. I often felt disingenuous and guilty for having to deny and/or adapt parts of myself just to ensure I would fit in.

These and other personal experiences are what inform my theoretical position leading me to prefer social constructionist explanations of personal experience, which I carry through in my clinical practice.

My view of psychological distress is that, given particular circumstances, we are all vulnerable to these experiences. The key to understanding psychological distress is through an idiosyncratic formulation of psychological, social and biological information, whilst paying particular attention to the personal meanings ascribed to experience. I reject approaches that label and classify distress into universal categories for the very reason that diagnostic categories do not inherently allow for individual meaning making on how one makes sense of their distress. This is similar to the cause of my disillusionment with the creative industry I previously worked in where individual creative expression was gradually being suppressed by factors outside of the individual.

The use of diagnosis to explain psychological distress, in my view, is an exercise of power over vulnerable individuals. By dictating what meanings are valid and acceptable to describe distress, individuals will understandably turn to 'experts' in these meanings to help them overcome their distress. I believe that recovery is a facilitated process and that facilitators need not necessarily be 'experts'. Diagnosis exists as one form of knowledge amongst many equally valid forms of explanation. The problem lies in the fact that, given the way our society values scientific endeavour, not all knowledge is regarded as equal.

My interest in bilingualism stems from a combination of my personal experiences and a curiosity about different cultures. I was curious about the different ways different language speakers describe their experiences and wanted to extend this curiosity to descriptions of distress. I became especially curious at how bilinguals managed these differences given my own struggle to formulate universal conceptualisations of experience that would fit both of my languages. I also realised that my parents and other family members would only argue and cry in Filipino, whilst at Church during Filipino language services there seemed to be a much more emotional and spiritual atmosphere compared to English language services.

Given these personal experiences and my reflections on these experiences, my beliefs and assumptions will have inevitably influenced the direction of my conversations with each of the participants and will have shaped the co-constructed meanings of the phenomena in question. It is important this is acknowledged by the readers of this study. Whilst it is impossible to eliminate bias in any interpretative endeavour, I hope that through the IPA approach, which takes into account the double hermeneutic nature of qualitative analysis, bias will be transparent and minimal.

My hope is that this research highlights the complexities of living in multiple languages. During the process of interviewing, I was not only inspired by the diversity of ways bilingual clinical psychologists practice regardless of language background, but the ability of most to reflect on their experiences of being bilingual. What was apparent from the majority of interviews was that these reflections were not new but were not afforded the space within clinical psychological theorising. For participants eager to explore these reflections in the context of my inquiry, I felt compelled to offer this space in my interviews which at times resulted in interviews that were broad in scope but perhaps lacking in focus. Conversely, for the minority of participants who were not as engaged or reflective, I felt compelled to direct the interviews in the direction my own assumptions. For the most part I was able to monitor the ways in which I conducted such interviews to maintain a curious stance and furthermore kept these experiences in mind during the analysis of data.

## **Results**

This section presents the results of an Interpretative Phenomenological Analysis of bilingual clinical psychologists experiences of conceptualising emotional distress. The analysis gives an account of participants' experiences of living in multiple languages, the difficulties, challenges and impact on personal and professional identities and clinical practice. Pseudonyms are used throughout to protect participants' anonymity whilst preserving readability.

Four main themes (summarised in table 1) emerged from the data to form the basis of this account. These are:

- **Worlds apart in culture and language**
- **Oscillating self in language**
- **Ubiquity of English language and values**
- **Challenging and managing difference**

The identified themes are one possible account of bilingual clinical psychologists' experiences of conceptualising emotional distress. Given the interpretative nature of IPA, it is important to emphasise that other researchers may have highlighted different aspects from the data. The four superordinate themes and related sub-themes are explored in turn, each illustrated by with verbatim extracts from the interview transcripts.

Worlds apart in culture and language	Oscillating self in language	Ubiquity of English language and values	Challenging and managing difference
Conceptual differences	Restricted self	Unquestioned essentiality of English language	Middle of the road stance
Linguistic differences	Contrasting self	Unrelenting proliferation of western concepts	Active stance
Experiential contrasts	Adaptive self	Influence of western culture and values	Translating and hybridising language
	Reconnecting with self		

**Table 1: Group superordinate themes and sub-themes**

### **Worlds Apart in Culture and Language**

This theme explores and highlights the often contrasting worlds brought about by living with more than one language. It also illustrates the intrinsic connection between language and culture where language is the medium by which underlying cultural beliefs and values are constructed, shared and experienced. Within this theme, explicit cultural differences in conceptualising emotional distress are explored alongside contrasts brought about by subtle differences in the way each of their languages are used. The final sub-theme explores the contrasts in experience brought about by these differences.

#### *Cultural and Conceptual differences*

All participants identified explicit cultural differences contributing to a difference in the ways in which emotional distress is conceptualised. However, several participants

focused on fundamental differences with the conceptualisation of human individuals which in turn influences how emotional distress is conceptualised and experienced.

Manveer points out that western conceptualisations of the individual may be incomplete in comparison with that of her own.

*“I mean my understanding of psychology is the... und.. it’s knowledge of the mind, body, soul, spirit. It’s the whole person. It’s not... you know this bio-psychosocial. Bio-psychosocial spiritual might capture it, but it doesn’t really capture actually what an individual is.” (Manveer)*

In relation to this, Salma recounts her personal experience of the contrasting way individuals are held responsible for their own actions.

*“Uh, in the West I think what was striking is how sort of uh... uh, the emphasis on the individual. I did this, you know. Uh, sort of uh... or uh, like say sort of if... if I spilt water, you know sort of uh... I’d probably say, “Oops, sorry for the spilt water.” I wouldn’t say, “I spilt water,” kind of. You know just naturally what comes. I suppose the concept of blame. It happened, it’s accident. I didn’t do it deliberately. Kind of.” (Salma)*

Relating the notion of personal responsibility and blame to the experience of emotions, Danvir focuses on the concept of locus of control and the different degrees to which individuals may believe they have control and/or responsibility for emotional experiences.

*“Another is I was trying to allude when I talked about locus of control is uh... uh... uh, whether it is uh, where the person can exercise control over it, something, over emotions or a person cannot can... exercise control over emotions. So that’s again I think uh, is something uh... uh quite uh... uh... uh, kind of taking responsibility uh, for your own action. For your own emotions. Uh, it’s much more stronger in the western...” (Danvir)*

The degree to which people believe they have control and responsibility over their emotional experiences may in turn influence when and how distress is talked about and also may have influenced the language and terminology used to describe emotional

distress. Nadeem relates this to the idea of mental health being more of an unknown quantity in other cultures and languages.

*“Um, I... I think when it comes to mental health I think maybe the sadness is uh... um more relevant. Um, but I think in my experience I mean mental health probably um, a bit more uh... it's... it's less... it feels less talked about in... in other cultures and... and other languages. That's not to say it's any more stigmatised. I think it's must more of a... an unknown quantity. Um, in my experience where it has been discussed, um, it... it feels like it's... it's more accepted um, and that there... there doesn't seem to be the same sort of sp... specialist terminology.” (Nadeem)*

In western culture and English language, where mental health is more of a known quantity, Nadeem points out that this may have led to the development of specialised terminology specific to western culture. In other cultures, terminology describing distress is qualitatively different influenced by culturally specific underlying belief and value systems.

*“there is some specialised terminology um, when it is very uh... when it's categorised as something very uh, specific in uh, a cultural or a... or a religious conceptualisation. For example, this person's been possessed by a [unintelligible 0:11:18] or... or something like that. So um, again I guess that's... it's... that's almost like a... a common knowledge. It still requires a... an expert, maybe religious authority to come in and deal with something like that” (Nadeem)*

In relation to authority and use of specialist terminology, Manveer identifies specific clinical conceptualisations of distress as dominant in western culture and questions their suitability as a universal way of conceptualising emotional distress.

*“What psychology therapy I don't know, because, you know it's CBT and does it really fit, or whatever western concept we're trying to possibly impose [laughs] upon the people? The globalisation of, you know, psychiatric concepts and distress and so forth.” (Manveer)*

*“And I suppose for me, I remember going through my training, which was a superb training, but it was very psychiatric, cause it did what it said on the tin, (name of institution). Yeab [laughs] that's what we had. So um... and so it was very diagnostic. Very led by DSM-IV, three criteria or whatever it was at the time. But I remember going through it thinking, none of this means anything to me.”*

The contrasting ways in which underlying philosophies influence the experience of emotional distress is described by Sabah.

*“but I know generally what people say is that you learn something from it. You know, whatever trouble there is in life, you... it’s... it’s created for a reason, often self-created, but you really learn something from it if you remain a little bit detached. You step back and give yourself a chance to learn. And it is very much about, you know nobody... you know all... all good people have learnt from suffering, in order to move forward and so it’s not considered to be anything awful. It’s part of life. (Sabah)*

*“which I think is very different, increasingly so in the west where there is such intolerance for ordinary depression, especially in this new um, happiness culture that Lord Layard has created. It’s very much considered as, shouldn’t be tolerated, cannot be tolerated and must be resolved straightaway.” (Sabah)*

Several participants highlighted specific differences in the way in which beliefs differ regarding the cause and maintenance of emotional distress. Sabah alludes to the emphasis of external / relational factors.

*“I’m not sure, but it’s around say, “I feel like this because of something outside of me.” A practical problem or something has happened and it’s not about an internalised state of mind. It could be cultural or it could be language or it could be the gender thing, I’m not sure. But I... actually I do know women who say the same thing. “I am unhappy, because...” there’s always a... a relational or causal factor to it.” (Sabah)*

She goes on to contrast this with the western tendency to look for internal causes of distress and how this occurs much less in South Asian culture.

*“I am not aware of any ideas about um, just having a bad day. You know, “My mood’s been affected by hormonal changes or I just eat when I feel angry.” You know something about self-reflective, not looking for any problem, but you know just about description of a state of mind occurs less. In my... in my sort of experience.” (Sabah)*

### *Linguistic Differences*

A number of participants located language as the specific source of difference in the construction and experience of emotional distress. The way in which emotions are talked about have significant implications towards how they are experienced and managed. Danvir talks in particular about anger.

*“Let me... let me put it this way. In our culture, anger always comes from... as if anger comes from outside.” (Danvir)*

Manveer expands on this linguistic phenomenon with an example from personal experience.

*“I mean we’ll say, ‘I’m angry.’ [unintelligible 0:18:39]. You say, anger has arisen within me. [Laughs]. You know... you know. I was thinking the other day how little... how um... I don’t know why, this... this has been in my head a lot and it’s funny it comes to my head again now, but how, when you’re little, parents say um, [unintelligible 0:19:01] this much anger. ‘You have this much anger?’ And the little kid’ll be crying. ‘So much anger in... you’re full of anger. Look how it rises in you.’” (Manveer)*

She later contrasts this with the way English language is used to describe emotional experience.

*“But if we say here, “You’re... you’re so full of anger.” It’s a very different... you know it means it’s... it’s stronger. It’s more harsh, it’s more critical, it’s more negative.” (Manveer)*

Danvir further relates linguistic differences to the notion of personal responsibility and internal / external causes of distress, both of which are identified as culturally located beliefs and values.

*“if we were to translate literally into English it would be translated as, “Anger comes to me.” I think this is a very subtle uh, kind of a cultural connotation, because uh, here you feel as if you’re not responsible for the anger, if... as if it come from outside, there must be some things outside. It must be environmentally determined. Rather than determined by your own inner make-up.” (Danvir)*

Participants often referred to words and phrases in their own languages. In doing so, several noticed the contrasting connotations of their descriptions. Most native language phrases appeared to identify a more embodied experience of emotion in comparison to western descriptions as illustrated by Danvir's comparison of anxiety.

*"It's 'gubura bud' would me uh... uh... uh, psychological con... connotation of uh, not being sure and uh... uh, physiological connotation being my heart is uh, fluttering and uh... uh, my hands are shaking."*  
(Danvir)

In recalling a client's description of grief, Sabah describes the embodied experience of emotional distress, but also describes the richness lost in the process of translation. She also highlights the comparative strength of feeling conveyed in native language.

*"Because it has uh, sort of a more uh... she was talking about just falling into bits. You know, you say that in English, you fell apart, but there isn't that sort of descriptive term. You know, you'd just broken down into little... little tiny pieces. You don't have that descriptive bit that you would. So say that was interpreted through an interpreter, that would be... it would reduce the richness of the... of the text I think. And she knew I knew exactly what she meant. So it's about the strength of... of... of the feeling that can be conveyed sometimes."* (Sabah)

Again, the strength of the emotional experience is emphasised by Manveer. She likens Punjabi descriptions to Shakespearian English with a poetic and metaphorical quality.

*"I... if I heard them in English it wouldn't affect in the same way, but when I hear them in... in Punjabi, then it's... it... it really hurts, you know because they... they're said with such poetry. And they are quite, you know... they're... in that way they're quite metaphorical really I suppose. And... and they're not so um, I'm sad. [Laughs]. You know. My heart pines, my heart hurts. It's more kind of you know we have that Shakespearian or something."* (Manveer)

Nadeem, on reflecting how sadness is described in Urdu, also refers to its poetic quality emphasising the strength of the emotion being conveyed.

*“Um, so I think uh, maybe sadness, um, the language of uh, say Urdu, the language of sadness is... is more uh, poetic. Or at least it’s conveyed in a more... more poetic fashion, um, which really I think carries uh... uh, the emotion more strongly.” (Nadeem)*

Both Manveer and Nadeem agree that emotional experience can be conveyed in similar ways in English, however, both also agree this no longer seems to be the case, given the increasing intellectualisation of emotional distress descriptions in the English language.

*“there’s... there’s a... a kind of colourful beauty to it that is not in English. Unless you... you back to poetry or Shakespeare or something that is older English.” (Manveer)*

*“Um, I think it can be done that way in other languages, but it maybe just isn’t. Um, and certainly as a... as a psychologist I... the language is a lot um... a lot more intellectual than emotional.” (Nadeem)*

A number of participants mentioned the lack of equivalent meanings between English and their native languages. English would often be used to supplement native language in completing descriptions.

*“We have no word for depression and so people speak and in the middle of it they’ll say... they’ll be talking Punjabi and then they’ll throw in the word depression, like cinema or car park or something that we don’t actually have that word.” (Manveer)*

*“And that everyday language has become much more infused with English words. So it’s what students would say what, you know everyday people working would use into English language um, to... to mix and match.” (Sabah)*

Often as a result, English words take on different meanings from how they are commonly understood in western contexts. Sabah gives an poignant example from a conversation she once recalled with her father.

*“And that’s where we have this stress, tension dilemma, because my father would say, ‘I don’t have any stress.’ It’s you know, ‘WHAT ARE YOU ON ABOUT? WHAT IS THIS STRESS THAT YOU ALL TALK ABOUT IN ENGLAND?’ And I said, ‘But you do talk about tension in Indian,’ and that’s when he said, ‘Yes, I do have tension when I can’t get to the bank anymore and I*

*don't know what's happening and your mum has to deal with it all.' So that's when I sort of realised that it's not that human experiences are different, it's just that label in a way and if you even get it slightly wrong you just miss the point completely. It's very easy to do that." (Sabah)*

### *Experiential Contrasts*

In relation to the linguistic differences highlighted in the previous sub-theme, several participants elaborate contrasts in their experiences of emotions depending on which language used. More often than not, participants described feeling differently in their native language.

Manveer, who earlier described her experience of speaking Punjabi as akin to Shakespearian English, explains her feeling when talking about emotions.

*"Which are... which are kind of more again, they're not things that you would say in English and they feel more kind of poetic." (Manveer)*

In a similar vein, Sabah's description corroborates earlier accounts of emotional distress understood to be more embodied. The language used appears to encourage a deeper, holistic experience of emotional distress.

