

The Role of Language in Multilingual Counselling

by

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Abstract

This capstone is an exploration of the function of language within multilingual counselling relationships. Language serves as one of the primary modes of communication within talk therapy, rendering it an essential aspect to consider when counsellors and clients are multilingual. Furthermore, language functions within a sociocultural context and is embedded with layers of cultural nuance, while simultaneously being perceived and interpreted both externally and internally. To demonstrate how language operates differently across languages, I have chosen to contrast English and German concepts of anxiety and shame. The research questions under investigation are: Does language shape our experience and perception of emotion concepts, such as anxiety and shame? When comparing English and German concepts of anxiety and shame linguistically, what are the sociocultural impacts? How can therapists approach language in a way that supports effective communication and expression within the therapeutic relationship? In order to help facilitate deeper insight into the function(s) of language in the counselling context, I created the acronym LSTEN, which stands for L: Language, I: Intention, S: Somatic Approaches, T: Translation, E: Embodied Listening and N: Narrative. The findings in the capstone reveal that counsellors and clients can benefit and deepen the therapeutic relationship by exploring the function(s) of language.

Keywords: anxiety, cross-cultural therapy, language, linguistic psychology, multilingual counselling, shame.

Dedication

This capstone is dedicated to those who made this endeavour possible with their endless support, encouragement, and belief in me. In particular, this project is dedicated to my mother, Patricia Lombardo, my husband, Benjamin Schweizer and my daughter, Isabelle Robyn Schweizer.

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Chapter One: Introduction

The examination of language within social psychology is not a new topic, and extensive research has identified the imperative nature of language and its function as a tool in shaping the way human beings think, perceive, and understand the world and themselves. Harwood et al., poetically state (2021), “Our words reflect our personalities, the relationships that are important to us, and our cultural identities. As such, language serves as a window into the individual (personal), relational, and collective (group or social) identities of others” (p. 174). With this perspective at the forefront, I will examine emotion concepts of anxiety and shame, as I believe language shapes how we experience and perceive them. Furthermore, within this capstone, I will compare and contrast English and German concepts of anxiety and shame, demonstrating how language influences and transforms individuals’ experiences and perceptions of them. In addition, this exploration is especially valuable for therapists and clients within a multilingual context. Considering rising factors such as multiculturalism, globalization and immigration, therapists will likely enter into multilingual therapeutic relationships with clients. The potential impacts that multilingualism and language can impose on communication and expression should be taken into consideration, and doing so can benefit the therapeutic relationship.

Additionally, anxiety and shame are common experiences that clients bring into the therapeutic space. Moreover, when one considers the staggering prevalence of anxiety disorders, both within Canada and globally, it is beyond question that understanding our relationship to anxiety is a crucial and valuable pursuit. Statistics Canada (2022) reports, “more than 5 million people in Canada met the diagnostic criteria for a mood, anxiety or substance use disorder, with the prevalence of mood and anxiety disorders increasing substantially over the previous 10

years”. In a study conducted in 2024, “anxiety disorders in Germany, at 15.3%, exceeds the European average of 14.0%” (Herbertz & Zimmermann, 2024, p. 89). This data suggests that both German and English-speaking countries suffer from a prevalence of anxiety disorders and that these numbers are projected to be on the rise. However, when one takes a closer look, there are significant differences in *how* people relate to emotion concepts within different sociocultural contexts.

Overview of the Topic

Research Questions

This capstone aims to demonstrate how language within a multilingual therapeutic relationship influences an individual’s perceptions of reality, world-views and meaning-making. As language is a multifaceted sociocultural creation, it is imperative to recognize the layers of meaning embedded within it. Understanding the nuances of language for clients serves as a window into their world.

I have chosen to compare the concepts of anxiety and shame and contrast them in English and German in order to demonstrate how language functions in shaping these experiences for individuals. This particular area of research was chosen for a variety of reasons. Due to factors such as increased immigration patterns and growing cultural diversity, therapists will likely find themselves working with multilingual contexts. For example, a client’s native language might differ from that of the therapists, and or there might be multiple languages spoken in the homes of either therapist or client. In any case, I will argue that language plays a crucial role in shaping the therapist and the client’s beliefs, values, and communication styles. In addition, choosing to examine the concepts of anxiety and shame was carefully chosen as they are common emotional concepts that enter the therapeutic space. The research questions are outlined below:

1. Does language shape our experience and perception of emotion concepts, anxiety and shame?
2. When comparing English and German concepts of anxiety and shame linguistically, what are the sociocultural impacts?
3. How can therapists approach language in a way that supports effective communication and expression within the therapeutic relationship?

The exploration of these questions is intended to shed light on the linguistic nature of anxiety and shame within a sociocultural context and to help therapists address them in the therapeutic space.

Significance and Context of the Question

There is crucial sociocultural significance and context linked to the questions above. Jackson et al., (2022) state “Human language—be it spoken, written, or signed—has the power to reveal how humans organize thoughts into categories, view associations between these categories, and use these categories in daily life for communication and social influence” (p. 805). Thus, how individuals organize thoughts via the function of language has a vital impact on lives. From this perspective, emotion concepts such as “anxiety” and “shame” are categorized and digested employing a linguistic framework.

From a counselling perspective, understanding the imperative nature of language can help shape and influence therapeutic processes. For example, utilizing language as a means for identifying cognitive distortions is not a new therapeutic technique and can be seen within modalities such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT), just to name a couple.

An underlying principle in ACT is “cognitive fusion”, which refers to the ways in which human beings get caught up and attached or “fused” to their thoughts, feelings, and emotions.

Cognitive fusion “leads to over-control of language, including loss of contact with the present moment, and the tendency to take stances about the self literally” (Prochaska & Norcross, 2018, p. 291). Thus, the role and function of language in cognitive fusion are essential. If one takes the concept of cognitive fusion and applies it to anxiety, it may be helpful to explore how the influence of the word “anxiety” contributes to cognitive distortions. Imagine a fictitious character named Claire, a 30-year-old, cisgender female who has dealt with anxiety from her early teens until the present. Growing up, her mother often made comments about a family member who suffered from anxiety. Claire’s mother would mock the family member and use air quotes when referring to “anxiety”. Moreover, Claire’s mother is a firm believer that anxiety is a made-up psychological problem people use to gain sympathy and negate their responsibilities. As a consequence, Claire resisted reaching out for help for years and did not talk about her own anxiety. As a therapeutic modality, ACT could help Claire tease apart her negative internalized feelings about anxiety. Furthermore, recognizing them as thoughts shaped by her mother's attitudes rather than objective truths might help Claire. Interesting questions might be, how has Claire’s avoidance of the word “anxiety” contributed to her disconnection from herself and her emotions? How would it feel for Claire to embrace her anxiety and show compassion towards it? What are some somatic responses Claire experiences when she hears the word anxiety?

Similar to ACT, CBT utilizes language to identify cognitive distortions in order to reframe and challenge these distortions via cognitive restructuring. For example, a therapist could challenge the thought “I am a failure” and encourage a client to reframe this thought to “I made a mistake, but I am not a failure; mistakes are a part of the human experience”. Likewise, if one takes “anxiety”, the thought, “My anxiety makes me weak” could be reframed to, “Experiencing anxiety is a sign I am facing a challenging situation”. The therapist and client

could then explore the challenging situation and work through coping techniques. Viewing anxiety as something separate from one's self can be a powerful tool and help individuals gain clarity, tolerance, and understanding.

Language is already embedded in many therapeutic modalities and techniques within the therapeutic counselling realm. In this capstone, I aim to achieve a deeper dive into the linguistic history, etymology, and social implications of anxiety to increase meaningful insights and ultimately, positive therapeutic work with increased beneficial outcomes.

Conceptual Framework of the Study

Anxiety and shame are an inherent part of the human experience, shaped by the social forces that influence and define that experience. Moreover, anxiety does not exist in isolation; it has to be experienced to be actualized. Within this capstone, I will apply a Social Constructionist Theory lens. Social Constructionist Theory (SCT), “asserts that social reality is always relative to the human condition in a specific time and place, and is largely shaped by means of language” (TenHouten, 2021, p. 612). This is a relevant conceptual framework considering that SCT emphasizes how societal norms, language, and communication shape and influence the human experience.

Moreover, SCT takes language into careful consideration, which will prove relevant throughout this capstone. SCT was founded in the late 1960s by sociologists Peter Berger and Thomas Luckmann. Together, they “conceptualized social constructions as ‘objectification’, as ‘products of human activity [. . .] available both to their producers and to others [s] [. . .] as elements of a common world’, which are ‘maintained primarily by linguistic signification’ (TenHouten, 2021, p. 612). Again, the emphasis on “linguistic significance” is a critical piece to be examined.

The notion of discourse is another essential element in SCT. *What* discourse are we privy to, and *who* is controlling and ultimately shaping the dominant discourse, is imperative when examining the role of language within society. Gough (2017) states, “Our knowledge and understanding are therefore not absolute or final, but instead are framed by ‘discourses’ which often reflect the ideas of powerful groups in society, acting to disadvantage less powerful groups and individuals” (p. 59). Gough highlights the fluid nature of discourse and points to the power imbalance, which addresses *who* controls dominant discourse. Language is not impartial or innocent; it carries weight and bias, and thus, to examine it uncritically would be more than a missed opportunity; it would be unethical.

Relevant Areas of Literature

Research in the area of language and social psychology is robust. One can look back to The Sapir-Whorf Hypothesis, also known as the theory of linguistic relativity, to modern articles that explore current anxiety rates and the wide range of influences. Regardless of varying stances, a common theme within these areas of literature is the acknowledgment that language (to some degree) influences cognitive functions.