*"when you describe in Hindi what it feels like, there's... you know it's... you get the sense of the semantic quality, as well as the emotional impact. So you have two of them, your body aches with pain of your broken heart say. So somebody will say to me, "I... I... I am... I've been really depressed this week and...", but... but an Indian person would say, "My heart felt like it would break and my legs ached like I couldn't walk. So they would be sort of a more sort of a overall sort of a deeper explanation." (Sabah)*

Given experiences of emotional distress in native language appear to be deeper and more embodied, a number of participants compared the same experiences using English language.

*“And I suppose uh, sort of uh... uh com... sort of in... in Bangla it... it probably would sound quite overly dramatic. [Laughs]. And overly emotional. But again, like I said, maybe using English it feels you put some distance, you know.” (Salma)*

Whilst for Danvir, particular situations appear better suited in native language.

*“Wooing a girl, it’s uh, better expressed in Punjabi than in English. The moment you translate into English it loses its meaning.” (Danvir)*

Given that all participants spoke in at least two languages, several reflected on suitability of expression between languages. Nadeem gives an account from personal experience.

*“Um, depending on what I’m discussing, what I feel most fluent in and... and sometimes how I feel I can express myself best, because just... I... I feel fluent in speaking in... Yeah, in all four languages, but there’ll be some words or some proverbs that just come across most effectively in a particular language.” (Nadeem)*

Similarly, Sabah reflects on the ‘right fit’ of languages for certain words and expressions. A fact that prompts her to utilise her various languages.

*“And just knowing how difficult or how easy it is to express yourself in certain languages, which is why in India we slip back... back and forth from English to Hindi and Bengali. It’s that certain words in certain languages, it’s just such a right fit. It’s that like jokes cannot translate well.” (Sabah)*

Reflecting on a similar theme, Danvir identifies particular emotions that are more suited to native language.

*“So it was that kind of... sometime, particularly humour or uh, the... the close feelings, you tend to communicate uh, more in the local language.” (Danvir)*

Whilst most accounts reflected on the experiential contrasts of emotions and emotional distress in native languages, Salma speculates about the effect of second language on experiences of emotion and emotional distress.

*"I... I wonder uh, whether it also puts a distance using a foreign word, you know. Uh, whereas uh... I... I wonder if it is more emotion laden when it's sort of uh... the, you know sort of using the Bangla word for emotional distress. Whether it's more painful. Whether it's easier to deal with depression or anxiety."*  
(Salma)

She further speculates about the 'distancing' effect of expressing emotional distress in second language and wonders whether this enables individuals to open up about feelings that would otherwise be kept hidden.

*"I wonder whether it can facilitate people talking about it, you know. Uh, it's sort of uh, like my experiences sort uh... uh working with uh... uh, working with Bangladeshi people or people from the subcontinent, you know. People are more comfortable finding a neutral focus or uh, to talk about their problems rather than directly and I... I wonder whether it relates back to this, you know my fault. Or not my fault kind of, you know. T... trying... you know the inner struggles between sort of who's at fault here."* (Salma)

In relation to clinical training, Salma alludes to the difference in thought and feeling depending on language. Her account implies that the process of comparison and translation between languages may result in contrasts and contradictions that go unnoticed by monolingual colleagues.

*"It was like const... I think, now when I think back, I was constantly thinking first in uh, Bangla probably and then translating that. You know, but... and now I've stopped noticing. When I was training I constantly used to think, why isn't anybody asking me what I think? [Laughs]. I mean my supervisors and things. Why aren't they questioning my conception of whatever is going on and they just assumed, you know sort of..."* (Salma)

### **Oscillating selves in language**

In the process of constructing their accounts, the majority of participants described language as a major factor towards the construction and experience of self-identity. The four sub-themes that form the superordinate theme describe how participants have experienced and managed multiple self identities in language and culture.

### *Restricted self*

In relation to the superordinate theme, this sub-theme illustrates participant experiences of having to regulate or restrict their language use according to context. For some individuals, the advice to only use English appears to have inadvertently resulted in uncertainty over the use of first language. Manveer recalls an account from childhood.

*“one of the teachers had told me that I was not to speak anything but English, at home or elsewhere.”*  
(Manveer)

She then describes how she felt about her own language in relation to English.

*“And I remember being at school and being told uh... uh this was a long time ago so... At that time there was a... a thinking that you should only speak in English.”* (Manveer)

Manveer then describes the continuing effect of these experiences where she describes herself as consisting of many sides and parts, some of which are rarely or never seen in everyday life.

*“these are the sides of me that people here wouldn’t experience. Yeah. So, they... they’re parts that aren’t out there in everyday life at all, unless I’m with somebody whose... who comes from... who has those similarities, comes from the same background.”* (Manveer)

As Manveer mentioned in the preceding quote, the opportunity for restricted parts of self to emerge appears to be when she is around others who are like-minded or from the same background. Salma recalls an experience during clinical training when this was clearly not the case.

*“I had wanted to do something very exciting like uh... like you are looking into it. And the advice I was given uh, very, very clearly was, your priority is to pass the course. Don’t get too ambitious now. Do it in your own time after you do the course and I... sort of my main interest was uh, peoples conception of mental uh, distress.”* (Salma)

Again, the suggestion to not pursue her stated interest appeared to be borne out of practical reasons. It appears little consideration is given to aspects of self which she feels are relevant to her experience of clinical training.

In the following account Manveer describes the occasions when restricted parts of self do emerge. What also appears to emerge is an internalised self-regulation / restriction of language use based on her own experiences of exclusion.

*“So they’re... but those are the parts of me that will come out and play then, because they’ve got the space to do that. Well, anywhere else... I suppose from my own experience has always been, you know you’re not to do that, because it’s... it excludes other people.” (Manveer)*

#### *Contrasting self*

Many participants described feeling differently in different languages. This particular sub-theme illustrates participants contrasting experience of self in language. In relation to his description of his first languages as more poetic, Nadeem describes his comparative experience of self in language.

*“per... perhaps a more emotional self in... in other languages. A more poetic self, um, than in English.” (Nadeem)*

Apart from a sense of self congruent with the way in which language is constructed and communicated, he later illustrates the influence of beliefs and values on the way in which language is used. Occupying different cultural worlds in language appears to influence the way the self is experienced through talk.

*“if I was uh, talking about myself in Urdu or Gujarati um, maybe talking about my positive attributes, maybe it’s because it’s wrapped up in that part of my cultural or uh... or my... my faith, but there’s... there’d be a massive influence on... on humility and refraining from anything that could be arrogant. Um, but then when we... you know when I... when I talk to my wife and everything in English, and especially American English, it’s all about celebration, it’s all about putting yourself out there and... and recognising your achievements, uh, and so you... I would never talk about myself in that way in my... in Urdu or Gujarati, because that might be... that might be arrogant.” (Nadeem)*

Manveer gives an account of a change in self in language according to context. Rather than switching languages once over the 'threshold', a change occurs within language as described below.

*"when I was still doing my training he was in the year ahead of me, going back to my house and he said... and he's English, and he said, as soon as I stepped over the threshold my English changed and it became working class English and he'd never heard me speak like this before." (Manveer)*

She gives a further account of friends noticing the contrasts of self between languages.

*"And somebody said, "You all change. You change completely. Your personalities seem to change. The way you laugh, the way you say things. There's so many things about you that change from when you're with us or speaking in English." (Manveer)*

A fragmented, contrasting sense of self in language was described by most participants. In her account, Sabah identifies dominant functions for each of her languages, which in turn influences her experience of self in language in relation to others.

*"my understanding of French was very much sort of to do with academia and... but my emotional language was still Bengali. So I would talk to my parents and my sister... my sister was actually dual, French and um, Bengali. But with my parents it would be Bengali." (Sabah)*

In the following account, Friya describes the impact on her self-identity upon arriving in the UK. As her dominant language was English, she instead described a contrast in her cultural identity.

*"And I... in fact I think I developed my sense of identity on my Indian'ness as I came to this country thirty six years ago. Yeah. When I was made to be aware that I was different. I was not the norm." (Friya)*

Salma also describes her identity being called into question upon arrival in the UK. During this period the dominant assumption appeared to be that people only spoke the language of their culture of origin. Bilingualism appears to have been a surprising exception.

*"I was only thrown into crisis I think when I uh, came here and every second person would say, "You speak very good English." And I used to be so in distress. Why wouldn't I?" [Laughs] (Salma)*

On a more subtle level, Sabah describes the contrast between feeling 'familiar' in language on an emotional level whilst not 'being good at it'.

*"I suppose I was ten, fifteen years into learning the language and so not... it still felt like a second language to me, but um, it... it was a weird thing it was... felt like it was familiar, most familiar for me and yet I wasn't good at it. So that's a little bit of a dichotomy, but I think at an emotional level it felt, you know the right thing. It didn't confuse me in any way." (Sabah)*

Over time, the discrepancy between emotional familiarity and language ability appears to have minimised. However, as a result she now feels the reverse has happened as described in her account of one of her trips back to India.

*"So it's been... it's been something I think I'm much more comfortable with speaking in... the language in a sort of a nor... um... uh personalised way now. Obv... obviously, you know ten, fifteen year... twenty years later, so it doesn't... I'm not so self-conscious anymore, but the reverse has happened in that in India I'm having to sort of try and sort of not impose, but I would automatically feel... I feel as if you know they're different and how could I understand..." (Sabah)*

#### *Adaptive self*

Whilst this sub-theme may appear to have a lot in common with the theme of 'challenging and managing difference', this particular theme focuses more on how participants adapt themselves to the challenge of living in multiple languages.

In describing the ways she manages differing environments, Manveer illustrates her experience with an analogy.

*"So I'm a chameleon in each environment and within each environment I will take on the nuance of what's expected language wise, in terms of English." (Manveer)*

She describes in detail how this is manifested around friends from a particular cultural background. Within this account she describes the necessity of this adaptive strategy as a means of managing difference.

*“You know if I’m around um, Afro Caribbean friends or black friends, I take on the nuances, I speak language in the same way. You know so, I’ll say things like, “Kiss the back of my lip... teeth,” without noticing and you know there’ll be other nuances that are... are a part of whatever that communication is, because I... I’m used it. I’ve done that in my time of getting to where I am. In my life experience. So, it doesn’t even feel false.” (Manveer)*

From her particular experience, the consequence of difference was unfortunately that of racial discrimination, as described in the following account.

*“And you learn what you identify with in such a way that you fit in and I think... I suppose my own experience of growing up here in a very racist environment is that to... you can either get defensive, which you can’t, cause there’s too many people to get defensive with [laughs]. Yeah... although you get quite toughened up by it. Or you learn how to fit in a way that reduces the possibility of somebody else seeing you different, as different.” (Manveer)*

Salma adopts a similar strategy towards adapting herself to different environments. In the following account she describes an alignment of self with culturally situated values.

*“Like uh, you know if something happens, you know something bad happens or there’s an illness or whatever. Sort of I wouldn’t immediately think, okay I will sort of give... feed the poor or whatever it is people do, you know. But sort of at home that’s the no... normal thing uh, sort of to do. If something bad happens within the family then you find something. I... I think it’s mainly there [laughs] helping themselves, you know whatever you know feed the poor, send food to the poor or whatever it is they do. People find ways of, you know resolving their own... own difficulties. Or say special prayers on the mosque or whatever. That comes very naturally at home. Whereas over here, that’s the last thing on my mind” (Salma)*

Utilising a different adaptive strategy, Sabah describes her experience of finding meaning and emotional intimacy in second language as a result of losing touch with her ‘roots’.

*“I’d never learnt anything sufficiently enough to... to actually connect emotionally in each language. The French was very much a practical, pragmatic thing and then the uh... Bengali got replaced by English and then the English was... didn’t actually sophisticated for four or five years. Long time. So it is something about wanting some sort of intimacy and psychology was a language for it. Yeah, I think there... I think there is some truth in that actually. So um... and understanding it in English was probably the only way I could do it, because in... in... I had lost touch with my own sort of um, original sort of um, roots in my... in my own country.” (Sabah)*

First language was eventually substituted as the language of emotion, despite remaining bilingual.

*“I think that’s where um... uh, I guess that’s why I’m more comfortable using English as a substitute. So I think most emotionally in-depth language is... is English. That’s where it sort of started off and it remained as such.” (Sabah)*

*Reconnecting with self*

Following prolonged periods immersing themselves in English language and culture, several participants described a yearning or intention to reconnect with the identity associated with first language. For some participants, this period of reflection occurred after many years of experience as clinical psychologists.

Salma gives an account describing her regret at not taking up earlier opportunities.

*“and these things don’t matter when you’re young. I think uh... uh, as I’ve grown older I really appreciate it now and I can kick myself. Why didn’t I avail, you know when we had those opportunities we used to dread it. [Laughs].” (Salma)*

And explains the reason for taking up Bangla singing lessons in the following account.

*“So, you know I’m just here, I... I don’t want to sing professionally or anything. I’m here just to stay in touch uh, with what I’m missed for so many years and to reconnect.” (Salma)*

She later emphasises wanting to enjoy reconnecting with her first language.

*“and I... another reason why I didn’t enrol in a sort of formal courses, sort of I’m here, you know to re-learn as well as to enjoy what I grew up with.” (Salma)*

For a number of participants, simply speaking their first languages was identified as a means of reconnecting.

*“So I try to communicate with them, because I just want to re... re-establish my sort of links with sort of the background that... that I come from.” (Friya)*

However, some found that opportunities were limited as illustrated by the following accounts

*“you know cause it’s a language I don’t... I have certain friends I can speak it with, but I really do enjoy speaking it. I don’t get enough and when you do, we’re always like...” (Manveer)*

*“I’ve sort of got a certain section of friends who are of from the same community and I keep telling them that I will only now speak to them in Gujarati. Yeab. And then they... they roll their eyes heavenward and say, ‘Oh God, here we go again.’” (Friya)*

### **Ubiquity of English language, concepts and values**

This particular theme describes the various life experiences of participants in relation to the pervasiveness of English language, western values and conceptualisations of emotions and emotional distress. It describes the inescapable nature of the English language which carries with it concepts and values predominantly based on western cultures and worldviews. Participants give accounts describing their exposure to these experiences and their views on the subject.

#### *Unquestioned essentiality of English language*

Of the six participants involved in the study, four had their early education outside the UK. From their experiences the English language featured significantly alongside first languages.

*“So, I grew up with multiple languages and of course uh, sort of uh, English was part of school. Big part of school and, so never questioned it kind of.” (Salma)*

In addition to learning local dialects, English was considered compulsory for all to learn. Living in multiple languages from a young age was considered normal.

*“English was introduced very early in our school, and uh, it’s kind of uh, India is a bilingual country. Every state uh, has to... everybody has to learn English and uh... uh you learn any other language... the state in which I grew up, we had three languages formula, so I learned three languages.” (Danvir)*

For Friya, English was more of the norm considering she attended an English speaking school. Although she still considers herself very much bilingual.

*“So, but otherwise uh, we spoke a lot more in English and so I went to an English speaking school. Um, I liaised with all my friends in English. It was... it was as simple as that.” (Friya)*

For most participants English was considered a common, universal language facilitating communication between speakers of different languages. This is illustrated in the following account from Salma.

*“Each of us speak in a different uh, language from the subcontinent [laughs]. And again, English is the common language here.” (Salma)*

Sabah explains in further detail the increasing likelihood of English being used as a means of communication, sometimes at the expense of their mother-tongue.