I will begin by grounding this chapter in a fundamental theory, the Sapir-Whorf Hypothesis. According to prominent linguists Edward Sapir and his student, Benjamin Lee Whorf, language plays a key role in shaping human thought and experiences. Chandler (1994) highlights a passage by Sapir, “Human beings do not live in the objective world alone, nor alone in the world of social activity as ordinarily understood, but are very much at the mercy of the particular language which has become the medium of expression for their society” (p. 1). Within this theory is a continuum between linguistic determinism (thinking is determined by language) and linguistic relativity (speakers of different languages perceive the world relatively based on

language). Wherever one stands within this continuum, language plays an essential role in human cognition. Within this theory lies the perspective, “that translation between one language and another is at the very least, problematic, and sometimes impossible” (Chandler, 1994, p. 2). Sapir and Whorf were keenly aware of the implications inherent in translation and categorized translation as closer to interpretation. Even the act of reading someone else’s words holds an element of interpretation. When examining English and German concepts of “anxiety”, the theme of translation (and loss in it) will be one I will focus on in greater detail later in this capstone.

Critics of the Sapir-Whorf Hypothesis include one of the most famous linguists of the twentieth century, Noam Chomsky, who argues that all humans share innate cognitive structures that are independent of language. Barman (2012) notes in reference to Chomsky, “According to him, the part of language which is innate to human beings would be called Universal Grammar” (p. 104). Furthermore, within this framework, syntax plays a central role, yet its complexity has been critiqued. Kadarisman (2000), for example, argued, “Readers familiar with Government-Binding (GB) Theory would recall that Chomsky 1981 is intellectually accessible only to well-trained syntacticians” (p. 1). Nevertheless, this marked a revolution in linguistics, known as the Chomskyan Revolution. Within this new way of approaching language, there are universal underlying cognitive processes that challenge the idea that language *alone* determines thoughts. Going back to the continuum of the Sapir-Whorf Hypothesis from linguistic determinism to relativity, I would argue for relativity and acknowledge that language most definitely influences cognition, while at the same time, it should be treated as a complex with multiple factors at play. While I agree with certain findings pertaining to Chomsky’s Universal

Grammar theory, I would also argue that language embodies multiple cultural and contextual nuances that innate structures alone cannot fully explain.

Jackson et al.'s (2022) article, “From Text to Thought: How Analyzing Language Can Advance Psychological Science” is another noteworthy area of literature. This article explores two forms of language analysis: natural language processing and comparative linguistics, and applies these forms of language analysis to large-scale and cross-cultural datasets with the promise to provide major breakthroughs in psychological science (p. 805). Understanding different forms of language analysis is an essential component of this capstone. As this article examines, natural language processing (NLP) refers to “the interdisciplinary study of computer interaction with human language” (Jackson et al., 2022, p. 807). Simply put, algorithms that simulate human speech have far-reaching implications in the field of psychology. Moreover, “These methods allow researchers to quantify the meaning of constructs in text or speech, identify the presence and extent of certain attitudes and emotions, and distill the meaning of words on the basis of how they are used in context”(Jackson et al., 2022, p. 808). Comparative linguistics, is by contrast, “the study of similarities and differences between languages and the evolution of these characteristics” (Jackson et al., 2022, p. 810). Within this model, cultural diversity and universality are taken into consideration as well as “the relationship between cultures, analyzing patterns of coevolution between cultural and behavioral factors, and comparing the meaning of constructs across languages” (Jackson et al., 2022, p. 811). Throughout this capstone, a comparative linguistic analysis will be primarily used as a means of exploring English and German emotion concepts of “anxiety” and “shame”, however, this is not to negate the other useful forms of language analysis and the important role they hold within psychological research.

Data Collection Procedure

Within this capstone, I have specific criteria for selecting the literature in review. The literature review will include peer-reviewed articles and books, ideally from within the last 5 years of publication. The literature review will include both qualitative and quantitative research. Certain older theories, such as the Sapir-Whorf Hypothesis and Social Constructionist Theory, will be utilized; however, these theories will serve to support and frame the current discourse. In addition, search databases will include academic databases such as the CityU Library, Google Scholar, and PsycINFO. Additionally, I have compiled a list of relevant keywords relating to my topic, such as anxiety, cross-cultural therapy, language, linguistic psychology, multilingual counselling, and shame.

Method of Analysis

This capstone is a comprehensive literature review. Efron and Ravid (2019) define a literature review as a “systematic examination of the scholarly literature about one’s topic. It critically analyzes, evaluates, and synthesizes research findings, theories, and practices by scholars and researchers that are related to an area of focus” (p. 2). Moreover, it is the “trustworthy interpretation of past research and scholarship” that is of value (Efron & Ravid, 2019, p. 3). Throughout this capstone, I will strive to be objective and systematic in my approach to the research findings. Having said this, it is of equal importance to note those voices and contributions to any topic that might be missing. Indigenous voices, for example, are sparse in the world of Academia. There are many systemic reasons for this, one being that Indigenous knowledge systems are often oral and or experiential, resulting in different approaches as opposed to Western systems and therefore, may not meet certain academic criteria.

Reflectivity and Positionality Statement

I am a cisgender, middle-class, middle-aged, white female. As the author of this capstone research project, it is crucial to identify my social location and acknowledge the power and privilege that come with these socially defined categories. In addition, I believe it is important to acknowledge that I have not personally dealt with *severe* anxiety. As a student and recent first-time mother, I have had my fair share of mild to moderate anxiety, but I have never sought extra external measures or support. My hope is that my moderate experience with anxiety will aid in my ability to exercise a higher level of objectivity. Currently, I view anxiety as a common and healthy part of the human experience. However, I do see that it negatively affects a disproportionate part of the population. Furthermore, as a future counsellor, I want to be equipped and confident in helping clients approach, understand, and cope with anxiety in unique and diverse ways.

Concerning language, I grew up in a multilingual household. My father immigrated from Italy when he was in his late 20s and spoke primarily Italian at home. While my mother was able to learn Italian fairly easily, it was more difficult for me and my siblings. As a result, there were significant language barriers between my father and me. I quickly realized that speaking different languages meant we understood the world in different ways. The power of language revealed itself at an early age, and since then, I have been fascinated with how different cultures and languages shape world perceptions and experiences. Perhaps not surprisingly, I married a German man who spoke English when we met; nevertheless, English was his second language. My efforts to learn German are a work in progress, and I suspect, will be a lifelong pursuit. Consequently, we often have to navigate between the gaps in language and our understanding of various concepts. Despite living in Berlin for three years, my competency in German only slightly increased, yet my awareness of all that was lost in translation increased significantly. It

was during this time that I started to realize Germans had a very different approach to concepts like anxiety and shame, and that the word “anxiety” in particular did not translate from English to German in a seamless manner. When I started my graduate studies in counselling, I was struck by how much diversity, both socially and culturally, existed in the classroom, yet within the academic literature, it was scarcely captured when approaching a wide range of mental health concerns. Anxiety was one concept in particular that stood out, both because of its prevalent nature and its tendency to show up differently across cultures. Shame, by contrast, is a concept that is less popularized in current discourse and therefore, less talked about. In addition, shame is a concept that is defined specifically due to our relationship with others, and therefore, its nature rests within relationality. How we communicate, or fail to communicate, has direct impacts on our experience of it. As therapists, how to approach these concepts from a linguistically sensitive framework is imperative, and the failure to do so can have detrimental consequences. It will be from this viewpoint that I will explore language and its relationship to anxiety.

Definition of Terms

Prior to presenting the terms to be defined throughout this chapter, I will preface it by stating that part of the purpose of this capstone is to examine definitions, both socially and linguistically, and to examine the extent language shapes our experiences and perceptions of anxiety. Thus, defining “anxiety” and “shame” is not a clear-cut feat and should be done so critically. Furthermore, the exercise of comparing concepts across different languages is yet another complicated task. As Jackson et al. (2022) highlight, “Translation dictionaries may equate two words and report that they have the same meaning, but how can researchers test whether language speakers actually use these words to communicate the same ideas?” (p. 806). I will keep these questions and concerns paramount while attempting to define key terms.

Anxiety: I am intentionally utilizing a standard dictionary definition as a baseline to dive deeper throughout this paper. Defined in the Oxford English Dictionary as “[uncountable] anxiety (about/over something) the state of feeling nervous or worried that something bad is going to happen” (Oxford English Dictionary, n.d.).

Angst: As defined in English by the Oxford English Dictionary as “a feeling of deep anxiety or dread, typically an unfocused one about the human condition or the state of the world in general” (Oxford English Dictionary, n.d.). It is important to note that when one takes the German word “angst” and translates it to English, the word “fear” is generated. When one takes the English word “anxiety” and translates it to German, the word “angst” is generated. Thus, the incongruencies within translation will prove to be a central point of discussion and should be noted here.

Angst: As defined in the Duden, the German dictionary: “mit Beklemmung, Bedrückung, Erregung einhergehender Gefühlszustand [angesichts einer Gefahr]; undeutliches Gefühl des Bedrohtseins”(Duden, n.d.). For the purpose of this capstone, I will treat the German word “angst” with a philosophical approach and take Ma’s (2023) definition, “Angst in German is commonly used to describe fear, anxiety, even a touch of mystery” (p. 260). Moreover, angst will be treated as a sociocultural concept strongly rooted in German psychology and philosophy. “Angst represents the state of emotions and the apprehension of the unknown (das Unbekannte in German) or the unidentified dangers” (Ma, 2023, p. 260). I will emphasize the plurality in the “state of emotions”, highlighting that there can be more than one emotion embedded in angst. In addition, the phrase “apprehension of the unknown” is an illuminating defining feature as it embodies a natural approach. I will argue throughout this capstone that angst as a concept in German is more complex and seen as a natural human experience. Furthermore, this will be

explored in contrast to the English concept of “anxiety”, which is viewed as problematic, something to fix, something to be ashamed of, and something to turn away from. From a therapeutic stance, what if clients naturally turned toward anxiety with curiosity? How would this affect the therapeutic experience and the human experience as a whole? These questions are to be explored in further detail later on.

Experience Sampling Method (ESM): “ESM obtains empirical data on the following types of variables: “a) frequency and patterning of daily activity, social interaction, and changes in location; b) frequency, intensity, and patterning of psychological states, *i.e.*, emotional, cognitive, and conative dimensions of experience; c) frequency and patterning of thoughts, including quality and intensity of thought disturbance” (Csikszentmihalyi and Larson, 1987, p. 526)

Shame: Shame is defined as “a painful emotion arising from the consciousness of something dishonourable, improper, or ridiculous done by oneself or another, or the loss of reputation thereby” (Oxford English Dictionary, n.d.)

Scham: As defined in the Duden, the German dictionary: “Durch das Bewusstsein, (besonders in moralischer Hinsicht) versagt zu haben, durch das Gefühl, sich eine Blöße gegeben zu haben, ausgelöste quälende Empfindung” (Duden, n.d.) Translated in English: A tormenting feeling triggered by the awareness of having failed (especially in a moral sense) or by the feeling of having exposed or revealed oneself.

Social Constructionist Theory: “Asserts that social reality is always relative to the human condition in a specific time and place, and is largely shaped by means of language” (TenHouten, 2021, p. 612).

Natural Language Processing (NLP): Refers to “the interdisciplinary study of computer interaction with human language” (Jackson et al., 2022, p. 807).

Comparative Linguistics: “The study of similarities and differences between languages and the evolution of these characteristics” (Jackson et al., 2022, p. 810).

Outline of the Capstone Project Chapters

Chapter two consists of a literature review, which I begin by exploring language and communication as they exist independently from the counselling realm, but still within a sociocultural context. Within this first section of chapter two, I include the themes of general semantics, linguistic determinism, and how language and communication interact with each other. Following this exploration, I shift attention to multilingual implications in the therapeutic setting. Following multilingual implications, I highlight the concepts of anxiety and shame in a comparative analysis between English and German concepts.

Chapter three concludes this capstone with a practical application that aims to support counsellors and clients by exploring the function(s) of language in multilingual contexts. With this at the forefront, I created the acronym LSTEN, which stands for L: Language, I: Intention, S: Somatic Approaches, T: Translation, E: Embodied Listening and N: Narrative. These considerations are outlined in further detail in chapter three.

Chapter Two: Literature Review

Chapter two outlines the principles of general semantics and the relationship between language and human communication within a sociocultural context. The purpose of laying this groundwork is to understand the role language plays in everyday communication and meaning-making within the human experience. Building on this groundwork, the chapter then considers specific implications of multilingualism in therapy, drawing on empirical studies that analyze how therapists and clients negotiate and utilize language to express nuanced emotional experiences. Finally, the chapter analyzes emotion concepts, anxiety and shame in both German and English contexts from a culturally relevant and linguistic framework as illustrations of how language influences individual and collective experiences.

General Semantics

Extensive research demonstrates that language functions as a tool in shaping the way human beings think, perceive, and understand the world and themselves. Tools, much like language, have the potential to function in multiple ways when utilized in different contexts. With this in mind, I will explore how prominent thinkers have positioned language and semantics in the understanding of reality and meaning-making. Simply and broadly put, semantics is the study of meaning within language. One can find multiple subsections within the study of semantics, including linguistic, general, formal, conceptual and lexical semantics. All of these subsections of semantics focus on specific areas of language. In this chapter, I will explore the nature of general semantics as developed by Korzybski in 1933 and apply some of his philosophies to the human experience of reality and meaning-making. This framework is applicable to the counselling field insofar as recognizing the foundational role of language can deepen and enrich therapeutic approaches. Furthermore, the desire to make sense of a complex world (both internal and external) is a pursuit most individuals experience to some degree

throughout their lives. The anxiety that can accompany this pursuit is one that often shows up in the counselling realm. The question then becomes, how can counsellors best support clients in meaning-making, and what role does language play in this quest? According to Gabalda (2019), “From a general semantics perspective, living in the world of facts, not identifying words with facts, focusing on the here and now, and controlling anticipations can be helpful” (p. 40). This debate will be one I will explore in greater detail throughout this paper. Firstly, I will take some time to outline general semantics and its historical roots.

General semantics takes a philosophical and psychological approach to the meaning of language as it pertains to human thought, perception and behaviour. According to Knox (2024), “When describing the study of general semantics, Wanderer (1991) writes, 'General semantics points out how we ‘create reality’” (p. 224). In 1933, Alfred Korzybski wrote “Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics” in which he coined the famous phrase, “The map is not the territory”. Korzybski’s metaphor argues that mental representations are akin to maps as they represent reality but are not reality itself. Thus, our perceptions (maps) are simplified creations that endeavour to capture reality (territory), yet they are not equivalent. Furthermore, mental maps are in part created by language, symbols, and belief systems. Wright (2017) highlights the sociocultural context of the 1920s when thinkers like Korzybski were “striving to digest the twin impacts of World War 1 and the triumphs of theoretical science, especially the paradigm shift undergone by post-Einsteinian physics” (p. 14). Within this new paradigm of thinking, meaning-making took on a more dynamic and fluid approach. Despite the impetus of general semantics, it is nonetheless relevant in today's world of information and sensory overload, and perhaps even more so. The critical-thinking skills that general semantics demands will prove essential within the counselling space, and they are ones I

will build upon throughout this capstone. Moreover, Korzybski's work can serve as a framework in which to understand the functioning of language. When attempting to integrate the role of language within meaning-making, Knox (2024) highlights,

The study of general semantics is not concerned with eliminating the incomplete and inaccurate representation of reality caused by language, as this would be impossible due to the nature of language itself; instead, it is concerned with becoming aware of the fact that language can never represent all of reality. (p. 225)

Within this framework, general semantics differs from linguistic semantics, which places its focus on how meaning is structured within language structures such as sentences, phrases, and words and how these elements interact to create or represent meaning.

Although language cannot represent reality in its entirety, there is a tension that exists because it does play a role in creating one's reality. For example, the English statement "I am anxious" is one commonly uttered within the therapeutic setting. From a general semantics framework, it would be imperative to identify that the word "anxious" is not one's reality, but rather, it is an attempt to 'map out' or capture an experience. Furthermore, within this framework, it may be helpful to explore what the word anxiety is attempting to convey. Is it a feeling? A state of being? Is it constant, or fleeting? Where is it located in one's body? The desire to understand the word as it pertains to the person who is using it, in the *here and now*, ultimately gives the user of the word authority, power, and control. Often, counsellors witness a client express that anxiety is ruling their world, even destroying it, perhaps. Semantically speaking, it is not the word "anxiety" that causes the individual to experience this state. Compounding the complexity of this conversation is the fact that one is situated within a social context in which there is a social construct of "anxiety". One's internal definition does not exist within a vacuum;

rather, it is co-created by the world around them. This reality can be extremely powerful as its influence is often elusive. It can be a challenge to identify what beliefs are one's own and what are those influenced by social context. I will argue throughout this capstone that all definitions are created within a social context and, therefore, never belong solely to an individual. What *does* belong solely to an individual is the feeling and experience of what the word is attempting to convey. That is, one's experience of anxiety is personal and unique from everyone else. As previously mentioned, this capstone applies a Social Constructionist Theory lens, in which reality is always relative to the human condition in a specific time and place. Thus, the conversations around what social factors influence one's experience of anxiety, for example, are to be explored in subsequent chapters. The theory of general semantics, however, is foundational to this conversation.

It is undeniable that Korzybski's work is a fundamental piece of literature in which one can situate the function of language and its implications in the construction of reality. Nevertheless, critics of Korzybski have argued that his stance on general semantics "virtually ignored imaginative literature, launching his assault on the distorting effects of ordinary language upon accurate communication" (Wright, 2017, p. 15). Some examples of imaginative literature include poetry, creative storytelling, and folklore. Language, as a tool with multiple functions, is not always simply used to represent reality; there are times when the tool is transformed into reality, as is the case in imaginative literature. This critique of general semantics is one I stand behind. A famous example can be found in Marcel Duchamp's 1917 famous ready-made sculpture "The Fountain" where he took an ordinary, manufactured object, a urinal, and placed it upside down to provoke the question, "*What is art?*" Duchamp's groundbreaking readymade sculpture is a stunning example of how objects can function differently and take on different

meanings within different contexts. In this example, the function of the urinal (a place to urinate) is no longer supreme; it has been transformed into art itself. Yet, it is imperative to acknowledge the social construction nature of this “artwork.” It only exists as art *if* and *when* others assign meaning to it. This belongs to a larger debate and conversation with the world of modern arts, yet it serves here as a beautiful living example of this critique of general semantics.