*“I think it’s a way of actually um, bridging that gap. So a Sikh person would not be able to use Punjabi, but they’ll use Hindi, which is their second language, and to be honest English will be... they’ll be more fluent in English than Hindi. So they’ll be, like me, more fluent in their own mother tongue and English. So that’s why I guess it’s more common for the younger people to just use English as a shortcut. Rather than falling back on their mother tongue, which their friend from another part of India will not understand.” (Sabah)*

Much more than simply a universal language, English is also considered a joint official language facilitating communication between different regions of the subcontinent.

*“Uh, like I said English was the common language between East Pakistan and West Pakistan. So, officially I think English was used.” (Salma)*

Apart from facilitating communication between different language communities, according to Sabah, English was considered much more than a practical means of communication.

*“And also it’s considered to be more educated and more posh if you use English. So it’s a sign of culture and sign of uh, class and education.” (Sabah)*

Several participants described the seamless mix of English and first language in sentences. In the following account, Sabah describes the increasing use of English words in the everyday language of her mother-tongue.

*“And that everyday language has become much more infused with English words. So it’s what students would say what, you know everyday people working would use into English language um, to... to mix and match.” (Sabah)*

Salma describes the unquestioned nature of mixing languages in her account of a particular experience.

*“Sort of we use a lot of English words in our Bangla language. In a strange way. I know it sounds strange, which I only became aware of when I came for my training here in the UK at the (name of institute) you know. Uh, sort of there was another girl from Bangladesh who was a trainee there. We used to speak, you know we were talking in our own language and then people would be pointing out. Then we’d say these perfect English words [laughs]. So, I never... we never questioned it when we are actually in the middle of doing that.” (Salma)*

She goes on further to describe the use of English words to describe emotional distress. Alongside this, she points out a change in the way she/we ? regard such conditions.

*“when I go back to Bangladesh people are much more open about feeling depressed or anxious and they would actually use those English words.” (Salma)*

Sabah gives a similar account regarding her own increasing use of English to describe experiences of emotional distress.

*“So, with my parents I would say, “Oh, I’m feeling uh...” I would say the wo... sentence in Bengali, but I would say, “I’m feeling a bit depressed today.” So the word depressed I would say uh, in English. So they know what I mean and that’s... that’s how I use emotional language now.” (Sabah)*

*Unrelenting proliferation of western concepts*

The spread of western conceptualisations of emotional distress was a theme all participants agreed on in one form or another. Some commented on the inevitability of this spread given the universality of English language as discussed in the previous theme. In the following account, Nadeem comments, in particular, on the unidirectional propagation of concepts via English language.

*“it’s one way traffic and so that I... if... if this trend continues um, then it would seem um, that uh, yeah the... the conceptualisation of... of mental health disorders or... or... or to some degree emotions um, is... is gonna become... you know that exists in the English language is gonna become dominant uh, throughout the world.” (Nadeem)*

Part of the inevitability of this propagation may be due to the colonial history of many South Asian countries. The legacy of which remaining in and through language. Salma gives a somewhat lighthearted comment in the following quote.

*“you know two hundred years of the Raj [laughs]. We’ve all been brainwashed. So sort of uh, I suppose when I was growing up we didn’t question it.” (Salma)*

A particular concern expressed by Manveer is that language is the expression of an underlying belief and value system. She comments in particular on the mismatch between language and underlying values.

*“So, I think language is a very powerful thing in that way and when you don’t have the same concepts of a disorder or whatever a disorder is supposed to be, because these are Western concepts. These are secular concepts. They have come from a certain history” (Manveer)*

For some participants, western conceptualisations already have a firm foundation in Indian languages. According to her account, alternative conceptualisations are unnecessary.

*“It’s everything, all the medical language is all in English now in India. So... you don’t need to learn.” (Sabah)*

Manveer uses the analogy of religion to express her opinion. She makes the point that the unrelenting spread of this ‘religion’ takes little consideration of existing ‘beliefs’.

*“you know the concepts of PTSD and how they’ve been taken across to different places and you know what that’s about and just this idea that we’re spreading this religion. As if nothing existed beforehand. You know it’s like um... Okay what comes into my head... head is like civilising the natives” (Manveer)*

In the process, existing cultural beliefs are inadvertently superseded.

*“So therefore, now what you’re doing is your removing the... the only bits that are left of our cultural understanding of ourselves and that’s not what I presume the objective was [laughs] in the first place. But that’s how it’s been taken.” (Manveer)*

In her opinion, this results in pre-existing conceptualisations viewed as less relevant in comparison.

*“Is that there is a... a sense of this is the world as I see it and that’s all the world is and anything other than this is... is uh, differentiated as um, with... has less meaning, is less significant. Is less... what’s the word? It’s less. It’s less.” (Manveer)*

According to Friya, part of what maintains the hierarchy of conceptualisations of emotional distress is due to the relative perceptions of educational systems.

*“There is a whole arrogance of the English system. Of course, come on. I mean we... we cannot, you know deny that. Yes of course there is. The English uh, lot is um... well the English educational system is the up here. The American one is down here. Indian ones is even further down. Some of the East European is even further down and things like that.” (Friya)*

The resulting tendency is that non-English speaking cultures endeavouring to further their understanding of emotional distress often look towards western conceptualisations as explained by Nadeem.

*“I’m vaguely in touch with um, sort of mental health professionals um, in Egypt um, they... they... they’re constantly striving to translate um, you know western texts, measure, uh, clinical instruments into uh, Arabic or... or... or another language. And... and so with that comes the... the transferral of that conceptualisation. Um, but to my knowledge I... I’ve seen little or no uh, translation of clinical tools or instruments from other languages into English.” (Nadeem)*

The transferral of conceptualisation through translation of western clinical tools and texts has also been the experience of Danvir.

*“I have done a lot of translation from English, for example [unintelligible 0:05:51] to questionnaires. Lot of translation of um, English onto Hindi.” (Danvir)*

Apart from formal translations, the internet is already an established source of information used to propagate various conceptualisations as explained in the following quote from Manveer.

*“you know if there you feel like there is no answer, then obviously what do you do? You Google it and find out where the answer is and get those people over to come and... come and teach you or do something with it.” (Manveer)*

However, finding and practicing alternative conceptualisations is in itself no easy task as described by Manveer in the following account.

*“Okay, we’re gonna teach them the anxiety model. Give them psycho-education on anxiety.” All of those things, I’m not saying we shouldn’t do them. Yeah, cause I don’t know what else to do. What do you do*

*then? They don't know. I don't know. We're equally just lost. [Laughs]. And just sitting there being lost with somebody it doesn't really help them that much, you know. So, it's... it's a kind of struggle, but then we are giving people words and terminology that they... that spreads [laughs]" (Manveer)*

### *Influence of western culture and values*

According to many participants, the influence of western popular culture occurs in parallel with the spread of western conceptualisations of emotional distress. Reflecting on a recent trip to China, Manveer recalls her experience in the following account.

*“I mean in China I just... all of the advertising is um, Western. They were all Western faces. People are having, apparently, it really helps to have operations to make your eyes look wider, because then you look more Western, you’re more likely to move up the ladder. So it’s all these other things that are coming in as things that people aspire to have and be that are also having an impact you know.” (Manveer)*

By the same token, Sabah feels believes this widespread aspiration towards western popular culture has unintended consequences.

*“So in India absolutely everything is western oriented and very much mimicking the culture and having the same problems as the western culture.” (Sabah)*

Moreover, the same process by which conceptual understandings of distress are gradually being superseded, has spread to popular culture according to Nadeem.

*“I... my observation is like it’s amazing that how... how much TV and... and western popular culture is... is... is embraced and practiced and um... you know taken one up, by... by the other cultures al... almost at the expense of maybe their own unique individual culture.” (Nadeem)*

For one participant in particular, the influence of western culture and values was far more significant. Reflecting on her experience of growing up in India, Friya recalls the influence of British culture on her particular community.

*“Um, we’ve... contrary to some of up, my other Hindu friends and other people, we would eat with a knife and fork on the table. Uh, a lot of the Zoroastrian homes will have the Queen’s portrait in their living room. So you can understand that... that was the kind of influence that we had yeah.” (Friya)*

Alongside practicing British cultural traditions is the common use of English language as described in the following account.

*“So, but yes it’s English that I’ve spoken and I feel very much at home. And I’ve sort of, as I always tell people, I’ve grown up more on bread and butter pudding and um... and you know Irish steaks and things like that than perhaps even our Indian food, which was uh, normally cooked at all.” (Friya)*

However, despite this she still had a clear idea of her national identity as explained in the following quote.

*“...it was very well known that our community had linked up and understood the psyche of the English people when they were there and yet at the same time, at least from my understanding is, that we saw ourselves very much as Indians” (Friya)*

### **Challenging and managing difference**

The way in which differences in language and culture are challenged and managed is the predominant subject of this theme. It describes how all participants, in one form or another, have experienced difficulties as a result of living in multiple languages and cultures. It describes how they continue to maintain this challenge in both their personal lives and in their professional capacity as clinical psychologists.

#### *Middle of the road stance*

Rather than directly challenging issues of difference, some participants occupied a less active, middle of the road stance. What this appears to have enabled was a greater appreciation towards issues of difference often influencing language used in clinical practice. A further consequence of this stance appeared to be an increasing tolerance of uncertainty. Whilst this enabled a more open approach to managing difference and dealing with people’s emotional distress it also raised questions regarding current clinical theorising and practice.

For Salma, occupying an unquestioning position appears to have been influenced by early experiences of growing up with diversity both in language and culture. In the following account, she describes a situation challenging her existing beliefs which was eventually resolved by adopting an unquestioning attitude.

*"I couldn't understand what was going on and my father was very uh, down to earth and his explanation was, 'Well you know you've been ill. Your grandparents are worried and sort of they... they are saying their prayers. They want you to drink this water, you know uh, and sort of there's no harm in it. It's their way of trying to be helpful to you.' So I... I you know... so, I took it casually as well. So I... I drank the water for my grandparents. Not that I believed it will [laughs] cure my health or whatever. So and I never questioned it so. That... I think that influenced me to look at whenever any of my relatives, you know thought of some traditional uh, sort of um, strategy whatever. For want of a better word, you know I took it with a pinch of salt." (Salma)*

Furthermore, she goes on to illustrate the continuing influence on her position in the following extracts.

*"I will... I will participate it in, you know sort of um, my sisters are very devout Muslims you know. I think I was sort of always a bit middle of the road [laughs]." (Salma)*

*"My father's side of the family is extremely religious, extremely religious. My mother's side of the family are progressive, modern people. Still religious, but uh, you know like uh, sort of my... my father's side of the family, majority will do their five times prayers and what have you. Whereas my mother's side of the family probably wouldn't do the five time prayers, but they would do the other social things. Uh, you know with other people. So that I feel you know, sort of uh, I took from both and [laughs]... and I'm still in the middle." (Salma)*

For other participants, an unquestioning attitude appears to have developed as a result of experiencing a 'lack of fit' between English and first language. In the following account, Sabah explains a change in her stance and use of language as a result.

*"Certain words really fit and I think if you don't have that right word, don't use anything at all. So, what I used to do at the beginning is I used to fill in the gaps with English for my parents. So, "You must be depressed," or, "You must be..." Actually, no they're not. They're telling me this subtly different. They are feeling upset about something, rather than my notion of, "You must be depressed." You know they're upset about something, because they know what it is and you know it's a slightly different slant. So I don't slot in my words anymore, I just listen more to what they're trying to tell me and that's where it sounds a little bit like what they... what we say in En... in England." (Sabah)*

As a further consequence, it appears she now takes a more critical stance towards western culture.

*“I tend not to... not think of a label, having learnt that you know different term... different words mean very, very different things, particularly if you’re using an English word, because we’re so arrogant in the west. We assume that other people will know what we are talking about and that it means exactly the same to them or that, you know the... the same way of thinking.” (Sabah)*

Similarly, Salma adopts a critical view towards the western scientific practice of clinical psychology.

*“just because we don’t have any scientific. You know, whatever scientific mea... uh, you know evidence and it just means that people haven’t been writing up on, you knot the alternative uh, medicine, therapy, whatever you call it. You know people have lived by them for thousands of years. Who are we now to come and say, ‘This is nonsense’, you know. That in... in itself is uh, not scientific. We can’t chuck something just because we can’t find good enough answers to... So, no I’ve always respected you know, uh, sort of uh, however strange they may seem, they work. You know people have been living by them.” (Salma)*

Reflecting both on specific clinical practice and clinical psychology as a discipline, in the following extract, Manveer ponders on the difficulties of relinquishing a position of certainty.

*“Perhaps we admit we don’t have the answers. We don’t know and we’re struggling and perhaps the most difficult thing is to be in a room with somebody and say, ‘I don’t know either.’ You know [laughs] let’s try and find it together. I don’t know. I don’t have an answer, but I think we do need a complete and utter paradigm shift on many levels. One of those being not individual psychology, but community psychology as well.” (Manveer)*

She goes on to suggest increasing alignment towards other disciplines as a possible way forward for the profession.

*“And what we’re doing is we’re doing the same thing over and over again and making the same mistakes and I think it... it would be fantastic if we could stand back and work more closely with anthropology.”*

*More closely with sociology. More closely with all these other domains, and then look at these difficulties and look peoples narratives and look at people's perceptions and look at how else you could have an understanding. Instead of getting caught in the conflict.” (Manveer)*

#### *Active stance*

In contrast with the previous theme, the current theme illustrates the active stance taken by several participants towards challenging and managing difference. Most accounts illustrate participants active involvement in service development, research studies and professional organisations as a means of challenging the status quo.

In the following quote, Nadeem gives an account of his involvement in service development work for diverse communities.

*“I’m involved to some degree in... in some community work. Um, in communities that don’t speak English or they... they speak other languages. And I’m... I’m trying to promote mental health and... and trying to promote concepts like depression.” (Nadeem)*

Acknowledging the influence of her early experiences, Manveer explains the inspiration behind her involvement in a particular service development project.

*“You know so there’s something that you just knew that it’s um... it just becomes part and parcel of your existence, but just now when I encounter situations like that, where I’ve been... I’ve set up services to work with um... it was in a women’s college, for women who are from... I hate black and minority ethnic, I hate that term, from diverse populations where there was very limited English and they were there to learn English...” (Manveer)*

In the following account, Danvir explains that he would often recommend interventions based on the client’s understanding alongside interventions based on western conceptualisations of emotional distress.

*“...combination of the two, because uh... uh, the first thing that I will do is, what kind of things uh, relax you and if you pick up the activities and if the person says that going to a temple is good and it relaxes me, I would be... I think that will be one of the treatment or meditation helps me or concentration*

*on something helps me, or reading helps me or listening to music helps me. Uh, in that case I will go into those uh... uh, kind of uh, well known tried methods where the individual uh, to supplement one can add on, because the person is already trying, has not reached uh, the level of familiarities that will desire. So you've got to add on. You've got to do something.” (Danvir)*

The following extracts illustrate Friya and Danvir's involvement in research consistent with the theme of race and culture. In concordance with one of the themes of the current study, Friya elaborates on the embodied nature of emotional distress associated with specific language use.

*“research was done in (name of place) with Asian women and then compared that with the English uh, people. So both the Asian women group and the um, English were sort of suffering from depress uh... depression and things like that. Yet the Eng... the South Asian, the Indian, I think majority were Indian population, were not able to use the words depression. And they used of adjectives etc, sinking hard. Sinking... you know, crying hard, sinking hard. Those were the kind of feelings that they sort or expressed to us.” (Friya)*

Given the discussion on the spread of western conceptualisations, in the following two extracts, Danvir describes his active involvement in studies ensuring the relevance of western concepts applied to non-Western cultures and communities.

*“And um, I have participated... I spent about uh, seven, eight years in psychometric... in uh... in uh, translating uh... uh standard uh, questionnaires into Hindi and English.” (Danvir)*

*“For nearly five years I worked on a project on expressed emotions and it was an international study launched by WHO at three centres.” (Danvir)*

In addition to research and service development, Manveer discussed alternative ways of influencing the profession, alluding to the idea of working more closely with training courses.

*“Having said that, you know I'm very involved in increasing diversity in the flesh and all this other... like lots of different levels. I... I'm... I'm always very aware that the training courses have changed and*

*how they look at these situations have changed and it's a changing world you know. So you know there's... the possibilities are now there to influence in a different way." (Manveer)*

Reflecting on her experience of discrimination upon arrival her arrival in the UK, Friya decided she would actively involve herself in the British Psychological Society to address issues of race and culture.

*"you know the whole politics of it was completely, completely new to me. So to bad... had to work through quite a lot of stuff and you know to... to do that in the work setting as well as within the British Psychological Society, you know where... But anyway, I just sat on quite a few committees within the Society and just got on with things and um, yeah. And then, God willing, changed quite a lot of stuff within the profession. I'm very proud of that achievement." (Friya)*

Despite positive changes over the years, Manveer reflects on the difficulty of maintaining a challenge on dominant conceptualisations.

*"But how to challenge that even from within, it's very difficult, because what do you do instead, you know?" (Manveer)*

#### *Translating and hybridising language*

At its most basic level, the majority of participants gave accounts of translating between languages on behalf of others. In the following account, Manveer describes her experience of having to translate for her mother who had limited English.

*"I think very much my relationship with my mother and having to translate for her and being very aware and, you know as a child... I suppose, you know I'm one of the oldest children, so you went to all the hospital appointments, you... you did all the translating where nobody else was available." (Manveer)*

Manveer's experiences with her mother and others with limited English appear to have had a continuing influence on the way in which she communicates as she describes in the following extract. In addition, she describes the effect on her awareness of others.

*“but in my time I have had relationships with people who speak very little English and very quickly fallen into translating things. You know, from English or breaking my English down and uh, people have said to me, “Well, you’re not like other English people. People who speak English,” because I slow down and I... I’m very aware of the other... lack of understanding automatically.” (Manveer)*

As discussed in a separate theme, often no direct translation exists between English and first language. In the following quote, Friya specifically describes the lack of a single equivalent word for depression. Drawing on her own experience of Indian conceptualisations and language for emotional distress, Friya uses this expertise to interpret her clients descriptions.

*“I... I found that there was no I... Indian word for depression and I think it’s also in other sort of South East Asian uh, communities also. I was told. I don’t know. I can’t... there are select... selective words. So you know when people sort of their... their heart is very heavy, they keep on saying uh, they feel like as though they’re sinking onto the ground. When these... uh, when these things happen we... I know they’re talking about depression and then I go into, you know, so, “Do you feel like this in the morning?” kind of stuff and then they say, “Yes, yes you’re right. How did you guess?” you know. So then I sort of... I sort of talk to them and sort of say, “These are what the... these English people call depression” (Friya)*

Friya’s account illustrates that often it is not simply a case of translating between languages but translating within languages. Given that English is spoken across many different countries in different cultural environments, it is not surprising that English words develop meanings that are slightly different across contexts or that different words are used to describe the same phenomenon. Sabah gives an example of this in the following account of a conversation with her parents in India.

*“but lately, it’s been more to do with actually helping my parents articulate their emotional stuff now, in old age. And that’s where we have this stress, tension dilemma, because my father would say, “I don’t have any stressed.” It’s you know, “WHAT ARE YOU ON ABOUT? WHAT IS THIS STRESS THAT YOU ALL TALK ABOUT IN ENGLAND?” And I said, “But you do talk about tension in Indian,” and that’s when he said, “Yes, I do have tension when I can’t get to the bank anymore and I don’t know what’s happening and your mum has to deal with it all.” So that’s when I sort of realised that it’s not that human experiences are different, it’s just that label in a way and if you even get it slightly wrong you just miss the point completely.” (Sabah)*

The ability to speak a language does not necessarily mean one can express a description in that language that accurately reflects one's experience. As discussed in the theme exploring experiential contrasts in language, often the words to describe an experience in one language simply do not fit. However, there is also the practical consideration of understanding one another. In the following extract, Nadeem describes his experience with a bilingual client unable to express his experience of emotional distress using English.

*“and this... this actually happened to me yesterday, um, when... when someone said uh, they... they were from a... a Gha... Ghanaian um, background, and they tried to explain what they were experiencing and they... they said, “I... I can't do it in English.” So, despite me not understanding Ghanaian, they still said it in Ghanaian anyway. (Nadeem)*

Despite Nadeem not understanding Ghanaian, suggesting the client use his first language facilitated further conversation.

*“But then we were... we were able to sort of use that and use analogies.” (Nadeem)*

Similarly, Manveer describes her tendency to use analogy and metaphor in her clinical work to facilitate conversation.

*“I mean I have a tendency to, you know as a therapist even though I use a lot of metaphors, cause I found them rich. Colour and there's a vividness about them, which I suppose would be similar now, thinking about it, to having described poetry and that use of language.” (Manveer)*

In addition to using analogy and metaphor, in the following extract, Nadeem describes supplementing western conceptualisations of emotional distress with words from other languages.

*“I'll always talk about depression, but then I'll always immediately follow that up with three or four words from other languages um, and sort of behavioural manifestations, even though I know my... my treatment is predominately cognitive.” (Nadeem)*

Nadeem goes on to describe how his experience with multiple languages continues to influence his clinical work.

*“I... in terms of my clinical practice, I guess um, I... my awareness of different ways of expressing um, emotions, I... I think sometimes can lead me to explore uh, specific emotions with people a bit more. Even if it is in English, just to make sure I feel uh, maybe somewhat more satisfied that I... I’ve honed in on something more specific. And I think that’s good clinical practice anyway. I’ve... I think that maybe um, being multilingual um, makes me practice that good practice a... a little bit more.” (Nadeem)*

However, despite the ability to introduce meanings of emotional distress from different languages, the way in which emotional distress is conceptualised often determines the suitability of a clinical intervention. In the following extract, Sabah illustrates this difficulty when working predominantly from a western conceptual framework.

*“again I’ve used a similar sort of technique as in I know what I’m working with, which is you know let them tell me what I feel and just um... and they won’t... they’ll never use English language. So they will explain to me in Hindi as much as they can and I found it quite helpful actually, but what I have found more difficult with them is to actually give them the notion then of saying, an approach to doing OCD would be to do this, that and the other. That’s where the difficulty may arise.” (Sabah)*

## **Discussion**

### **The Importance of Context**

Wittgenstein (1958) originally proposed that language only has meaning when used in social contexts, while Harré (2003) argues that in order to understand a particular emotional experience, one must first understand how the words and associated expressions are actually used in any given cultural milieu and episode.

When learning a new language, we often begin learning by translating common words and phrases from our native language into the language we wish to speak. We find that for most basic communication needs i.e. saying hello and goodbye, purchasing items, asking for directions etc. this strategy for learning is perfectly adequate. However, when learning a language for more sophisticated communication purposes, we quickly find that different languages are not simply different ways of saying or communicating the same thing. Contextual factors begin to play a more important part. Cultural beliefs, values, traditions, gender and age, amongst others, all combine to influence what, how, if and when things are said. What might be acceptable to say in one language, may be utterly inappropriate in another. What might mean one thing in one language may have no corresponding meaning in another.

It is only when we realise that language only has meaning in its social context that we begin to realise the importance of firstly acknowledging that different languages refer to concepts specific to the particular culture which they represent, and that because of this, different languages enable different ways of understanding the same thing.

This is clearly illustrated in the theme entitled 'Worlds apart in culture and language', where the 'thing' in question is the concept of emotion and emotional distress. What we find from participant accounts are the different ways in which emotional distress is conceptualised from contrasting belief systems, but also with the way language is structured.

## **Structure of Language**

Emerging from participant accounts is that, for South Asian languages in particular, conceptual differences are clearly evident from the inherent ways in which sentences and words are structured. One particular example given by participants was the position of the experiencing individual in relation to his or her emotional distress. Unlike, in many western conceptualisations where as Cecchin (1987) noted, “we describe people, events, beliefs as ‘being’”, participants’ first languages, when translated, often referred to emotions as external to the individual. Danvir refers to anger ‘as if coming from the outside’. Likewise, Manveer highlights the difference between saying ‘you are angry’ as opposed to ‘you’re so full of anger’. Although the differences may seem subtle, the implication towards how emotional distress is perceived and experienced can be significant. Cecchin explains that with the use of the authoritative verb ‘to be’, for example by saying ‘you are angry’, ‘you are depressed’, ‘you are anxious’ etc., there is a tendency to stop looking for other explanations given we seemingly already have an answer.

Related to this is the notion of blame and responsibility. One participant commented on the difference between saying ‘sorry for the spilt water’ and ‘sorry I spilt the water’. In the former example (translated from first language), there is less emphasis on responsibility and blame compared to the latter example. What we find is that the structure of language has an influence on the ways in which we understand our experiences. In terms of emotional distress, it appears that, structurally, South Asian languages give less emphasis on explanations ‘inside’ of the individual. As a result, the notion of personal responsibility and blame is also less emphasized. Individuals may not necessarily be ‘at fault’ for their predicament thereby keeping a range of equally plausible explanations open for consideration.

## **The Western Parallel**

Using particular forms of narrative therapy, in particular those influenced by the thoughts of White & Epston (1990), a linguistic modification similar to the one just described is employed, albeit intentionally, when talking about people’s problems. ‘Problems’ are clearly distinguished from the characteristics of the person. Rather than

'an angry individual' you have 'an individual with anger', a modification almost identical to the examples given above. We often find that when problems are characterized as an inherent characteristic of the individual, the accounts people have of themselves tend to be dominated by that particular characteristic. Stories become 'problem-saturated' (White & Epston, 1990), where everything is explained and understood through one's 'depression', 'anger', 'anxiety' and so forth. Whilst the advantage of using linguistic labels such as these is the focal point it provides for understanding one's problems, at the same time, this is considered by some as its most fundamental flaw. According to White & Epston (1990), problem-saturated stories, dominated by a single explanatory theme or label, tend to prevent the identification of alternative or preferred stories, thereby preventing the generation of new meanings and possibilities. What is interesting from the accounts of participants regarding their first languages is that they are inherently structured in the way that narrative therapists recommend English be used to talk about a person's problems.

Whilst it is clear that further studies need to be conducted to explore whether an inherent externalization of emotional distress exists more widely in South Asian languages, the finding from this study suggests that differences between the ways emotional distress is conceptualised between languages may need further consideration, especially when working with bilinguals from a conceptual framework that conceptualises problems as 'inside' of the individual.

### **Caring Language**

Improving access to psychological services for people from diverse communities, or black and minority ethnic (BME) groups, as they are more commonly known, has long been a target area for improvement for NHS service providers. Legislation underpinning this aim include the requirement that mental health services must be non-discriminatory in terms of race and culture (DOH, 2000), and a key priority is that individuals must not be hindered by their ethnicity, culture or faith in seeking psychological therapy (DOH, 2005; DOH, 2009; NIHME, 2003). In addition, the active promotion of race equality is now a legal duty of all public authorities as outlined in the Race Relations (Amendment) Act (2000). Whilst measures outlined in the above mentioned documents may go a long way towards increasing access to psychological therapies for individuals from diverse

communities, the findings from participants of this study suggest that the effectiveness of these measures may depend on whether one subscribes to a particular way of conceptualising emotional distress. And as stated by many of the participant accounts, this is heavily influenced by the way in which language is used and the number of languages one uses.

### **The Right Word**

As acknowledged in Department of Health guidelines (NIHME, 2003) what we find from several participant accounts is the lack of corresponding words for western diagnostic terms in most South Asian languages. Examples given include the words depression and anxiety. In the context of bilingual research on emotions, there is increasing evidence to show greater emotional arousal associated with first language in comparison with second language (Pavlenko, 1998; Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002) and some evidence that the emotional power of a memory is suppressed when talking about it in another language (Schrauf, 2000; Schrauf & Rubin, 2000). As alluded to earlier, one must therefore question the effectiveness of using a second language to conceptualise emotional distress which was likely to have been experienced in their native tongue. As illustrated in the theme 'worlds apart in culture and language' some participants of the current study questioned whether western conceptualisations would adequately account for the emotional distress of bilingual clients and family members. In addition, consistent with research studies quoted above, some participants felt English was less meaningful or less appropriate to use in talking about particular experiences of emotions and emotional distress. It may be the case that unless these findings are acknowledged and incorporated in our efforts to widen access to psychological services, such services may not be as meaningful or effective as intended.

However, as one participant pointed out, using non-native words and concepts to talk about emotional distress might introduce enough 'distance' for individuals to share their experiences. Given the stigma and shame associated with mental health in Asian families (Malik et al., 2009; Kotecha, 2009; Gee & Mutsumi, 1997; Wynaden et al., 2005), using second language to talk about emotional distress may be a preferred scenario than not accessing services at all. Burck (1997) on writing about the potential protective effect of

second language from trauma, gave an example of a woman who used this effect to detach herself from difficult emotional experiences. This enabled her to develop in ways that would have otherwise been impossible in first language. This raises the further question of whether the space afforded by using second language leads to a change in the ways both first and second languages are used when talking about emotional distress. This is especially relevant for bilinguals who speak mostly first languages in family contexts and English in others.

On the other hand, the distancing effect of second language may be analogous to the way swearing often does not have the same impact or meaning in anything other than first languages (Vaid, 2006). It is one thing to talk about one's difficulties, but if individuals remain distant through a lack of connection with the language used, one wonders how effective an intervention based on this premise might be. The reverse of this potential clinical scenario was described by one participant who conducted initial assessments of her client's difficulties in Hindi. Using native language, as endorsed by the department of health (DOH, 2005), facilitated a joint understanding of her client's difficulties. However, making the transition from assessment to intervention was difficult due to the contrasting assumptions of emotional distress between first and second languages.

### **Language, Values and Cultural Endeavour**

Illustrated in the theme 'oscillating self in language and culture', specifically the sub-theme entitled 'contrasting self', are participants' contrasting experiences of self between languages. In first languages, several participants described a transformation toward a more 'emotional' and 'familiar' self. First languages were described as 'poetic' and 'Shakespearian' with a tangible semantic and dramatic quality felt from the ways words and phrases were used to describe and express emotions and emotional distress.

This poetic style seemed to evoke a deeper experience of emotions and emotional distress, experienced not only in the mind but equally in the physical body. The recruitment of physical sensations in turn seemed to manifest itself back into the language used to describe emotional distress e.g. 'My heart felt like it would break and my legs ached like I couldn't walk'. Much like how emotions are conveyed in song, poetry or a scene from a play, emotions and emotional distress in first languages were described to

have a more visual and tangible nature, and as a result were more 'public'.

In contrast, participants cited a more cerebral experience when using English language to conceptualise emotions and emotional distress. Physical experiences of emotional distress appeared secondary to the cognitive. The way in which these were conceptualised were fed back as a more reflective, private and still experience. Descriptions had a strong intellectual quality but appeared to be lacking in the deeper felt sense as described by participants using first languages.

Whilst this contrast of experience between languages can be accounted for by our earlier discussion on increased emotional arousal and power of memories in first languages and the distancing effect of emotion in second languages, on a societal level, languages appear to have developed to reflect their respective cultures' pursuits and endeavours. Two participants in particular gave examples illustrated in the sub-theme 'restricted self', where boundaries of language use, e.g. first language at home and English elsewhere, appeared to reflect boundaries of cultural expression. Harré (2003) argues that the use of language is dependent on what he calls the 'local moral order', which include local systems of rights and obligations, value criteria etc. Besides the research findings on increased emotional arousal and power of memories in first language, one wonders whether the contrast between the 'cerebral' and the 'poetic' experience reflects the contrasting moral orders or cultural values and endeavour their respective languages represent and construct.