Linguistic Determinism: Language and Thought

Does the mental word exist independently of language? In 1994, cognitive psychologist and linguist Steven Pinker published *The Language Instinct: How the Mind Creates Language*, where he explored how human beings acquire and use language. In this work, Pinker argued that language is an innate biological ability, not a purely cultural construct. Pinker (1994) states, “Since mental life goes on independently of particular languages, concepts of freedom and equality will be thinkable even if they are nameless” (p. 82). Pinker’s theory is known as “language instinct theory” and is built upon Noam Chomsky’s concept of a universal grammar. Within this framework, language is essentially innate. Within cognitive sciences, there is an acknowledgement that all species have innate communication systems and that human beings are no different. Language, therefore, is a communication system. Blum (2017) argues, “It is hard to escape the conclusion that yes, the way we speak-the kinds of concepts lexically or grammatically encoded in a specific language- are bound to have an effect on the ways we think” (p. 75).

The argument that language is an innate function is in direct opposition to linguistic determinism argues that thinking is determined by language, and Whorfianism argues that language plays a key role in shaping human thought and experiences. Biologically, although it may be true that mental life exists without language, what purpose does it serve to focus on an

existence that is not grounded in the realities of everyday social life? Moreover, in a therapeutic context, the micro and macro level observations that are taken into account inevitably happen within a socio-cultural context and therefore, for the purpose of this capstone, the focus that linguists like Pinker and Chomsky place on semantics is not necessarily helpful when attempting to understand language as it occurs for clients in a social context.

Language and Communication

“All communication systems, regardless of how simple or complicated they may be, operate on the same principle: Signals transmit messages from a source to a destination” (Krauss, 2002, p. 2). *How* individuals communicate within the world is an integral part of the human experience and profoundly shapes one’s experiences and beliefs. Furthermore, countless scholars have argued throughout the decades that communication is *vital* to our survival. Thus, the importance of language and communication cannot be denied. Within this capstone, the function of language has been the primary focus; nevertheless, it is essential to situate language within the broader context of communication. Therefore, I will explore the general principles associated with communication and specifically dive into communication within the therapeutic space.

Amazingly, “Conversational speech is produced at a rate of about 2.5 words per second” (Krauss, 2002, p. 9). The speed at which communication occurs begs both wonder at its efficiency *and* acknowledgment of room for error in interpretation. Webster’s Dictionary defines communication as “a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour” (Merriam-Webster, n.d.). Furthermore, the emphasis on communication as a reciprocal process where meaning is co-constructed within a shared system will prove essential throughout this capstone. Moreover, when approaching the

topic of communication, it is important to acknowledge that there are verbal and non-verbal forms. Verbal forms of communication primarily focus on language, while non-verbal forms can include aspects such as body language, gestures, facial expressions, eye contact, and posture. Although both verbal and non-verbal forms of communication have powerful impacts on individuals, for the purpose of this capstone, I will focus mainly on the verbal form of communication. The question then becomes, how does language function as a form of communication to convey meaning between a source (one individual or sender) and a destination (another individual or receiver)?

Four Communication Paradigms

Krauss (2002) argues, “at a fundamental level verbal messages convey meanings the speaker has encoded into the words of an utterance, but a listener who has understood the utterance has gone beyond the literal meaning of the words and grasped the particular sense in which the speaker intended them to be understood” (p. 1). These incredibly nuanced interactions are reflected within Krauss and Fussell’s (1996) four paradigms of communication. They are as follows: the Encoding-Decoding paradigm, the Intentionalist paradigm, the Perspective-Taking paradigm, and the Dialogic paradigm.

Encoding-Decoding Paradigm

The Encoding-Decoding paradigm is based on the understanding that language functions as a coding system that maps out signals to convey a set of meanings (Krauss, 2002, p. 5). Within this framework, language makes use of words, phrases and sentences to convey these meanings. Critics argue that this model fails to account for the subtleties of the process, including the nuanced, interpretive, and context-dependent nature of meaning-making. In this

view, language talks *about* something but is not the thing itself, as reflected in Korzybski's metaphor "the map is not the territory".

The Intentionalist Paradigm

The Intentionalist paradigm takes into account the variety of meanings that can be assigned to a simple statement. Take, for example, the sentence, "Can you pass me an apple?". The receiver of this message could interpret the question from a number of perspectives, such as, Am I able to pass the sender an apple physically? Does the sender want me to pass them the apple? Is there an apple in the vicinity to be passed? Krauss (2002) highlights, "considering the number of meanings even the simplest utterance is potentially capable of conveying, the ability of addressees to identify the intended meanings of the vast majority of the utterances they encounter is truly remarkable" (p. 6). Hence, the capacity to identify another person's communicative intention should not be underestimated. Undoubtedly, there are times when a message from a sender to a receiver is not interpreted accurately; however, taking into account the number of times per day people communicate, for the vast majority, people are able to comprehend what messages are being communicated in the way intended by the sender.

The Perspective-Taking Paradigm

The Perspective-Taking paradigm is rooted in the belief that "the meaning of even the most prosaic utterance is grounded in a set of implicit assumptions about what the communicators know, believe, feel and think" (Krauss, 2002, p. 8). This paradigm is similar to the intentionalist paradigm insofar as the receiver of the message takes into account multiple factors about the sender's unique perspectives while formulating the meaning within the message. Where this can prove problematic is when "the content of another's point of view is not always obvious" (Krauss, 2002, p. 8). For example, the sentence, "Kate's dress is pretty," begs

the question of what constitutes a pretty dress. Moreover, whether or not the sender and receiver share similar perspectives on this matter makes a difference in how the message is communicated. As one can imagine, when considering messages that reflect personal beliefs and perspectives, it matters whether or not the receiver has an understanding of the greater context from which the sender is communicating. When more nuanced points of view are not obvious to a receiver, the potential for miscommunication rises.

The Dialogic Paradigm

The Dialogic paradigm takes a different approach from the previous three paradigms in that “participants are viewed as autonomous information processors” (Krauss, 2002, p. 9). This means people communicating with each other are not passive encoders of information, but rather, active agents who work collaboratively to achieve a particular communication goal.

“As a result, meaning is 'socially situated' -- deriving from the particular circumstances of the interaction--and individual contributions are not meaningful apart from that situation” (Krauss, 2002, p. 10). Typically, participants believe their communication efforts have been sent and received in the manner intended. Unless there is an indication that the sender has not interpreted it in the intended manner, how else would one know? Within therapeutic conversations, attention is often brought to the effectiveness of communication; however, this is not a common occurrence in everyday interactions. Can you imagine if every time you posed a question or made a statement, you checked in with the receiver to ensure they understood correctly? This would take up time that people often do not have, and would likely result in further confusion. Communication works partly because of its speed and efficacy. The pitfalls are that, often, messages are not received in the exact manner as intended. This spotlight on communication highlights an essential aspect - the role of socially co-constructed meaning. Social anthropologist

Esther Goody argues, “spoken language requires cooperation because it necessarily involves conversational meanings, which emerge only through interaction” (Blum, 2017, p. 3). The emphasis placed on meaning emerging through interaction begs a larger conversation on the nature of communication. Words are useful because they are communicated, and communication requires multiple individuals interacting with each other.

I will now shift attention away from the theoretical principles of language and communication to the ways in which language and communication are present within multilingual therapeutic relationships. This shift highlights the practical application of linguistically sensitive practices in therapy. Whether it be therapists working outside of their mother tongue or patients engaging in therapy outside their mother tongue, there are consequences associated with both. I argue that not paying careful attention to these critical differences can lead to misopportunities in deepening the therapeutic process.

Multilingual Communication Implications In the Therapeutic Setting

Once the foundational principles of language and communication are understood, attention can shift to how language operates specifically within the therapeutic setting. To do so, I will take the approach of exploring multilingual therapists and clients. Thus, I will pivot from exploring how language *functions* to what language *means*. This shift in focus will set up a framework in which therapists can approach nuanced mental health concepts, such as anxiety, shame, in multilingual language contexts. The following studies will shed light on a number of insightful phenomena linked to language within the therapeutic setting, such as code-switching, and the influence of language on beliefs, attitudes and practices in the therapeutic setting.

Verkerk et al. (2023) highlight the importance of this pursuit, considering the increasing number of multilingual populations in many countries of the world that has led to a surge in research that

investigates multiple aspects of these new conditions and specifically, in Europe, granted the recent waves of large influxes of refugees from war regions (e.g., Syria and Ukraine) which have posed a challenge to mental health workers regarding treating clients of various linguistic profiles (Verkerk et al., 2023, p. 618).

Multilingualism In The Therapeutic Setting

Exploring therapeutic dynamics with multilingual therapists and clients will prove beneficial and relevant for a number of reasons. Costa and Dewaele (2014) emphasize, “migration, acculturation processes, living with plural world views and identities and communicating across languages are all experiences that permeate contemporary communities” (Costa & Dewaele, 2014, p. 1). The consequence of this global phenomenon is that many individuals seek therapeutic services in countries that do not speak their mother tongue, and likewise, therapists may practice in countries foreign to them.

Costa and Dewaele (2014) explored the complexities of multilingual therapy. Within their study, 101 monolingual and multilingual therapists working with multilingual clients were studied in a mixed-mode approach utilizing surveys and interviews to investigate beliefs, attitudes and practices in the therapist-client relationship. The participants reported 20 different nationalities, including many participants with double nationalities, and the questionnaire included information regarding sex, age, nationality, language history and present language use, and theoretical orientation in their therapeutic work. The majority of participants were women (n= 84); 17 male colleagues participated. Ages ranged from 25 – 85. The therapists had worked an average of 10.6 years, ranging from zero to 40 years in the profession. Participants were generally highly educated (Costa & Dewaele, 2014, p. 4). Furthermore, English was the most commonly spoken language, as most participants were from the UK.