According to Cecchin (1987), 'the history of the western world is characterised by our pursuit for accurate explanations'. This pursuit is characterised by our attempts to distill our understanding of complex phenomena towards ever increasingly simple and efficient explanations. I would propose that this relentless pursuit for accuracy is manifested in the language we use to conceptualise emotional distress. We often find in clinical contexts, the words and phrases we use to account for experiences of emotional distress are becoming ever increasingly 'economical' and generic. Single words such as depression and anxiety are used to account for a multitude of idiosyncratic experiences, from a multitude of unique individuals. With this drive towards efficiency and accuracy, Cecchin (1987) argues there is increasingly less time for difference, for alternative possibilities and for creativity. As Boscolo notes, "Such is the tyranny of linguistic conditioning of

western linear causality” (Boscolo, Cecchin, Hoffman, & Penn, 1987).

Throughout the history of humankind, language is the defining characteristic that sets us apart from all other living species. Unlike animals, language has liberated us from acting on instincts alone, yet, in some cases, it is also language that appears to restrict the possibilities available to us.

In an attempt to account for the cerebral experiences of participants using English, it appears the English lexicon and phraseology has developed to reflect this shift towards accurate and economical explanations of emotional distress. As anthropologist and linguist Edward Sapir noted, ‘we see hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation (Sapir, 1949: 162).

For nations and cultures whose values and beliefs and worldviews are less focused on accuracy, efficiency and scientific endeavour, one can assume that this is also reflected in their language. Therefore the views expressed by some participants may be indicative of the contrast between South Asian and UK western culture as well as illustrating the interwoven nature between culture and its respective language. As Sapir noted above, concepts are constructed and experienced through our predisposed (cultural) language habits.

## **The Unquestioned Nature of Language**

As outlined in the theme 'Ubiquity of English language and values', for most participants bilingualism and in many cases, multilingualism, was standard. Participants rarely, if at all, questioned living life in multiple languages, nor did they question their need for English language. Indeed, many participants agreed with the perception that competence in English language continues to represent higher status, as well as symbolising higher educational attainment and greater progress. Alongside these perceptions were their observations of the spread and adoption of western popular culture in their respective countries of origin.

A concern expressed by some participants was that as English words are increasingly incorporated in first languages, western conceptualisations, beliefs and values may gradually supersede those that individuals have long held from their culture of origin. Therefore, in the same way western popular culture is representative of progress and modernity, western conceptualisations of emotional distress may also be perceived as more up to date, relative to those inherent in first languages. There seemed a sense of powerlessness expressed in some participant accounts, with one participant lightheartedly using the word 'brainwashed' in reference to British colonial rule.

Whilst widespread colonial rule and study of so-called 'primitive' cultures has long since been and gone, a strong western influence appears to be maintained through a strong perceived necessity of the English language, which carries with it, its inseparable and inherent conceptual, belief and value systems. Whilst it is only the third most spoken language in the world (Lewis, 2009), English is by far the most used language in science (Crystal, 2003). Given the strong scientific emphasis of western conceptualisations on psychological models of emotional distress, many participants appear to have struggled to identify opportunities to integrate 'non-scientific' experiences as bilingual / multilingual individuals and contribute to the development of models not based on a western conceptual system.

So powerful is the inherent influence of the English language that some participants appeared to question the need to question it. Hooks (1989) writes about being trapped "in a cultural context that defines freedom solely in terms of learning the oppressor's

language'. Whilst translation of clinical tools, direct sessions, correspondence etc. facilitates access to services, the underlying concepts and assumptions of how emotional distress is understood is essentially western, albeit in a different language. Whilst efforts are being made to ensure greater access to such services (NIHME, 2003; DOH, 2005; DOH, 2009), service provision appears conditional on individuals using English language, either directly or through translation services, thereby subscribing to underlying western conceptualisations. In many ways the current scenario is similar to the work of early anthropologists promoting the authority of the English language and its inherent system of meaning, whilst simultaneously excluding existing cultural worldviews (Pratt, 1992). One wonders whether there are opportunities for actual bidirectional influence of language towards our psychological understanding, whilst exploring the assumption of the universality of English language and western concepts in training, research and clinical practice.

It is important to note that this discussion is largely based on bilinguals' experiences whose languages represent contrasting beliefs, values and worldviews. One can surmise that these experiences may only occur where contrast and underlying power differential between languages are major factors. It would therefore be of interest to explore and compare experiences of bilingual clinical psychologists whose languages are comparatively less contrasting.

### **Unquestioned Expertise**

In light of our preceding discussion, it is perhaps unsurprising to find participants experiencing difficulty identifying and working with conceptualizations of emotional distress that are not based on a western worldview. Many of these accounts are illustrated in the theme 'challenging and managing difference'.

As is often the case with bilinguals, when contrasting cultural worldviews and beliefs are held up against each other and compared, power differences come into play. Discussing Bakhtinian theory, Clark & Holquist (1979) note, "...that language is where those struggles are engaged most comprehensively and at the same time most intimately and personally. It is in language, not in the nation-state, that social force finds its most realised expression. 'Each word [writes Bakhtin] is a little arena for the clash and criss-

crossing of differently oriented social accents”

From the results it is clear that these ‘differently oriented social accents’ were key influencing factors in the case of several participants of this study. Participants cited their experiences of this ensuing power struggle in their attempts to redress the balance and introduce the ways in which meaning is made from their own particular cultures and languages. Some participants used words indicating this conflict such as ‘arrogance’, ‘hierarchy’, ‘brainwashed’ and ‘struggle’. There seemed an underlying sense that it was impossible for these contrasting worlds in language to coexist, that one was always dominant at the expense of the other.

In order to enter the profession of clinical psychology, it seemed necessary to suspend existing cultural beliefs to make space for the more powerful system of meaning making. For a number of participants, it wasn’t until later in their careers that they began to question their positions. This more critical stance appeared to coincide with a yearning to reconnect with their particular culture of origin, which was more often than not, achieved through a reconnection with first languages.

Although several participants acknowledged that attitudes within the field of clinical psychology towards race and culture have shifted considerably since their initial experiences, it would be of interest to hear the experiences of bilingual trainee clinical psychologists and compare whether the themes identified echo the experiences of their qualified counterparts. If it is the case that bilingual trainees experience a similar need to suspend cultural beliefs and values inherent in first languages, it is questionable whether diversity can be achieved in practice, despite increasing numbers of trainees from diverse cultural backgrounds.

Despite the difficulties mentioned, amongst other experiences, what has emerged is the active stance taken by many of the participants in the areas of service development, research and the adaptation of clinical practice which we will now discuss.

## **On Stance and Intervention**

From the theme ‘challenging and managing difference’, specifically the sub-theme ‘translating and hybridising language’, participants gave numerous examples of their creative use of language to bridge gaps in both superficial and conceptual understanding.

An inevitable role that all had experience of playing was that of translator, with most of their early experiences translating practical situations on behalf of family members with little or no English. Some also cited experiences of translating clients’ and family members’ experiences of emotional distress to enable understanding of these experiences thereby facilitating recovery. Whilst some gave accounts of their involvement in translating clinical and research tools to ensure these were applied in a culturally appropriate and relevant manner. As discussed in an earlier section, whilst translating is necessary for practical reasons, in doing so, it is difficult to ascertain whether the unavoidable transfer of underlying western conceptualisations is appropriate or indeed relevant given the differences in cultural beliefs and values inherent in contrasting languages.

Aside from the nature of the intervention itself, one strategy utilised by several participants to manage difference was that of stance. What emerged was the tendency to occupy what one participant called a ‘middle of the road’ stance. This tended to facilitate flexibility by keeping options and possibilities open from a variety of available viewpoints. One might argue that this is the most adaptive strategy given the potential increase in possibilities afforded by noncommittal. As Cecchin stated, “it is impossible to be curious when we are ‘true believers’ (Cecchin, 1992). It is however also a stance that is inherently uncertain, as it requires relinquishing the perceived assurance and confidence from taking a preferential position. However, as one participant stated, not taking a preferential position is also becoming increasingly difficult in a culture where accuracy, accountability and efficiency is highly valued.

In relation to our discussion on stance, what also emerged for some participants was a change in stance over time. As discussed in the preceding section, some participants experienced difficulties reconciling the multiple cultures and languages they inhabited and used. In order to function, both in a personal and professional function, it was

necessary for some to relinquish or conceal identities associated with first language and adopt a western stance and conceptual framework of understanding. This initial unquestioning attitude as illustrated in the theme entitled 'Ubiquity of English language and values', was for some a temporary period during the initial stages of their careers. The transition from an assured but sacrificial stance to a less certain but more accommodating stance may simply be indicative of greater experience. Most of the participants who cited these experiences were older and more experienced in terms of their careers as clinical psychologists. There appeared to be less need to comply with the establishment since they now saw themselves as very much a part of it.

However, given the fears expressed by some participants outlined in the sub-theme entitled 'Unrelenting proliferation of western concepts', alternative ways of conceptualising emotional distress may become increasingly less relevant as western concepts continue to be adopted throughout the world. As Fernando (2002) argues, many Asian and African governments, eager to improve the health and welfare of their citizens, are increasingly and unwittingly embracing western conceptualisations of distress at the expense of maintaining and developing their own. Closer to home, this may potentially result in increasingly less contrasting views within the discipline of clinical psychology, further resulting in a field increasingly dominated by a singular view.

Despite these fears, accounts from participants working in predominantly cognitive and medical contexts illustrate the creative ways these models are adapted so as to accommodate clients' alternative conceptualisations of distress. More often than not, these involve a shift in the way language is used within a given psychological model, as opposed to using a different model altogether. One of the ways in which this was achieved was through the use of analogy and metaphor when working with bilingual clients and clients with limited English. In line with our earlier discussion on research findings suggesting increased emotional arousal and emotional power of memories in first language, analogy and metaphor were used to supplement and enrich the more cerebral diagnostic terms used in many western models of distress. Therefore, instead of imposing a system of meaning-making that is potentially irrelevant in light of their experiences in first language, an opportunity is explicitly facilitated through language to incorporate western conceptualisations into a more meaningful cultural frame of reference, thereby extracting new and personal meaning.

The way some participants have approached challenging and managing difference and dominance has a great deal in common with the broad aims and objectives of practitioners from a postmodern tradition. Of relevance to our discussion, Neimeyer & Raskin (2000: 9) state, “At times, this may require postmodern practitioners to be ‘multilingual’, speaking a first language of medical necessity and measurable outcomes with managed care representatives (or NHS managers in the UK), second a conceptually richer discourse with fellow psychotherapy theorists, and third a more metaphoric and personal idiom with clients whose worlds of meaning they seek to enter.”

Indeed, the postmodern family of therapies, which include constructivist, social constructionist and narrative theoretical approaches (Neimeyer & Raskin, 2000), have in common their underlying aim to challenge the objectivist ‘establishment’ we have alluded to in our discussion. Where objectivists assume a single reality, postmodernists celebrate plurality. Given bilingualism explicitly assumes a plurality of being, it seems odd that postmodernist approaches have not been considered more than they have towards increasing access to psychological services. As seen throughout the theme ‘Worlds apart in culture and language’ South Asian languages can often represent a completely different system of conceptualisation from what we is represented in the English language. However, we have also seen that in taking a less objectivist stance whilst adopting postmodernist principles, one may not necessarily need to speak the same first language in order to facilitate a personal and meaningful conceptualisation of distress. However, many practitioners are well aware of the practical and economic demands faced in today’s NHS. In the same way postmodernist approaches are often criticised for being “long on theory and short on practice” (Neimeyer & Raskin, 2000), it may be difficult to formally apply a postmodernist therapeutic framework to clinical work with bilinguals. Given the emphasis on accountability and evidence, it is essential that up-to-date studies be conducted in the field of bilingualism and emotional distress. Apart from the writings of (Burck, 1997; Burck, 2004) and (Karamat Ali, 2004), both from a systemic perspective, there are little or no recent UK based research studies exploring postmodernist therapeutic approaches with bilingual individuals. There are, however, numerous examples of postmodernist therapeutic approaches, which all require practice-based evidence studies exploring their effectiveness when working with bilinguals. These include personal construct psychology approaches (Kelly, 1955; Winter, 1992; Winter, 2003; Winter, Gournay, Metcalfe, & Rossotti, 2006a; Winter et al., 2006a; Winter et al.,

2006b; Winter & Viney, 2005; Winter & Walker, 2007), narrative therapeutic approaches (Morgan, 2000; White & Epston, 1990; White, 2007), a cognitive narrative approach (Gonçalves, Korman, & Angus, 2000) and systemic and narrative approaches (Dallos & Vetere, 2009).

Given the UK prides itself in its cultural diversity, it seems strange that a monolingual assumption persistently reinforces our theorising. As (Jones & Bradwell, 2007: 12) states, “We have retained ways of thinking about the English language that were more suited to empire than they are to a modern, globalised world and we are at risk of becoming outdated. With the dominance of English, we have failed to concentrate sufficiently on learning other languages and we miss out on the opportunities they open.” According to the latest statistics there are approximately 1.3 billion speakers of English and of these only 330 million are native (Jones & Bradwell, 2007). Given that the overwhelming majority of English speakers are non-native, the field of clinical psychology is in danger of losing touch with the development of global English. More attention needs to be focused towards the underlying assumptions of the English language and its influence on western theories of emotional distress. The reality is that the English language itself is changing. Hybridised languages such as Chinglish, Hinglish, Spanglish amongst many others are continually developing in order to accommodate the many different cultures and contexts in which English is spoken. It is vitally important that clinical psychology as a discipline recognises this issue in order to develop conceptualisations of emotional distress that reflect the changing world order.

### **Implications for Practice**

Given what has been considered in this study, what are the implications for existing clinical practice? What are the practical considerations when working clinically with a client who routinely speaks language(s) in addition to English? Below are a number of suggested points that may be helpful in light of the current study’s findings.

- *Ask if the person is bilingual.* Whilst this may seem a simple suggestion, as found from the accounts of several participants of the study, native languages are often not considered relevant in an English speaking context.

- *Ask what language is used to talk about emotional distress.* If a person is bilingual, it may be the case that native language is used, to varying degrees, in expressing emotional distress. Some families may speak exclusively using native language at home, whilst others may use a mixture of English and native language. In either case it may be useful to explore the terminology used to talk about emotional distress and to explore their underlying meanings. Several participants of the study highlighted the lack of equivalent words in native language for psychological terms such as depression and anxiety. Exploration of how this is managed may yield how meanings are constructed around concepts of emotional distress.
- *Consider the use of metaphor.* As highlighted in our discussion, the majority of therapeutic approaches used in clinical practice are broadly based on western assumptions. Throughout history metaphor has been used in poetry, parables, myths and legends to convey abstract principles across different languages. Therefore, metaphor may be considered a useful bridge between the more cerebral conceptualisations of emotional distress used in western conceptualisations with the more embodied interpretations conveyed through non-western language. Whilst metaphors have long been used in narrative approaches to therapy (Morgan, 2000; White & Epston, 1990; White, 2007), metaphors are increasingly being used in cognitive behavioural therapy and are discussed in detail in the recently published Oxford Guide to Metaphors in CBT (Stott et al, 2010).
- *Occupy a questioning position regarding language.* Given the relative power of English language conceptualisations of emotional distress it may be all too easy to overlook the relevance of multiple languages in the lives of the bi / multilingual individual. This is perhaps in part due to living in a significantly monolingual culture, with perhaps a slight arrogance given the relatively powerful position of English language in the world order. However, as we have discussed, British English is just one of the many forms of global English as a result of the many different cultures and contexts that use it. The reality is that two-thirds of the world's population are either bi- or multilingual. In terms of language, this may potentially mean that the psychological models and measures we use are based on

a minority of individuals. Therefore, further research needs to be done to explore the effectiveness of clinical interventions for emotional distress explicitly considering issues of language and bilingualism as discussed in the preceding points.