Results revealed that multilingual therapists generally showed greater sensitivity and responsiveness to the language needs of the bilingual clients when compared to monolingual therapists. Noteworthy results include: attunement versus collusion, and shared understanding versus acting on assumptions. With regards to attunement versus collusion, “As the results from the questionnaire showed, the multilingual therapists tended to view their ability to share a language, or to have a facility for languages with a patient as positive with respect to their capacity for attunement with the client” (Costa & Dewaele, 2014, p. 6). What this finding reflects is the increased ability for the multilingual therapist to be more culturally responsive to the client’s experiences. One therapist noted, “the act of learning and knowing different languages, which affected her belief that this has made her more attuned to people’s levels of understanding”(Costa & Dewaele, 2014, p. 6). While attunement reflects authentically connecting with a client, collusion, on the contrary, might result in avoidance of deeper issues pertaining to identity or culture, reinforcing dominant cultural norms, monolingual assumptions, and or ignoring the impacts of language within client experience. The other finding of shared understanding versus acting on assumptions was also reflected in greater sensitivity and responsiveness on the part of the therapist. One multilingual therapist commented on shared experience and behaviour with clients: “a monolingual won't have that experience of going home or thinking that home is elsewhere” (Costa & Dewaele, 2014, p. 7). Moreover, the multilingual therapists believed that through working across languages, they had learned to “think carefully about how they used language, to check understanding and to simplify their language” (Costa & Dewaele, 2014, p. 9). This study illuminates the importance and significance of language within therapeutic settings, especially when it comes to working with individuals who have multilingual capacities or have a mother tongue different from that in which the therapy is taking place. The

conclusion is that multilingual therapists are better equipped to approach the complexities of language in therapy, which further reflects this significance. Costa and Dewaele's (2014) recommendations included incorporating these findings and insights into further training and supervision programs for therapists.

Research on multilingual families working with a multilingual family therapist, conducted in 2020 by Das, further supports Costa and Dewaele's findings. Specifically, Das (2020) explores the experiences of multilingual therapists switching from one language to another in the therapeutic context, the awareness therapists have of this phenomenon, and the potential meanings attributed to these experiences. Das (2020) used an interpretative phenomenological approach (IPA) on four female family therapists in London from a range of communities. The participants were from a mixed racial and ethnic background. Das (2020) utilized IPA to ascertain "how people ascribe meaning to their experiences of processing two or more languages and switching between one language and another as a multilingual family therapist" (p. 45). One of the key research questions was 'how is the process of language switching managed by therapists?' (Das, 2020, p. 40). A multilingual matrix framework was developed by Das (2020) in which four key superordinate themes were identified from the four psychotherapists' perspectives. They were 'identity', 'position', 'process' and 'beyond' (Das, 2020, p. 40).

From the therapist's perspective, "Language switching was viewed as an invaluable skill by therapists, enabling them to shift between languages and understand their clients' world in a rich way" (Das, 2020, p. 39). One dynamic the therapists were able to address with the use of language switching included issues of power and voice within the family system. When the therapist was able to switch to the family member's preferred language, they were able to

influence the power dynamic and shift it in meaningful ways. Das (2020) made a concluding suggestion on behalf of therapists, “to explore the language switching phenomenon in supervision and training, as well as to think more widely with monolingual and multilingual colleagues and supervisors about the meaning and the use of language switching in therapeutic practice” (p. 52).

Participants noted both benefits and constraints in their experiences of language switching. A constraint highlighted by participants included the fact that some words were not translatable from one language to another. In addition, some participants noted feeling self-conscious when using their mother tongue, as it did not hold the same power as the dominant language (English). Specifically, one participant linked this feeling to “historical colonization and its effect on second language use, as well as aspects of institutional racism in which the use of languages other than English is not viewed as ‘cool’” (Das, 2020, p. 48). These experiences further highlight the social constructs that are embedded within language. The desire to fit in and assimilate to the dominant culture should not be underestimated and will likely have an effect on interactions that involve language switching.

Both findings from the perspective of therapists and clients reveal that language does impact one’s experience within the therapeutic setting. Granted, language plays a critical role in meaning-making; it would be reasonable to conclude that further supportive frameworks for both therapists and clients would be beneficial. Additionally, these findings set the stage for a more focused exploration of language or “code-switching”, a specific linguistic occurrence that can emerge in multilingual therapeutic settings by both therapist and client. Code switching can shape relational dynamics between the therapist and client, leading to both insight and challenge.

Code-Switching Within the Therapeutic Setting

As noted by Gardner-Chloros (2009), code-switching is a term first coined in the 1950s by Norwegian-American linguist Einar Haugen to describe the behaviour of bilinguals who alternate between languages. Today, code-switching falls under a larger umbrella as a phenomenon that occurs not only amongst bilingual speakers, but also when individuals alter their tone, vocabulary or manner of speaking based on the social context. This fluidity and nuance in speech can serve multiple purposes, such as expressing identity, navigating power dynamics, and responding to social cues and or expectations. In their literature review, Verkerk et al. (2023) “investigate multilingual phenomena (e.g., code-switching and language-mixing) that occur during psychotherapeutic sessions when client and therapist can speak more than one language, as well as the articles that research emotion communication in this multilingual setting” (p. 617). One of the results related to code-switching within this study was identified as establishing a “feeling of belonging to the same community” and being “taken care of” in the context when practitioners switched to the native language of the clients (Verkerk et al., 2023, p. 620). Thus, speaking the same language, especially within intimate spaces, can undoubtedly foster a sense of safety and security.

The above begs the question: What does it mean to speak the same language? In general terms, one can hypothesize that clients feel a greater sense of safety and security due to a shared sense of belonging and, moreover, feelings of being understood, connected, validated, and seen. To take this a step further, I will pose the question: when therapists and clients do not share the same native language and code-switching or language-mixing is not available, how can therapists foster a sense of safety and security? At the very least, having a base understanding that shared language impacts client experiences is necessary. From this foundational

understanding, therapists have an opportunity to exercise curiosity around the use of language and to acknowledge its influence. Verkerk et al. (2023) concluded in this study, “mental health specialists are becoming more aware of the role language can play in their work. It is not only the client's language(s) which is the focus of research, but the therapist's too” (Verkerk et al., 2023, p. 624).

Sample Dialogue

I will provide a fictional example of how code-switching might present within a therapeutic conversation between a therapist and a multilingual client. In this scenario, both client and therapist are bilingual in English and German. The therapist’s mother tongue is English, and the client’s mother tongue is German. The therapeutic relationship is taking place in English.

Therapist: What physical sensations are coming up for you in this moment?

Client: I am feeling like it’s hard to catch my breath, and I feel a sense of pressure.

Therapist: It sounds like you are experiencing a level of anxiety. Does that feel appropriate?

Client: I don’t know if anxiety is the correct word.

Therapist: Would you like to express these feelings in your native language, German?

Client: Yes, the feeling is more... *Es zieht mich runter*, like something’s pulling me down. Saying “anxiety” doesn’t quite fit—it’s more... *Beklemmung*.

(translation: Yes, the feeling is more... it pulls me down, like something’s dragging me.

Saying 'anxiety' doesn't quite fit—it's more like *Beklemmung*.)

Therapist: Beklemmung... danke, dass Sie das mit mir teilen. That word seems to hold something very specific for you. Können Sie mir mehr darüber erzählen, what Beklemmung feels like—in your body, or in your thoughts?

(translation: Beklemmung... thank you for sharing that with me. That word seems to hold something very specific for you. Can you tell me more about it—what *Beklemmung* feels like, in your body or in your thoughts?)

It is noteworthy to mention that the German word, *Beklemmung*, does not have a direct English equivalent; however, it conveys a sense of oppression, constriction, or emotional suffocation. If the therapist in this scenario simply categorized the client's experience as "anxiety", there is a potential risk of not grasping the client's authentic experience. Yet, the therapist in this scenario realizes the limitations in utilizing the English word "anxiety" to capture how the client is feeling. Furthermore, by demonstrating curiosity in the client's mother tongue, the therapist is able to dive deeper into the nuances of the client's experience. If the therapist was *not* bilingual, there is still an opportunity to exercise curiosity and explore nuance. The therapist could ask the client to describe their experience in their mother tongue and then ask the client to translate for the therapist. Checking in with clients to see if the therapist is understanding the client accurately is already a common practice in the therapeutic setting. I am further suggesting that therapists also pay attention to the implications of language and assess for limitations in accurate communication. Despite the fact that I will be narrowing my research to focus on the contrast between German and English concepts related to mental health, I want to emphasize that this approach of exercising curiosity across *any* differing languages is beneficial and demonstrates competency within the therapeutic relationship. This, however, does not come

without particular challenges and impacts to bilingual therapists. In the next section, I will examine these in more detail.

Bilingual Therapists' Impacts and Challenges

Extensive research demonstrates that language choice for clients is particularly meaningful in expressing oneself within a therapeutic setting. Thus, granted this is evident, how does language choice on the therapist's behalf impact expression, communication, and understanding? Walsh (2014) acknowledges gaps in current literature surrounding the meaning of different language systems for the therapist. Additionally, Walsh (2014) explores the concept of transference to language and "the clinical impact of language-related selves of a bilingual therapist, the origin of which is based on the idea that language develops in an object relation context" (p. 56). The object relation context, according to Walsh (2014), refers specifically to the idea that each language has its own language code and, therefore, associated object relations. Moreover, this concept of object relations is imperative in developing a language-specific sense of self and consequently, individuals may perceive themselves as two different persons depending on the language spoken. Within this dual identity based on language use, specific challenges and limitations exist in expressing one's true self. One challenge identified by Walsh (2014) is emotional splitting, which occurs when a person uses a second language and becomes more detached, causing the act of verbalizing feelings to become an intellectual task. This phenomenon has roots in psychoanalytic literature, where the belief is that the mother tongue is essential for working through deep, early conflicts and anxieties, and a second language inevitably creates a degree of emotional distance. As a reaction to this occurrence, Walsh (2014) proposes, "the existence of multiple language-based therapeutic selves" (p. 70).