- *Consider language alongside race and culture in clinical training.* Whilst much has been written about issues of race and culture in clinical psychology (Patel et al., 2000; Fernando, 2002; Fernando & Keating, 2008), relatively little has been written about bilingualism and its implications towards emotional experience and emotional distress in the context of clinical psychology. As we have seen from the results of the current study, living life in multiple languages not only has implications in personal contexts, but also in the context of working as a clinical psychologist. Training courses should consider bi- or multilingualism alongside race and culture, given the inseparable nature between the two. As discussed, many themes relevant in bi- and multilingualism parallel themes of race and culture. However, by explicitly exploring people's experiences in language, in addition to clarifying some the ways different languages are managed, both in personal and professional contexts, important processes by which multiple languages influence the experience of self, emotions and emotional distress are also clarified.

### **Methodological Considerations**

The methodological approach chosen for the study enabled a rigorous exploration of bilingual clinical psychologists' experiences of conceptualizing emotional distress. Considering relatively little research had been previously conducted on bilingualism and emotional distress, and no previous studies had explored the experience of South Asian bilingual clinical psychologists, the idiographic approach of IPA is ideally suited for 'mapping' out novel areas of research. However, because of the idiographic approach it is not possible to simply generalize the findings from this particular study to all bilingual South Asian clinical psychologists. The aim instead is to focus on the situated experience of a particular phenomena emphasizing the idiosyncratic nature of experience, which might have otherwise been lost in studies based on a positivist assumption. Therefore, when considering the transferability of findings, one must acknowledge that findings

from this study are salient for this particular group of participants in their particular contexts.

### *Selection Bias*

On the subject of participants, when considering the findings of this study, it is important to consider potential selection bias for those who chose to participate. This is especially relevant as I had chosen to recruit through the BPS Race and Culture Faculty and the Clinical Psychology Black and Asian Network (CP-BAN) and of those who participated in the study, five were members of either of the two aforementioned organisations. It is therefore likely that the study only captures the experiences of with a pre-existing interest, as well as, expertise in the topic I chose to study. Bilingual clinical psychologists not members of the above organizations may have qualitatively different experiences that are not accounted for in the themes identified from the interview data.

### *Inclusion and Exclusion Criteria*

Whilst steps were taken to ensure a sufficiently homogeneous sample, there were a number of differences between participants that require consideration. All participants were required to be 'balanced' bilinguals competent in at least two languages including English. In addition, they were required to have acquired both languages during childhood in a mixed-lingual family context. What was not considered was the current level of first and second language use. While most participants confirmed that they still used their native languages on a regular basis, one participant attested to only occasionally speaking in first language. Another important consideration is the context in which languages were acquired. While all participants were brought up in mixed-lingual family contexts, two participants were born and raised mostly in the UK, whilst the rest were born overseas, arriving in the UK as adults. Findings, therefore, may not only reflect experiences in different languages but also experiences being brought up in different cultural contexts.

### *Data Collection*

While all participants showed a keen interest in the study, the level at which participants were willing to share their personal experiences varied. Most participants were happy to give detailed accounts of personal experiences whilst a minority chose to give more generic responses based on their knowledge of race and culture issues. On reflection, I wondered whether I should have been more explicit about the level of personal engagement that was desired for the study. However, this may have discouraged people from participating thereby losing the opportunity to hear their experiences. It may have been useful to conduct a follow-up interview focused on reflecting on the experience of participating. Whilst this might have facilitated greater engagement, this would have also required participants to dedicate more of their time to the study.

### *Researcher Bias*

Another important consideration for readers of the study is the interpretative nature of IPA methodology. Whilst I provide a detailed outline of my experiences and assumptions that will inevitably influence data interpretation, I feel it is important to elaborate on a number of points relevant towards the process of conducting the study and what steps I took to minimize my own particular views.

As a bilingual clinical psychology trainee, my influence on the study encompassed all aspects of the research process. From the outset, the choice to study bilingual clinical psychologists' experience of emotional distress was not only influenced by my own experiences of living in multiple languages but also by my tendency to give a voice to the otherwise unheard. My choice to introduce the study from historical, sociological, anthropological, socio-linguistic perspectives to augment psychological findings reflected not only the lack of psychological research in the area of bilingualism but also of my belief that one can never hope to capture the richness of human experience from a narrow perspective. This partly explains my tendency to question psychological conceptualizations that reduce complex experiences to generic and impersonal categories, which was an underlying theme of my discussion.

The particular process I found the most challenging, however, was the process of data analysis. As mentioned in the methodology section, following discussions with the supervisor of the project, I felt it necessary to redo the initial stages of data analysis across all of the interviews. On reflection, my first attempt at analyzing the data reflected my own personal views rather than reflecting the experiences of those that participated. Using what I had learned from this experience, I took greater care to ensure that my notation, theme selection and grouping reflected participants utterances as closely as possible. Therefore, while the double-hermeneutic nature of IPA studies mean a level of interpretation is unavoidable, preventing my own personal views taking precedence over participant experiences is something I have taken great care in ensuring.

## **A Final Word: The Danger of Caution**

Reflecting on my personal experience of conducting qualitative research, whilst deeply fulfilling and enjoyable, the whole experience was coloured by persistent feelings of doubt and cautiousness. In my view, this is partly down to my inherently cautious personality but also by one of the fundamental features of IPA. The idiographic approach leads the researcher down a path where his or her preconceptions about the subject matter are temporarily suspended so as to enable the participants' voice to take centre stage. I myself felt anchored in what I myself knew about being bilingual, so to suspend this knowledge felt akin to weighing anchor and being left to drift in an ocean of uncertainty.

Given these feelings of uncertainty and caution, how is it possible to be confident about one's findings? The way in which I managed this is evident throughout my thesis. Faced with the power of the quantitative machine, with all its statistical mechanisms to justify its relative certainty, to be just as confident with my study felt disingenuous. I felt much more comfortable taking a tentative approach, careful to justify every word whether written or uttered. However, by taking such a tentative approach it has somewhat clouded the very message I have been so keen to get across in the first place. Whilst I believe a degree of tentativeness is necessary so as not appear arrogant, my experience has taught me that one may also need to suspend feelings of uncertainty in order to clearly communicate one's findings. Whilst qualitative studies may not have the backup of statistical analysis, the rigour and honesty by which the majority of qualitative studies are conducted ought to adequately justify taking a less tentative approach. Indeed, tentativeness may be mistakenly misconstrued or inferred as doubt thereby maintaining the unwarranted belief that qualitative research is somewhat less credible than its quantitative counterpart. This is something qualitative researchers, including myself, should be mindful of when conducting future studies using qualitative methods.

## References:

- Adler, M. K. (1977). *Collective and Individual Bilingualism: A Sociolinguistic Study*. Hanburg: Helmut Buske Verlag.
- Altarriba, J., & Santiago-Rivera, A. L. (1994). Current perspectives on using linguistic and cultural factors in counseling the Hispanic client. *Professional Psychology Research and Practice, 25*, 388-397.
- Andersen, T. (1992). Reflections on Reflecting with Families. In S. McNamee & K. Gergen (Eds.), *Therapy as Social Construction*. London: Sage.
- Bagozzi, R., Wong, N., & Yi, Y. (1999). The role of culture and gender in the relationship between positive and negative affect. *Cognition and Emotion, 13*, 641-672.
- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners* (2nd ed.). Chichester: John Wiley & Sons, Ltd.
- Besemeres, M. (2006). Language and Emotional Experience: The voice of Translingual Memoir. In A. Pavlenko (Ed.), *Bilingual Minds: Emotional Experience, Expression and Representation* (pp. 34-58). Clevedon: Multilingual Matters Ltd.
- Berry, J. W. (1999). Acculturation. In M. H. Seagull, P. R. Dasen, J. W. Berry, & Y. H. Portinga (Eds.), *Human Behaviour in Global Perspective* (pp. 229-323). Boston MA: Allyn & Bacon.
- Berry, J. W., & Sam, D. (1997). Acculturation and Adaptation. In J. W. Berry, M. H. Seagull, & C. Kagitcibasi (Eds.), *Handbook of Cross-Cultural Psychology: Social Behaviour and Application* (3rd ed., pp. 291-326). Needham Heights, MA: Allyn & Bacon.
- Boas, F. (1974). A Franz Boas Reader: The Shaping of American Anthropology, 1883-1911. In G. W. Stocking. Chicago: University of Chicago Press.
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan Systemic Family Therapy*:

*Conversations in Theory and Practice*. Basic Books.

- Burck, C. (1997). Language and Narrative: Learning from Bilingualism. In R. K. Papadopoulos & J. Byng-Hall (Eds.), *Multiple Voices: Narrative in Systemic Family Psychotherapy*. London: Karnac Books.
- Burck, C. (2004). Living in several languages: implications for therapy. *Journal of Family Therapy*, 26(4), 314-339.
- Cecchin, G. (1987). Hypothesizing, Circularity and Neutrality Revisited: An Invitation to Curiosity. *Family Process*, 26, 405-413.
- Cecchin, G. (1992). Constructing Therapeutic Possibilities. In S. McNamee & K. Gergen (Eds.), *Therapy as Social Construction*. London: Sage.
- Clark, K., & Holquist, M. (1979). *Mikhail Bakhtin*. Cambridge, MA: Harvard University Press.
- Corbin, J., & Strauss, A. C. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. London: Sage.
- Crystal, D. (2003). *English as a Global Language* (2nd ed.). Cambridge: Cambridge University Press.
- Dallos, R., & Vetere, A. (2009). *Systemic Therapy and Attachment Narratives: Applications in a Range of Clinical Settings*. Hove: Routledge.
- DOH. (2000). National Service Framework for Mental Health: Modern Standards and Service Models. *Department of Health*.
- DOH. (2005). Delivering Race Equality in Mental Health Care. *Department of Health*.
- DOH. (2009). Black and Minority Ethnic (BME): Positive Practice Guide. *Department of Health*.

- Emerson, P., & Frosh, S. (2009). *Critical Narrative Analysis in Psychology: A Guide to Practice* (Paperback ed.). Basingstoke: Palgrave Macmillan.
- Fernando, S. (2002). *Mental Health, Race and Culture* (2nd ed.). Basingstoke: Palgrave.
- Fernando, S., & Keating, F. (2008). *Mental health in a multi-ethnic society: A multidisciplinary handbook* (2nd ed.). Hove: Routledge.
- Fitch, K. (2001). The Ethnography of Speaking: Sapir/Whorf, Hymes and Moerman. In M. Wetherell, S. Taylor, & S. Yates (Eds.), *Discourse Theory and Practice: A Reader*. London: Sage Publications.
- Foster, S., & Mills, S. (2002). *Women's Travel Writing: An Anthology*. Manchester: Manchester University Press.
- Foucault, M. (1980). Prison Talk. In C. Gordon (Ed.), *Power/Knowledge* (pp. 37-52). Brighton: Harvester.
- Gee, K. K., & Mutsumi, I. M. (1997). Assessment and Treatment of Schizophrenia among Asian Americans. In E. Lee (Ed.), *Working with Asian Americans: A Guide for Clinicians* (pp. 227-251). New York: Guildford Press.
- Gergen, K., & Gergen, M. (2003). *Social Construction: A Reader*. London: Sage.
- Gonçalves, O. F., Korman, Y., & Angus, L. (2000). Constructing Psychopathology from a Cognitive Narrative Perspective. In R. A. Neimeyer & J. D. Raskin (Eds.), *Constructions of Disorder: Meaning-Making Frameworks for Psychotherapy*. Washington: American Psychological Association.
- Grillo, R. (1989). *Dominant Languages*. Cambridge: Cambridge University Press.
- Grosjean, F. (1982). *Life with Two Languages: An Introduction to Bilingualism*. Cambridge MA: Harvard University Press.

- Hamers, J. F., & Blanc, M. H. A. (2000). *Bilinguality and Bilingualism*.
- Harré, R. (2003). The Social Construction of Emotion. In K. J. Gergen & M. Gergen (Eds.), *Social Construction: A Reader* (pp. 146-147). London: Sage.
- Heller, M. (2006). Bilingualism. In C. Jourdan & K. Tuite (Eds.), *Language, Culture and Society*. Cambridge: Cambridge University Press.
- Hermans, H. J. M. (2001). The Dialogical Self: Towards a Theory of Personal and Cultural Positioning. *Culture & Psychology*, 7(3), 243-283.
- Hobsbawm, E. (1990). *Nations and Nationalism since 1760*. Cambridge: Cambridge University Press.
- Hoffman, E. (2008). *Lost in Translation: A life in a new language*. London: Vintage.
- Holloway, M. (1997). The Paradoxical Legacy of Franz Boas - Father of American Anthropology. *Natural History Magazine*, November.
- Hooks, B. (1989). *Talking Back: Thinking Feminist, Thinking Black*. Cambridge, MA: South End Press.
- Humboldt, W. v. (1999). *Humboldt: On Language: On the Diversity of Human Language Construction and its Influence on the Mental Development of the Human Species (Cambridge Texts in the History of Philosophy)* (2nd ed.). Cambridge: Cambridge University Press.
- Javier, R. A., & Herron, W. G. (2002). Psychoanalysis and the Disenfranchised: Countertransference Issues. *Psychoanalytic Psychology*, 19(1), 149-166.
- Jones, S., & Bradwell, P. (2007). *As You Like It: Catching Up in an Age of Global English*. London: Demos.
- Karamat Ali, R. (2004). Bilingualism and systemic psychotherapy: some formulations and explorations. *Journal of Family Therapy*, 26(4), 340-357.

- Kelly, G. A. (1955). *The Psychology of Personal Constructs*. New York: Norton.
- Kendall, G., & Wickham, G. (1999). *Using Foucault's Methods*. London: Sage.
- Kitayama, S., Markus, H. R., & Kurokawa, M. (2000). Culture, emotion, and well-being: Good feelings in Japan and the United States. *Cognition and Emotion, 14*, 93-124.
- Konig, J. (2009). Moving Experience: Dialogues Between Personal Cultural Positions. *Culture & Psychology, 15*(1), 97-119.
- Kotecha, N. (2009). Black and Minority Ethnic Women. In S. Fernando & F. Keating (Eds.), *Mental Health in a Multi-Ethnic Society* (pp. 58-71). Hove: Routledge.
- Koven, M. (1998). Two languages in the self-The self in two languages: French-Portuguese bilinguals verbal enactments and experiences of self in narrative discourse. *Ethos, 26*, 410-455.
- Koven, M. (2001). Comparing bilinguals quoted performance of self and others in telling the same experience in two languages. *Language in Society, 30*, 513-558.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving Voice and Making Sense in Interpretative Phenomenological Analysis. *Qualitative Research in Psychology, 3*, 102-120.
- Lewis, M. P. (2009). *Ethnologue: Languages of the World* (Sixteenth ed.). Dallas, Texas: SIL International Online version: [www.ethnologue.com](http://www.ethnologue.com) (accessed 17 Jun 2010).
- Malik, R., Fateh, R., & Haque, R. (2009). The Marlborough Cultural Therapy Centre. In S. Fernando & F. Keating (Eds.), *Mental Health in a Multi-Ethnic Society*. Hove: Routledge.
- Marian, V., & Kaushanskaya, M. (2004). Self-construal and emotion in bicultural bilinguals. *Journal of Memory and Language, 51*(2), 190-201.

- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224-253.
- Matsumoto, D., Consolacion, T., Yamada, H., Suzuki, R., Franklin, B., Paul, S. et al. (2002). American-Japanese cultural differences in judgements of emotional expression of different intensities. *Cognition and Emotion*, 16, 721-747.
- Morgan, A. (2000). *What is Narrative Therapy? An Easy to Read Introduction*. Dulwich Centre Publications.
- Mori, K. (2003). *Polite Lies: On Being a Woman Caught Between Cultures*. New York: Ballantine Books.
- Murray, M. (2008). Narrative Psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.). London: Sage.
- Neimeyer, R. A., & Raskin, J. D. (2000). On Practicing Postmodern Therapy in Modern Times. In R. A. Neimeyer & J. D. Raskin (Eds.), *Constructions of Disorder: Meaning-Making Frameworks for Psychotherapy*. Washington: American Psychological Association.
- NIHME. (2003). Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England. *Department of Health*.
- Organista, P. B., Organista, K. C., & Kurasaki, K. (2003). The relationship between acculturation and ethnic minority mental health. In K. M. Chun, P. B. Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 139-162).
- Orwell, G. (1954). *1984*. London: Penguin.
- Parks, T. (1996). *An Italian Education*. London: Martin Secker & Warburg Ltd.
- Patel, N., Bennett, E., Dennis, M., Dosanjh, N., Mahtani, A., Miller, A. et al. (2000). *Clinical Psychology, 'Race' and Culture: A Training Manual*. Leicester: BPS Books.

- Pavlenko, A. (1998). Second Language Learning by Adults: Testimonials of Bilingual Writers. *Issues in Applied Linguistics*, 9(1), 3-19.
- Pratt, M. (1992). *Imperial Eyes: Travel Writing and Transculturation*. London: Routledge.
- Pütz, M., & Verspoor, M. (2000). *Exploration in Linguistic Relativity*. Amsterdam: Benjamins.
- Romaine, S. (1995). *Bilingualism* (2nd ed.). Oxford: Blackwell.
- Santiago-Rivera, A. L., & Altarriba, J. (2002). The role of language in therapy with the Spanish–English bilingual client. *Professional Psychology: Research and Practice*, 33, 30-38.
- Sapir, E. (1949). The Nature of Language. In D. G. Mandelbaum (Ed.), *Selected Writings of Edward Sapir in Language, Culture and Personality*. Los Angeles: University of California Press.
- Schrauf, R. W., & Rubin, D. C. (1998). Bilingual autobiographical memory in older adult immigrants: A test of cognitive explanations of the reminiscence bump and the linguistic encoding of memories. *Journal of Memory and Language*, 39, 437-457.
- Schrauf, R. W., & Rubin, D. C. (2000). Internal languages of retrieval: The bilingual encoding of memories for the personal past. *Memory & Cognition*, 28, 616-623.
- Schrauf, R. (2000). Bilingual autobiographical memory: Experimental studies and clinical cases. *Culture & Psychology*, 6(4), 387.
- Simpson, A. (2007). Language and National Identity in Asia: A Thematic Introduction. In A. Simpson (Ed.), *Language and National Identity in Asia* (pp. 1-30). Oxford: Oxford University Press.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory,*

- Method and Research*. London: Sage Publications Ltd.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.). London: Sage.
- Spencer, L., Ritchie, J., Lewis, J., & Dillon, L. (2003). *Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence*. London: Government Chief Social Researcher's Office.
- Vaid, J. (2006). Joking Across Languages: Perspectives on Humour, Emotion and Bilingualism. In A. Pavlenko (Ed.), *Bilingual Minds: Emotional Experience, Expression and Representation*. Clevedon: Multilingual Matters Ltd.
- Wetherell, M., Taylor, S., & Yates, S. J. (2001). *Discourse as Data: A Guide for Analysis*. London: Sage.
- White, M. (2007). *Maps of Narrative Practice*. New York: Norton.
- White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York and London: Norton.
- Willig, C. (2008a). Discourse Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.). London: Sage.
- Willig, C. (2008b). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Buckingham: Open University Press.
- Winter, D. A. (1992). *Personal Construct Psychology in Clinical Practice: Theory, Research and Applications*. London: Routledge.
- Winter, D. A. (2003). Repertory grid technique as a psychotherapy research measure. *Psychotherapy Research*, 13, 25-42.

- Winter, D. A., Gournay, K. J. M., Metcalfe, C., & Rossotti, N. (2006a). Expanding agoraphobics' horizons: an investigation of the effectiveness of a personal construct psychotherapy intervention. *Journal of Constructivist Psychology, 19*, 1-29.
- Winter, D. A., Sireling, L., Riley, T., Metcalfe, C., Quaitte, A., & Bhandari, S. (2006b). A controlled trial of personal construct psychotherapy for deliberate self-harm. *Psychology and Psychotherapy.*
- Winter, D. A., & Viney, L. L. (2005). *Personal Construct Psychotherapy: Advances in Theory, Research and Practice*. London: Whurr.
- Winter, D. A., & Walker, B. M. (2007). The elaboration of personal construct psychology. *Annual Review of Psychology, 58*.
- Wittgenstein, L. (1958). *Philosophical Investigations*. Oxford, England: Blackwell.
- Wittgenstein, L. (2001). *Tractatus Logico-Philosophicus*. London: Routledge Classics.
- Wodak, R., & Meyer, M. (2009). *Methods of Critical Discourse Analysis* (2nd ed.). London: Sage.
- Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. H. (2005). Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing, 14*(2), 88-95.
- Yardley, L. (2008). Demonstrating Validity in Qualitative Psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.). London: Sage.
- Zeldin, T. (1996). Translation and Civilisation. In J. Taylor, E. McMorrant, & G. Leclercq (Eds.), *Translation: Here and There. Now and Then*. Exeter: Elm Bank Publishing.

Appendix 1: Ethics Application Form

**SCHOOL OF PSYCHOLOGY ETHICS APPLICATION FORM**

**Status:** DClinPsy

**Course code (if student):** DClinPsy

**Title of project:** Bilingual clinical psychologist's experiences of conceptualising emotional distress: An interpretative phenomenological analysis.

**Name of researcher(s):** Darwin Buyson

**Contact Tel. no:** 07919 563 940

**Contact Email:** [d.buyson@herts.ac.uk](mailto:d.buyson@herts.ac.uk), darwinbuyson@nhs.net

**Name of supervisor** Dr. Alex Harborne, Dr. Kajal Patel, Dr. Nicholas Wood

(for undergraduate and postgraduate research)

**Start Date of Study:** 11/2009

**End Date of Study:** 05/2010

**Number of participants:** 6-8

YES	NO	N/A

<b>Q1</b>	Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?			√
<b>Q2</b>	Will you tell participants that their participation is voluntary?	√		
<b>Q3</b>	Will you obtain written consent for participation?	√		
<b>Q4</b>	If the research is observational, will you ask participants for their consent to being observed?			√
<b>Q5</b>	Will you tell participants that they may withdraw from the research at any time and for any reason?	√		
<b>Q6</b>	Will you tell participants that their data will be treated with full confidentiality and that, if published it will not be identifiable as theirs?	√		
<b>Q7</b>	Will you debrief participants at the end of their participation (i.e., give them a brief explanation of the study)?	√		

**IMPORTANT NOTE:** If you have indicated **NO** to any question from **1-7 above**, but do not think this raises ethical concerns (i.e., you have **ticked box A** on page 3), please give a full explanation in **Q19** on page 2.

		<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Q8</b>	Will your project involve deliberately misleading participants in any way?		√	

Q9	Will your project involve invasive procedures (e.g. blood sample, by mouth, catheter, injection)?		√	
Q10	Will the study involve the administration of any substance(s)?		√	
Q11	Will the study involve the administration of a mood questionnaire (e.g. BDI) containing a question(s) about suicide or significant mental health problems? (If yes, please refer to Psychology Ethics Guidelines for a standard protocol)		√	
Q12	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?		√	

Q13	Does your project involve work with animals?			√	
Q14	Do participants fall into any of the following special groups? If they do, please refer to BPS guidelines.  <b>Note that you may also need to obtain satisfactory CRB clearance (or equivalent for overseas students)</b>	Schoolchildren (under 18 years of age)		√	
		People with learning or communication difficulties		√	
		Patients		√	
		People in custody		√	
		People engaged in illegal activities (e.g. drug-taking)		√	

**IMPORTANT NOTE:** If you have indicated **YES** to any question from **8 - 14** above, you should normally **tick Box B** below. If you ticked **YES** but think that your study does not raise ethical concerns, please, provide a full explanation in **Q19** in the section below.

**There is an obligation on the lead researcher to bring to the attention of the Psychology Ethics Committee any issues with ethical implications not clearly covered by the above checklist**

Please answer **Q15-19** below. Provide appropriate information with sufficient detail. This will enable the reviewers to assess the ethical soundness of the study without asking you additional questions and will speed up the review process **(PLEASE, PROVIDE AT THE END OF THIS FORM AN EXAMPLE OF THE INFORMATION AND CONSENT FORMS, QUESTIONNAIRE(S), IF USING, AND ANY OTHER RELEVANT FORMS, E.G., DEBRIEF SHEET, ETC.)**

<b>Q15</b>	<p><b>Purpose of project and its academic rationale (preferably between 100 - 500 words):</b></p> <p>With over 300 languages spoken by schoolchildren, London is the most linguistically diverse city in the world (Burck, 2004). Despite this, Britain has the most negative attitudes towards languages among all of the countries within the European Community (Zeldin, 1996). This perhaps partially explains the relative lack of research in the field of bilingualism and psychology and psychotherapy. This seems surprising given the centrality of language in psychological practice and all the more relevant given the relative lack of evidence that psychological treatments are as beneficial for minority ethnic individuals (Miranda et al, 2004) and the underrepresentation of individuals from minority ethnic backgrounds accessing mental health services (Fernando &amp; Keating, 2008).</p> <p>The postmodern social constructionist assumption that language shapes experience (Burr, 2003) and the emphasis of language in narrative and systemic approaches (Epston et al. 1992; Anderson &amp; Goolishian, 1988) suggest more attention is paid to meanings inherent in language. It might seem presumptuous to assume that the English language adequately encapsulates meanings from all languages, yet we often fail to acknowledge that the psychological models we use to formulate distress are firmly rooted in English language. We assume they are sufficient to explain distress regardless of what language distress was originally conceived and experienced in.</p> <p>Studies on bilingual individuals have shown that emotion words in native language are encoded and represented at a deeper level in comparison with second languages (Altarriba, 2000), memory retrievals done in the first language are more numerous, more detailed and more emotionally marked (Schrauf, 2000) and a more intense affect is present when speaking the same language at retrieval as when the event took place (Marian &amp; Kaushanskaya, 2004). Whilst overall, bilingual individuals were commonly found to experience themselves differently in different languages (Burck, 2004). All of these studies indicate the experience of emotion is mediated through language. It is therefore assumed that the experience of emotional distress is also contingent on language.</p>
------------	---

	<p>If language is to be seriously considered as central in shaping our experiences, then in order to understand the experiences of bilinguals, consideration should not only be given to the meanings inherent in both first and second languages, but also to the process by which both sets of meanings are managed.</p> <p>The proposed study aims to explore South and South-East Asian bilingual clinical psychologists experiences of conceptualising emotional distress. In addition to exploring the contrasts between languages, by exploring how the combination of first and second languages has been used to conceptualise emotional distress, the study aims to clarify the processes by which these differences are managed, both in clinical and personal contexts. The study also intends to explore how this process may have developed over time through experiences leading up to and including clinical training.</p> <p>It is hoped that a clearer understanding of these experiences will help emphasise the role of language in the experience of emotional distress. This knowledge may be beneficial for working with clients who make sense of emotional distress using non-western language. In addition, an understanding of these processes may encourage further exploration and critique of the ways in which psychological models are used to make sense of emotional distress, given many, if not all have been constructed from western languages.</p>
<p><b>Q16</b></p>	<p><b>Brief description of methods and measurements:</b></p> <p>To address the research questions, in-depth individual semi-structured interviews will be carried out with bilingual clinical psychologists. This method rather than questionnaires was thought to be most appropriate to avoid forcing preconceived ideas onto the participant's experiences. This method will also generate detailed, rich data. Furthermore this methodology is preferred when exploring a relatively new and unknown area.</p> <p>Examples of types of questions are listed below, (words in bracket indicate interviewer prompts if needed). The questions will not have to be asked exactly as written and may be adjusted to ensure enough information relating to the principle research question is generated:</p> <p><b>Early experiences</b></p> <p>5. Can you tell me a little bit of what it was like growing up with two languages?  <i>(Prompt: Was there an influence on relationships i.e. family, friendships? Did it influence your sense of identity? What were some of the positive and</i></p>

*negative experiences?)*

6. Can you tell me about the first time you came across the concept of serious emotional distress in your native language? *(Prompt: What meanings were ascribed to the distress? What solutions were talked about? How did you make sense of it at the time? Examples?)*
7. Can you tell me about the first time you came across western concepts of serious emotional distress? *(Prompt: What meanings were ascribed to the distress? What solutions were talked about? How did you make sense of it at the time? Examples?)*
8. Given your answers to the previous two questions, can you tell me about the comparisons you made between western models of emotional distress and those in your native language? *(Prompt: Where there any conflicts / compatibilities?)*

#### **Training and early career**

Did your bilingualism influence your choice to become a clinical psychologist? *(Prompt: If no, what were some of the influences?)*

How did you manage multiple conceptualisations of emotional distress during training? *(Prompt: What were some of the difficulties and advantages? How did this affect your experience of training? Did this impact on clinical placement experience? Did this impact on your personal and family life?)*

At the time, did clinical training change or influence the way you talk about emotional distress in your native language? *(Prompt: How did you manage potential conflicts between models or languages?)*

#### **Current and future issues**

How would you say your bilingualism has influenced your identity as a clinical psychologist? *(Prompt: Area of work? Psychological models used? How do you explain this influence?)*

What contribution does your bilingualism make towards the ways in which you practice? *(Prompt: Advantages / disadvantages?)*

	<p>What would you say are the biggest challenges working with <i>bilingual</i> clients from a South or South East Asian background? (<i>Prompt: Do you have any specific examples? How do you continue to hold multiple linguistic explanations and meanings in mind?</i>)</p>
<b>Q17</b>	<p><b>Participants: recruitment methods, age, gender, exclusion/inclusion criteria:</b></p> <p>The nature of the research area requires a purposive sampling approach. I aim to recruit a minimum of 6 and a maximum of 8 participants for the study. The inclusion criteria will aim to recruit both male and female qualified clinical psychologists from a South or South East Asian ethnic background. There will be no restriction on age. All participants must be bilingual and have similar competence in both first and second languages. Both English and native language would need to have been acquired simultaneously before the age of eleven where native language would likely have been acquired in a mixed-lingual family context.</p> <p>I intend to recruit participants through the BPS Division of Clinical Psychology – Faculty of Race and Culture and the Clinical Psychologist Black and Asian Network (CPBAN). Another possible source may be through word of mouth.</p>
<b>Q18</b>	<p><b>Consent and participant information arrangements, debriefing:</b></p> <p>Consent forms will be given to all potential participants fulfilling the inclusion criteria; a copy of this form will be kept for the researcher’s record. A debriefing sheet will be offered to the participants. (Please see attached sheet for: Information sheet, consent form, background information sheet and debriefing information sheet)</p>
<b>Q19</b>	<p><b>Any other relevant information:</b></p> <p>None.</p>

PLEASE TICK **EITHER** BOX A **OR** BOX B BELOW AND PROVIDE RELEVANT ADDITIONAL INFORMATION IF YOU TICK **BOX B**. THEN PASS THE FORM TO YOUR SUPERVISOR

**Please tick**

<b>A.</b> I consider that this project has <b>no</b> significant ethical implications to be brought before the Psychology Ethics Committee.	
<b>B.</b> I consider that this project <b>may</b> have ethical implications that should be brought before the Psychology Ethics Committee	√

## **Ethical considerations**

### Participant's during the interview:

The exploration of experiences of conceptualising emotional distress in two languages may cause participant's distress during the interview. Every measure will be taken to ensure the risk of distress is minimised.