Within the next section, I will turn the focus towards shame and anxiety as emotion concepts and explore the ways in which they are experienced in both English and German cultural contexts. Emphasis will be given to how these emotion concepts are experienced from a linguistic framework.

Linguistic and Cultural Divergences in the Concept of Anxiety: A German-English Comparative Analysis

German “Angst” vs. English “Anxiety”

The German language offers distinct words to articulate varying dimensions of inner unrest or anxiety, while the English language often compresses these nuances into the single term “*anxiety*.” In German, to express anxiety, there are multiple phrases available. The German word “Angst” is commonly expressed as “Ich habe Angst” which literally translates to “I have fear”. In English, the concepts of fear and anxiety, albeit related, are distinct experiences. There is a nuanced yet important distinction to be made between a person uttering, “I *have* fear” vs. I *am* anxious. In the German context, fear is something the person *has*; it is not something they *are*. When one *has* something, they possess a certain amount of control over it. A person who has something can also lose it, willingly give it away, alter it, or, at the very least, influence it. When one *is* something, for example, “I *am* anxious”, they embody this state, inevitably, allowing it to become part of their identity. In addition, expressing “I am anxious” implies a degree of fusion between self and emotion. If someone *is*, in part, their emotion, there is power that this belief holds. This is yet another linguistic comparison between the German and English concepts of anxiety. Additionally, it is essential to note the other German options available when expressing an anxious state.

“Unruhe” in German translates into English as “restlessness or unease” and can be used to describe inner agitation. “Anspannung” translates as “tension” and can represent physical or mental tension due to worry or fear. “Beklemmung” translates as a feeling of “tightness or oppression” and can be used to describe a suffocating or pressing anxiety. “Sorge(n)” translates to “worry” or “worries”; this feeling can be used in a serious or light-hearted manner. Lastly, I will include, “Nervosität” translates to “nervousness” and is often situational. To summarize, I can easily identify five commonly used German words to describe a state of anxiety: “Unruhe”, “Anspannung”, “Beklemmung”, “Sorge(n)”, “Nervosität” and “Angst”. In English, by comparison, “anxiety” is often used as a blanket term to encompass a wide range of emotional and physical experiences. From a therapeutic lens, the capacity to express oneself in a variety of ways is crucial, as it allows the client to express experiences in a way that feels complete and accurate. Thus, the German language's capacity to differentiate between forms of emotional discomfort allows for greater precision in identifying and articulating internal states. In an English-speaking therapeutic context, it may take longer to grasp the accurate experience a client is grappling with.

Cultural Considerations

It is important to recognize the effect that increased awareness brings to a mental health concept. What does the current literature reveal about the concept of “anxiety” and its evolution within a social context? Xiao et al. (2023) explore various mental health concepts such as “anxiety”, “trauma” and “depression”, suggesting the meaning of these psychological concepts has broadened in recent decades and “acquired more expansive meanings and come to refer to a wider range of events and experiences” (p. 1). This “semantic inflation” has been driven by factors such as increased public attention, diagnostic inflation, pathologization, and

psychiatrization (Xiao et al., 2023, p. 1). Furthermore, the impact of anti-anxiety medication and the push from doctors to prescribe (and some may argue, over-prescribe) them to patients as a “quick fix” is yet another systemic factor shaping public opinion and understanding of anxiety. How does public awareness and messaging about anxiety in English-speaking countries compare to those in Germany? The question of what similarities and differences exist is important in order to make an argument that language has an impact on our experience of it. Likewise, Coutinho et al. (2010) argue, “The prevalence and symptoms of major depression and Generalized Anxiety Disorder (GAD) show the fragility of the categorical conception of these conditions. Differences in cultural views towards anxiety disorders also suggest that anxiety cannot have a uniform definition” (p. 3).

Research indicates cross-cultural variations in the prevalence of anxiety disorders. In a research study by Marques et al. (2011), findings suggest “ that certain anxiety disorders (e.g., generalized anxiety disorder and panic disorder) may vary greatly in rate across cultural groups. It indicates that the clinical presentation of anxiety disorders, with respect to symptom presentation and the interpretation of symptoms, varies across cultures” (p. 313). Furthermore, this article looked at Caucasian American populations compared with ethnic groups such as Asian, Latino, African, and Caribbean black American populations. The relevant findings of this capstone lie in the revelations linked to English-speaking North American populations, as there is a great deal of variation in the presentation of anxiety disorders. For example, with regards to GAD, Western cultures tend to focus less on somatic symptoms compared to non-Western cultures, as well as there are significant variations within interpretations of physical symptoms in panic disorder, variations in the types of feared social situations in social anxiety disorder, and variations in the focus of feared situations in social anxiety disorder (Marques et al., 2011).

These findings challenge the notion of the universality of anxiety disorders. Currently, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) emphasizes the importance of cultural context in the diagnosis and treatment of anxiety disorders. However, the extent of this can be found in one reference: “Since individuals with anxiety disorders typically overestimate the danger in situations they fear or avoid, the primary determination of whether the fear or anxiety is excessive or out of proportion is made by the clinician, taking cultural contextual factors into account” (American Psychiatric Association, 2013, p. 509). There are obvious complications with this recommendation. For one, the burden of cultural competency is placed entirely on the clinician. Moreover, the clinician's responsibility to take into account cultural contextual factors rests on the clinician's cultural experiences, level of education surrounding it, and is ultimately shaped by their own cultural background, biases and countertransferences.

Anxiety as Experienced by German-Speaking Students vs English-Speaking Students

Since the COVID-19 pandemic, anxiety among young adults, in particular, in educational contexts has seen an all-time high. Baars et al. (2024) highlight, “anxiety was the most commonly reported reason for seeking help in counselling centers in the U.S. States between 2017 and 2018, mentioned by 58.9% of university students. Sixty percent of 88,178 surveyed U.S. university students reported overwhelming anxiety” (p. 1). While the data from most of these studies involved either one-time retrospectives or self-report measures of anxiety, it is relevant insofar as it captures the personal experiences of individuals. For the purpose of this capstone, I argue that an official diagnosis is not essential or even necessary. If an individual suffers consequences from what they perceive or experience as anxiety, then for all intents and purposes, it should be regarded as anxiety and thus, therapeutic approaches should respect the autonomy of the individual. Moreover, it is hard to deny the prevalence of individuals

experiencing anxiety in the post-COVID-19 pandemic world. For many therapists, anxiety is a popular topic and one that may not be going anywhere fast. With this in mind, how are therapists in different cultural contexts approaching the topic of anxiety with their clients? And how does language influence these conversations?

When one considers the rising rate of reported anxiety worldwide, it is compelling to note research studies that find results contradicting the current data. A research study by Baars et al. (2024) is one intriguing example of this. Baars et al. 's (2024) study utilized the Experience Sampling Method (ESM) to measure anxiety rates within ongoing lessons and lectures in German university and high school students. To the researcher's surprise, the data measured suggested German students do not suffer from anxiety, or at least, very low rates of it. Baars et al. (2024) state, "We speculated whether the low frequency of anxious experiences during school hours was due to a school-specific effect since our sample was obtained in a secondary academic track school specialized in students with special skills in STEM subjects" (p. 14). Another possible reason for this result could be that it is possible self-selection influenced the results; students with higher anxiety levels may have chosen not to participate, resulting in a sampling bias. Whatever caused these findings, the outcome remains that German-speaking students were less likely to report anxiety compared to students in North American (English-speaking) contexts. I hypothesize that there is a sociocultural element directly linked to language that is causing German students to think about anxiety differently from North American students. Further research would benefit this topic, and my suggestion is that a closer look into sociocultural factors influencing the reports given by subjects participating in studies like this one. In pursuit of exploring how language influences the experience and perception of certain

concepts, I will shift focus to the concept of shame and contrast it in English and German contexts.

Linguistic and Cultural Divergences in the Concept of *Shame*: A German-English Comparative Analysis

Shame: A Cultural Concept

How do people express difficult emotions such as shame? To begin addressing this question, it is essential to recognize that emotions are expressed in multiple ways, such as verbally, nonverbally, and behaviorally. For this capstone, however, I will focus primarily on verbal expressions manifested through language and situate them primarily within a therapeutic context. While some psychotherapeutic approaches incorporate nonverbal or somatic methods, talk therapy remains a central mode of engagement in therapy. Therefore, when clients sit with a therapist, they likely introduce their experiences verbally. These experiences can be direct or indirect, conscious or unconscious, yet are nevertheless rooted in sociocultural structures and shared belief systems, often embedded in language and communication patterns.

Furthermore, I will explore the concept of shame from a sociocultural lens in which shame is categorized as an *emotion concept* (Mizin & Slavova, 2024). The distinction of shame as an emotion concept is examined in a cross-cultural study by Mizin and Slavova (2024), where German and Spanish concepts are analyzed. The authors highlight, “a distinctive feature of emotion concepts is their fuzzy nature, which makes them particularly susceptible to the influence of culture” (p. 234). The findings of this study are particularly revealing and of interest to this capstone, as they serve as an example of how language functions within a sociocultural context to represent language-specific beliefs. Furthermore, the question becomes, how are these language-specific beliefs, such as shame, experienced in a greater social context and then

digested and internalized on a personal level? Shame, in particular, is a provocative emotion because it is directly tied to the moral assessment of an individual's actions. Thus, shame is an emotion that is learned in context and is experienced in relation to others. To further explore this hypothesis, one can ask, *do babies feel shame?* The simple answer is no, they lack the cognitive ability of self-awareness. Assuming this is true, shame is not understood as an innate emotion, but one that is learned through socialization and within a context where individuals are in relation to each other. Thus, it is worth acknowledging the foundational structure of socialization and development, primarily that of our first interactive experiences from birth.

In his earlier work, Dr. Allan Shore, an American psychologist, neuroscientist, and psychoanalyst, famously recognized for his work on attachment theory and developmental psychology, presented data that suggested shame makes its initial appearance at 14 to 16 months (Shore, 1998). Specifically, Shore argued, “The experience of shame is associated with unfulfilled expectations and is triggered by an appraisal of a disturbance in facial recognition, the most salient channel of nonverbal communication” (Shore, 1998, p. 65). Shore’s research expanded on the foundational work of John Bowlby, a British psychoanalyst and psychiatrist who is known for developing attachment theory. Within the framework of attachment theory, attachment is an innate biological system insofar as infants must rely on their primary caregivers to keep them alive and safe. Building upon this premise, *secure* attachment is foundational for the healthy development of an infant. Secure attachment refers to the circumstances where the primary caregiver is consistently responsive and emotionally available. From this foundation, trust, emotional regulation, and resilience can be fostered (Heard et al., 2012). Early developmental psychology is a critical framework for understanding the patterns that shape how individuals think, feel and behave throughout their lives. Heard et al. (2012) highlight the ways

in which defensive strategies later on in life are primarily used to avoid experiencing emotions such as feeling “shamed, dismissively put down, rejected or abandoned” (p. 48). If one assumes that behavioural patterns are assimilated and learned from birth, it would be imperative to consider emotional expressions, such as shame, within their greater social context.

“Die Fremdscham”: A Version of Shame in German

How do German-speaking individuals experience and talk about shame? The direct translation of the English word “shame” in German is “Scham.” The German word Scham generally refers to the feeling of personal embarrassment or disgrace (Dudenredaktion, n.d.). For example, „*Ich fühlte Scham, als ich lügen musste*“ (I felt shame when I had to lie). In German, Scham conveys a heavier tone as opposed to casual speech in which individuals often use words such as *peinlich* (embarrassing, awkward) or *unangenehm* (uncomfortable). What is relevant in this capstone is the fact that Scham is not the only word commonly used in German to convey shame; there is another word, “*Die Fremdscham*”, and it loosely translates as “vicarious shame” or “secondhand embarrassment”. In English, this translates to: To feel ashamed on behalf of someone else; to experience shame even though one is not directly involved. Within the German definition, “*Die Fremdscham*” represents an experience one has *on behalf of someone else*, not within oneself. Interestingly, in English, this version of shame simply does not exist. In 2021, the lexemes “Fremdschämen” and “Fremdscham” were admitted by German-language mass media as the words of the year in youth jargon, and the English word “cringe” was considered to be the equivalent (p. 235).

One example of how this linguistic and cultural distinction becomes relevant is in cross-cultural therapeutic settings, specifically, when a native English-speaking therapist works with native German-speaking clients. There is a significant difference between a client feeling

ashamed about oneself in an inward reflective way versus feeling ashamed in an outward way, in which the actions of others may trigger shame. The German word “Scham” is more aligned with the English word “shame”, as it represents an internal emotion. If a non-German-speaking therapist is unaware of the cultural differences between Fremdschämen/Fremdscham and Scham, there could be a lot lost in translation. Nevertheless, this is not so much a challenge of basic translation as it is a challenge of capturing the totality of experiences available based on linguistic scope. It is this difference in linguistic scope that translates to a difference in communication patterns and expression that multi-lingual therapists would benefit from being aware of.

Guilt and Shame Questionnaire (GSQ-8): English, German, and Dutch Examination

Hoppen et al. (2022) developed an eight-item Guilt and Shame Questionnaire (GSQ-8) in English, German, and Dutch in which shame was examined as a fundamental human emotion “involved in the regulation of basic human cognition and behaviour, including consciousness, moral cognition, social cognition, and social relations” (p. 2). The method involved a clinical sample of adults seeking treatment for childhood-trauma-related “posttraumatic stress disorder ($n = 209$), a sample of adults who had suffered at least one traumatic life event reporting different levels of PTSD symptoms ($n = 556$), and a non-clinical sample of adults ($n = 156$)” (Hoppen et al, 2022, p. 1). The results of this study found that guilt and shame were related but separate emotions that were measured by four items for each factor. The factors being: depressive symptoms, life satisfaction, mental health-related quality of life, and self-blame. Both guilt and shame emotions were linked to all factors: depression, life satisfaction, mental health quality, and self-blame. More importantly, the frequency of experiencing guilt and shame was a predictor of

mental health outcomes. Results were consistent across the different groups, including men and women, and all three languages.

This research article is relevant to this capstone project because it represents research that overlooks the critical function language plays in constructing an accurate representation of one's reality. Moreover, in regard to the participants, it is imperative to highlight that the English-speaking participants were limited in number *and* they resided in either the Netherlands, Germany, or Australia; thus, one cannot attribute cultural context based on language choice. When examining the GSQ-8, it is evident that no consideration is given to linguistic variations. In addition, Hoppen et al. (2022) noted "some items did not seem to represent an emotional experience, and others were judged to be not specific to guilt or shame, and yet others showed translation problems into German and Dutch" (p. 4). This study was described by Hoppen et al. (2022) as a "parsimonious tool", which refers to methods that are simple, efficient and effective because they use the fewest possible components or variables (p. 1). While these studies may be efficient and simple, they involve complex emotion concepts and ones. My curiosity lies within the individual interpretation of these feelings. When tracking how many times an individual "felt shamed" within four weeks, it should be noted that these answers are highly subjective and culturally relevant. Thus, I argue that while these studies offer beneficial data, caution is warranted when interpreting cross-language research on nuanced emotions.

Conceptualizing Shame in English-Speaking, North American Culture

By contrast, how do English-speaking people experience and talk about shame? According to the *Oxford English Dictionary*, the noun shame is defined as "the painful emotion arising from the consciousness of something dishonouring" (*Shame*, n.d.). Drawing from both philosophical and neuropsychological perspectives, Anglo-American Professor Heidi Maibom

(2010) argues that shame, "shame concerns failure to live up to norms, ideals, and standards that are primarily public and emerges when we are faced with either the disapproval of others or the disapproval of our own internalized audience" (p. 568). When one approaches shame as an *interpersonal* emotion that is created via relationality with others, it shifts the focus from individual pathology to interpersonal dynamics. In English-speaking contexts, individuals often express shame through indirect language, revealing not only personal discomfort but also a cultural legacy that does not hold vulnerability in high esteem. This begs the question: *Why* is shame so difficult to express despite its pervasive nature?

Cohen (2003) explores the historical context of shame in American culture in his research article, "The American National Conversation about (Everything but) Shame". I intentionally include the title of this article because it captures the irony of his argument: while shame is a pervasive emotional experience, it remains largely unspoken about in American culture, thus further reinforcing its status as a taboo subject and emotion. In an attempt to zero in on shame, Cohen distinguishes between two types: "primal shame deriving from failings of bravery and courage and moral shame deriving from our transgressions" (p. 1076). While primal shame focuses on personal inadequacies, moral shame focuses on failures to uphold moral standards. These distinctions are crucial to comprehend because they derive from different sources and from who or what creates the standards by which individuals evaluate themselves.

Cohen (2003) further argues that the reason shame floats nebulously in the background of American culture is "mostly because we have lost the language to discuss shame, even as we debate issues that center on it" (p. 1075). One reason for this, as hypothesized by Cohen (2003), is due to its "murky definition" as well as the fact that it often gets blurred with other familiar words and emotions, such as guilt, embarrassment and humiliation, part of the "Four Horsemen

of Abasement” in addition to shame (p. 1075). Another reason noted by Cohen (2003) is that shame is crowded out by “other types of language” - namely, that of “individualism and rationality” (p. 1101). Cohen (2003) described this language as rooted in psychotherapy and popular culture, where various forms of media (self-help books, TV, the internet, etc) have taken on the role of the all-knowing therapist with all the solutions to the problems people face today. This theory essentially aligns with a social constructivist framework insofar as it emphasizes dominant sociocultural narratives that shape the way individuals digest and express emotions. Ultimately, Cohen (2003) argues that the language around shame obscures individuals from expressing or experiencing it because “the feeling of shame is likely to be seen as unhealthy low-self-esteem or an irrational sense of guilt driven by and underlying (and probably biologically based) depression or disorder” (p. 1102). This further reflects a cultural theme of individualism and rationality, values that are characteristic of Western society. Cohen’s article, albeit compelling, is yet one voice on the topic of shame in Western culture.