Participants will be informed in writing prior to the interview date and verbally before the start of the interview that they can stop at any time during the interview and that they do not have to answer any question they feel uncomfortable with.

Potential scenarios that may be distressing might include participants giving personal accounts, which include their own or family members experience of emotional distress. It might also be distressing if accounts of recent or current personal or professional conflicts that are associated with race and culture are discussed.

Given my role as an experienced clinician, and given all participants are qualified clinicians, we will have experience of dealing with people that are highly distressed. Given the personal nature of the interviews, I will endeavour to conduct the interviews as sensitively and respectfully as possible.

In the event that a participant becomes distressed I will take appropriate action in order to contain and reduce the experience of distress. These actions may include:

- Reminding the participant they do not have to answer questions they feel uncomfortable with or continue answering a question that has caused distress
- Asking the participant if they would like to stop the interview and take a break
- Using my clinical skills to listen, be respectful and empathic in order to contain the participants distress
- Reassuring the participants that they do not need to continue with the interview

### Following the interview:

All participants will be debriefed according to the debrief schedule (Appendix 5).

Participants will be provided with contact information should they need to talk to someone from the supervisory team or myself if they have any concerns regarding the interview.

Participants will be given further opportunities to ask questions regarding the project and any concerns/feedback

they may have. If I am unable to provide participants with the correct answers for their questions I will endeavour to provide participants with an appropriate source of professional advice.

Participants will be provided with a list of support services they may be interested in contacting if they feel they may wish to talk about their experiences further. These will be specific to the most appropriate geographical location of the participant's choice.

### Safety

Following the British Psychological Societies professional practice guideline - British Psychological Society: Code of Conduct.

If information is disclosed during the interview which leads to sufficient concern about a person's safety or the safety of others it may be judged necessary to inform an appropriate third party (University contact, police etc) without formal consent.

Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health for the participant or others.

### Confidentiality

All participants will be aware that information collected throughout the course of research will be kept strictly confidential. Names and other identifying information will be kept securely and separately from the tape-recording and the subsequent data-analysis. People involved in the participants training courses will not have access to any raw research data which may be able to identify participants at any time.

All participants will have been informed that some parts of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation) for the purpose of monitoring the research. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All professionals involved will have a duty of confidentiality to the research participant.

Only the researcher will be aware of the participant's real identity unless the participant raises concerns that require the breaking of confidentiality according to the BPS code of conduct e.g. self-harm, suicidal intent. All names will be omitted from any records and replaced with an alias.

All audio recordings will be destroyed as soon as the chief researcher's degree has been conferred. Any anonymised data relating to participants will be kept for 5 years post research project submission (June 2015) according to the University of Hertfordshire's 'Good practice in research' guidelines, after which it will be destroyed by the chief researcher.

Dependent on time pressures I may pay a transcription service to transcribe my interviews. All participants will be

informed of this prior to consenting to their involvement in the project. In this case I will use a service recommended by the University of Hertfordshire and I will gain a signed non-disclosure/confidentiality agreement from the service prior providing them with my recordings (See Appendix 6: Transcription agreement). Recordings will be password protected and labelled A, B, C etc to protect identity.

*This form (and all attachments) should be submitted (via your Supervisor for MSc/BSc students) to the Psychology Ethics Committee, [psyethics@herts.ac.uk](mailto:psyethics@herts.ac.uk) where it will be reviewed before it can be approved.*

I confirm I am familiar with the BPS Guidelines for ethical practices in psychological research.

Name .....Date.....  
*(Researcher(s))*

Name.....Date.....  
*(Supervisor)*

## **Appendix 2: Information Sheet**

**Study title:** Bilingual clinical psychologist's experience of conceptualising emotional distress: An interpretative phenomenological analysis.

Dear \_\_\_\_\_

We would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully.

Please do ask us if there is anything that is not clear, or if you would like more information, and take time to decide whether you would like to participate or not.

### **What is the purpose of the study?**

My name is Darwin Buyson and I am a third year Clinical Psychologist in training at the University of Hertfordshire. I am conducting this research for my 3<sup>rd</sup> year Doctoral research project.

I am currently exploring the experiences of bilingual clinical psychologist's using two languages to conceptualise and describe emotional distress. I will be recruiting individuals specifically from a South or South-East Asian background. My project draws on the assumption that different languages describe experience in different ways and that individuals often experience themselves differently in different languages. My project aims to explore this mediating effect of language on experience, specifically on the experience of emotional distress. By exploring the experiences of bilingual clinical psychologists, in addition to exploring distinct differences between how language is used to describe emotional distress, my project aims to clarify the processes by which these differences are managed in both clinical and personal contexts. This knowledge may help us better understand the experience of non-western bilingual individuals accessing mental health services and evaluate the ways in which western psychological models are used to incorporate meanings from languages other than English. For my project, I am looking to recruit 6-8 bilingual clinical psychologists from a South or South-East Asian background.

### **Why have I been invited?**

You have expressed an interest in my project via contact by email or by telephone.

### **Do I have to take part?**

It is wholly your choice as to whether you decide to participate or not. If you do decide to participate you will be asked to sign a form recording your consent.

If you do decide to take part you are still free to withdraw at any time and without giving a reason.

### **What will happen if I take part?**

To participate, you would be asked to take part in one audio-recorded interview lasting around 1 - 1½ hours in a comfortable setting, which could be your own home. The meeting will involve talking to the researcher about how your experiences as a bilingual clinical psychologist.

If you consent, you may be contacted at a later date to ask if you wish to comment on our research findings. You are able to decline this offer without giving a reason.

### **What are the possible disadvantages of taking part?**

It is fully acknowledged that telling your story may be a difficult process and you may feel sensitive about some of the questions. If any of the questions are found to be particularly difficult you do not have to answer them.

### **What are the possible benefits of taking part?**

We cannot promise that the study will help you. However, the research project will allow you to have time and space to reflect on an experience that is rarely heard. Potentially this research may be useful for those who provide training courses, clinical supervisors and other Clinical Psychologists to make sense of, and gain a deeper understanding of the influence of language in constructing meanings of emotional distress.

### **What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any harm you might suffer will be addressed.

If you have any concern about any aspect of this study you should ask to speak to the researcher who will do his best to answer your questions (Telephone number: 01707 286322). If you remain unhappy and wish to complain formally you can do so by contacting the project's Research Supervisor, Dr Alex Harborne (Telephone number: 01707 286322).

### **Will my taking part in the study be kept confidential?**

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your audio recording and the subsequent data-analysis.

Authorised persons will look at some parts of the data collected by this research from the University of Hertfordshire (Sponsoring organisation). Representatives from academic and professional assessment bodies may also look at anonymised sections of the data collected in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.

Your audio recordings will be destroyed as soon as the chief researcher's degree has been conferred. Any anonymised data relating to your participation will be kept for 5 years post research project submission (June 2015) according to the University of Hertfordshire's 'Good practice in research' guidelines, after which it will be destroyed by the chief researcher.

### **Are there any reasons where confidentiality may be breached?**

As the project falls under the regulation of the British Psychological Society, its code of conduct will be followed with regards to confidentiality:

British Psychological Society: Code of Conduct.

1. If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
2. Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

### **What will happen to the results of this research study?**

Due to the time constraints on this project an approved transcription service may be used to transcribe your interview. In this case your recording will be labelled A, B, C etc. to protect identity. The service will sign a non-disclosure, confidentiality agreement.

The results will be written up in the form of a thesis for the purposes of gaining a Doctoral qualification in Clinical Psychology.

I will ask you if you would like to comment on the analysis of your interview to help with the accuracy of the results. You can decline your involvement.

The findings may be shared via academic publication and/or presentations. Participants will not be identified in any report or publication. Any quotes used will be fully anonymised. You have the right to decline the use of your interview quotes.

### **Who has reviewed the study?**

All research is looked at by an independent group of people called a Research Ethics Committee to protect your safety, rights, dignity and well-being. This study has been reviewed and given a favourable ethical opinion by the University of Hertfordshire School of Psychology Ethics Committee.

Due to the academic nature of the research this project has also been subjected to both formal and peer review by the University of Hertfordshire's Doctoral Programme in Clinical Psychology.

### **Further information and contact details**

Should you have any further questions or any concerns during the study please do not hesitate to contact the researcher or the research supervisor on the contact numbers provided below.

If you are interested in potentially participating in this study please fill in the reply slip included with this information sheet and return to Darwin Buyson (Chief Investigator) via the email address provided.

Thank you for taking time to read this information.

Kind Regards,

Mr. Darwin Buyson  
Chief Investigator  
Trainee Clinical Psychologist  
University of Hertfordshire.  
[d.buyson@herts.ac.uk](mailto:d.buyson@herts.ac.uk)  
Tel: 01707 286322

Dr Alex Harborne  
Research supervisor  
Clinical Psychologist & Research Tutor  
University of Hertfordshire  
[a.harborne@herts.ac.uk](mailto:a.harborne@herts.ac.uk)  
Tel: 01707 286322

### Appendix 3: Consent form

**Centre number:**                      **Study Number:**                      **Participant identification number:**

**Title of Project:** *Bilingual clinical psychologist's experience of conceptualising emotional distress: An interpretative phenomenological analysis.*

Name of researcher: *Darwin Bryson, Trainee Clinical Psychologist.*

To be completed by participant (Please initial each box):

1. I confirm that I have read and understand the information sheet dated 6 <sup>th</sup> August 2009 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I am free to decline entry into the study and I am able to leave the study at any time without giving a reason.	
3. I consent to the audio recording of my interview	
4. I consent to my personal data, as outlined in the accompanying information sheet, being used for the research project detailed in the information sheet, and agree that data collected may be shared with authorised persons from the University of Hertfordshire (Sponsoring organisation). Representatives from academic and professional assessment bodies may also look at anonymised sections of the data collected in order to assess the quality of this doctoral research project. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).	
5. I agree to take part in the above study.	
6. I agree to be contacted for my comments on the findings of the study. I am aware I can decline my involvement at any time.	
7. I agree that anonymised quotes from my interview may be used in any publications.	

**Signature:**                                      **Date:**                                      **Name:**  
Participant

**Signature:**                                      **Date:**                                      **Name:**  
Person taking consent

## **Appendix 4: Pre-interview briefing**

1. Aims of investigation.
  - To explore the experiences of bilingual clinical psychologists from a South or South-East Asian background.
  - To ensure personal experience is heard.
  - Long-term goal: to disseminate information about the ways in which multiple languages are managed to construct meanings of emotional distress.
2. Procedure of interview.
  - Interview will last for approximately 1 hour.
  - The interview will be audio-recorded.
  - All participants will be asked similar questions during the interview.
  - The questions will act as a guide for the interview.
  - The aim is to hear your experience.
3. During the interview.
  - If at any time you wish to stop the interview you may do so without reason.
  - You are in no way obliged to answer the questions provided by the researcher.
4. Confidentiality.
  - Your participation in this project will remain strictly confidential.
  - Your personal details will only be known by the researcher.
  - Your personal details and audio recordings will be kept separately in a secure filing cabinet at the researchers premises.
5. British Psychological Society: Code of Conduct.

- If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
- Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

6. Provision after interview.

- Following the interview you will be given further opportunities to ask questions regarding the project and any concerns you may have. If the researcher is unable to provide you with the correct answers for your questions she will endeavour to provide you with appropriate source of professional advice.

7. Questions.

- Please ask any further questions you may have about the investigation.

## Appendix 5: Debriefing schedule

### 1. Recap on purpose of study

- To explore the experiences of bilingual clinical psychologists from a South or South-East Asian background.
- To ensure personal experience is heard.
- Long-term goal: to disseminate information about the ways in which multiple languages are managed to construct meanings of emotional distress.

### 2. Review of interview

- You will be asked how you found the interview.
- You will be asked if you would have preferred anything to be done differently.
- You will be asked if there are any recommendations for the researcher to aid improvement of the investigation.

### 3. Unresolved issues

- The researcher will ask you if you feel that any issues have been raised during the interview which may have concerned you.

### 4. Future concerns and contact with researcher.

- If you have any concerns or further questions about this research please do not hesitate to contact the researcher or the project supervisor.
- The researcher and supervisor will be available for contact up to 6 months after participation.

Mr. Darwin Buyson  
University of Hertfordshire.  
[d.buyson@herts.ac.uk](mailto:d.buyson@herts.ac.uk)  
Tel: 01707 286322

Dr Alex Harborne  
University of Hertfordshire  
[a.harborne@herts.ac.uk](mailto:a.harborne@herts.ac.uk)  
Tel: 01707 286322

## Appendix 6: Debriefing schedule

**STRICTLY CONFIDENTIAL**

### Participant details

Please complete questions 1 - 7

**1) In your own words, please describe your ethnic group?**

---

**2) What is your country of birth?**

---

**3) What languages do you speak?**

---

**4) Gender**

---

**5) Age**

---

**6) What year did you qualify as a clinical psychologist?**

---

**7) If initially trained outside of the UK, please state which country / countries?**

---

*Thank you for your time*

**Appendix 7: Transcription Agreement**

**Doctorate in Clinical Psychology  
University of Hertfordshire**

**Transcription confidentiality/ non-disclosure agreement**

This non-disclosure agreement is in reference to the following parties:

Darwin Buyson ('the discloser')

And

*Transcription service* ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:.....

Name:.....

Date:.....

## Appendix 8: Interview Schedule

### **Bilingual clinical psychologist's experiences of conceptualising emotional distress:**

#### **An interpretative phenomenological analysis.**

#### **Early experiences**

9. Can you tell me a little bit of what it was like growing up with two languages?  
*(Prompt: Was there an influence on relationships i.e. family, friendships? Did it influence your sense of identity? What were some of the positive and negative experiences?)*
  
10. Can you tell me about the first time you came across the concept of serious emotional distress in your native language? *(Prompt: What meanings were ascribed to the distress? What solutions were talked about? How did you make sense of it at the time? Examples?)*
  
11. Can you tell me about the first time you came across western concepts of serious emotional distress? *(Prompt: What meanings were ascribed to the distress? What solutions were talked about? How did you make sense of it at the time? Examples?)*
  
12. Given your answers to the previous two questions, can you tell me about the comparisons you made between western models of emotional distress and those in your native language? *(Prompt: Where there any conflicts / compatibilities?)*

#### **Training and early career**

Did your bilingualism influence your choice to become a clinical psychologist? *(Prompt: If no, what were some of the influences?)*

How did you manage multiple conceptualisations of emotional distress during training? *(Prompt: What were some of the difficulties and advantages? How did this affect your experience of training? Did this impact on clinical placement experience? Did this impact on your personal and family life?)*

At the time, did clinical training change or influence the way you talked about emotional distress in your native language? *(Prompt: How did you manage*

*potential conflicts between models or languages?)*

### **Current and future issues**

How would you say your bilingualism has influenced your identity as a clinical psychologist? *(Prompt: Area of work? Psychological models used? How do you explain this influence?)*

What contribution does your bilingualism make towards the ways in which you practice? *(Prompt: Advantages / disadvantages?)*

What would you say are the biggest challenges working with *bilingual* clients from a South or South East Asian background? *(Prompt: Do you have any specific examples? How do you continue to hold multiple linguistic explanations and meanings in mind?)*

### **End of interview**