In a 2006 study by Finnish cognitive linguist and University of Helsinki lecturer, Heli Tissari, conducted a cognitive linguistic analysis of the English word *shame*, exploring how the emotion is conceptualized and expressed through language. Tissari’s research differs from Cohen’s insofar as it approaches shame through a cognitive linguistic lens that examines the concept of shame as it is constructed within the English language itself. Tissari (2006) argues that shame can be understood as two distinct experiences (Model A and Model B). These scripts are not historically subsequent to each other, but also alternate with each other. Tissari (2006) further highlights, “although the earliest data leans towards the first one, and the most recent data towards the second, there seems to be oscillation throughout the data between these two poles” (p. 152). Specifically, Model A outlines a religious and collective experience rooted in societal

expectations, where individuals feel shame due to personal or communal failures, often leading to silence, withdrawal, or public confession; and Model B, where shame is framed as an individual and secular experience, triggered by falling short of moral or social norms (Tissari, 2006, p. 152). Not surprisingly, Tissari (2006) argues throughout her research paper that “each aspect of the conceptualization of shame could be studied in more detail,” and to give this type of study a stronger linguistic focus, researchers could examine how physiological effects, behavioural responses, related concepts, metaphors, metonymies, and their causes are expressed through language. Another approach, as demonstrated throughout this capstone, is to take a cross-cultural comparison where therapists notice, validate and pay close attention to the nuances that exist among bilingual clients.

Therapeutic Modalities and Multilingual Relationships

I have chosen to briefly highlight three existing therapeutic modalities that are socially relevant and in trend at this moment in North America: narrative therapy, cognitive behavioural therapy (CBT), and acceptance and commitment therapy (ACT), and position them within a multilingual context. The purpose of highlighting these specific modalities is to demonstrate how therapists can utilize and modify existing current modalities to benefit multilingual therapeutic relationships. While some research has explored the role of the English language within these therapeutic frameworks, there appears to be a lack of research examining the integration of multiple languages within these modalities. For example, Qiu and Tay (2023) conducted a methodological comparison of therapist and client language across psychoanalysis, humanistic therapy, cognitive behavioural therapy and eclectic therapy in which 155 therapeutic transcripts were examined using Linguistic Inquiry Word Count (p. 337). Studies like this use technology to gather data on text analysis. They do not, however, take into account sociocultural factors, nor do

they consider whether English is the therapist's or client's mother tongue. Language, when broken down to words, can be empirically studied, but the context and nuance in which language exists are not as easily measured. This is perhaps one reason why research regarding language in multilingual therapeutic contexts is lacking. I will now review three therapeutic modalities and highlight possible considerations when working in multilingual therapeutic contexts.

Narrative Therapy

Narrative therapy is a modality developed by Michael White and David Epston that centers on how identity is shaped by the stories individuals tell about themselves. Within Narrative Therapy, language is a central tenet to identity formation as it carries crucial sociocultural meaning, as well as being a primary form of communication. While language is a central component, the focus is placed on individuals creating meaning that is personal and unique to them. Narrative therapy is a tool that helps individuals create their own language and shape meaning. Existing research currently situates narrative therapy as particularly relevant in multicultural counselling, as it assists in deconstructing dominant cultural narratives. Pamela and Carmen (2000) argue

If a central task in counselling across cultures is appreciating the cultural landscape surrounding clients' lives and honouring resources of strength and resilience contained in these milieus, then the narrative therapist serves as a guide, uncovering overlooked possibilities in clients' experiences and enriching the multicultural counselling partnership. (p. 61)

Narrative therapy can serve a multilingual therapeutic relationship in that it is an approach that encourages clients to reclaim authorship over their own stories while validating lived experiences across culture and language.

Acceptance and Commitment Therapy

Acceptance and commitment therapy was pioneered by Professor Steven C. Hayes in the mid-1980s and was labelled the ‘new wave’ of behaviour therapy. This transformative therapy promoted psychological flexibility, in part by combining mindfulness interventions from Eastern traditions with Western philosophies. Psychotherapist and author of several foundational ACT books, Russ Harris (2019), poetically stated, “ACT asks clients to experience the world in a new and meaningful way. In this new world, the core of life is more like appreciating a sunset than it is solving a math problem” (p. 13).

ACT creates space for clients to explore their relationships, identities and values beyond the limits of one language. In multilingual therapy, clients may feel constrained or misrepresented by language alone, and ACT offers a creative way to find meaning by drawing on experiential and values-based processes. This quality makes ACT especially effective for clients negotiating multiple languages and cultural identities, as it emphasizes lived experience rather than reliance on accurate linguistic translation.

Cognitive Behavioural Therapy

Lastly, I will briefly touch on a modality developed by Aaron Beck in the 1960s, cognitive behavioural therapy. CBT is commonly used in research-based studies as it is highly structured, manualized and easily measurable, making it well-suited for empirical evaluation. Specifically, CBT focuses on identifying challenging or unhelpful thought patterns and beliefs and encourages individuals to replace these “maladaptive” ways of thinking with ones that produce more balanced or adaptive ways of thinking. I choose to employ quotes around the word maladaptive because I want to call attention to the question of *who* is deeming a thought as maladaptive and *why*. As Madison (2022) explains in more detail, “When there is a problematic

causation chain (or cycle), the therapist and client logically examine the patient's explicit units (schemas, negative automatic thoughts) and as a consequence of rationally considering this content and incorporating new evidence, these units change to other more adaptable units" (p. 294). This approach can be problematic if and when a therapist does not examine their own bias around what constitutes "rational" or "adaptive" thinking. However, when individual biases, sociocultural norms and bias and power imbalances are seriously considered, and agency is given to the client, CBT can become a collaborative and empowering therapeutic modality.

Within the multilingual therapeutic relationship, CBT can be beneficial insofar as it can foster empowerment by supporting clients to examine their thoughts within a sociocultural context and question how these thoughts are formed. I will stress that CBT practices within multilingual therapeutic contexts should be grounded in cultural awareness and reflective of power dynamics in order to avoid cultural bias.

Therapeutic Approaches in Multilingual Relationships: Embodied Listening

Throughout this capstone, I have positioned language as a powerful tool that shapes how human beings think, perceive, and understand both the world and themselves. Nevertheless, it is reasonable to challenge whether language *alone* can capture an individual's experience and to what extent. While it is essential to recognize linguistic differences across languages, I argue that therapists should also be sensitive to the point where language starts to fail individuals in its capacity to express and accurately reflect their personal experience. Thus, the research within this capstone has led me to a further understanding that therapeutic attunement requires more than linguistic translation; it demands an approach that emphasizes somatic practices such as embodied listening. Embodied listening involves whole body presence, where the therapist

utilizes the body as a tool to gather information, while intuitively aligning emotionally, physically, and intellectually with a client.

Prominent scholars who have supported embodied approaches include Peter Levine and Eugene Gendlin, among others. Specifically, Peter Levine is popularly known for his contribution to the field of psychology with an approach he coined as “somatic experiencing” (Payne, Levine, & Crane-Godreau, 2015). This approach focuses specifically on restoring functionality to the core response network by “taking into account the instinctive, bodily-based protective reactions when dealing with stress and trauma” (Payne, Levine, & Crane-Godreau, 2015, p. 1). Approaches to somatic experiencing include embodied practices such as traditional methods of meditative movement, such as qigong, t'ai chi and yoga. Building on the importance of body awareness is Eugene Gendlin, the pioneer of *focusing*, who is famously quoted for, “you must allow the body to say what it knows. The body always knows” (Gendlin, 1978). Gendlin highlighted the significance of the body’s intuitive, pre-verbal awareness and integrated this as an essential guide in the therapeutic process and relationship. I will note that embodied practices are often associated with trauma work within therapy because trauma is stored primarily in the physical body. Nevertheless, embodied listening can be greatly beneficial in therapeutic settings where communication gaps exist, such as in multilingual therapeutic relationships. Thus, I will utilize the concept of embodied listening and apply it to specific multilingual concepts in chapter three.

Chapter Summary

As demonstrated throughout chapter two, language functions as a primary role in human communication and as a result, it is a foundational element that shapes our experience, perceptions and meaning-making. Utilizing a social constructionist theory lens, I positioned

communication as a relational act that occurs between individuals and within a sociocultural context. Rather than viewing language as a mere signal transmitted from one person to another, it can be understood as a social process through which meaning is negotiated, shared, and continually co-constructed. Following this discussion was an exploration of multilingualism in therapy that underscores the complexities of navigating emotional expression in the therapeutic context. To demonstrate how language can reflect different realities, I chose two emotion concepts, anxiety and shame and presented a comparative analysis. The results of this comparative analysis affirmed how different languages reflect different cultural views and the ability to frame nuanced emotions in multiple ways, both collectively and individually.

Chapter 3: Discussion and Application

The desire to feel deeply heard and understood is a fundamental need that every human being deserves to have fulfilled. Within the therapeutic relationship, effective communication is at the heart of meaningful connection, and language plays a critical role in influencing how clients and counsellors navigate and cultivate meaning-making. Within multilingual client-counsellor relationships, the role of language and the importance of effective communication are more complex and therefore require an added layer of reflection and care. Thus, therapeutic attunement within multilingual relationships requires a step past linguistic translation, demanding an approach that emphasizes other avenues of understanding. To facilitate this endeavour, I created the acronym LISTEN. Each letter represents an important aspect for counsellors and clients to consider. Chapter three will dive into the practical application that the acronym LISTEN offers, as well as highlighting ethical considerations, limitations and personal reflections.

Discussion

When clients enter the counselling space, they often come with an idea of what they would like to address. These concerns can range from coping with anxiety to self-esteem issues, help with life transitions and healing past wounds, the list goes on and on. What might not be as obvious to clients is the means by which these concerns are communicated. As this capstone has demonstrated, language serves as a powerful communication tool, and its influence can easily be overlooked if not directly identified, addressed and tended to. Counsellors have an ethical obligation to ensure transparent and clear communication, and it can be argued that failing to address the influence of language is unethical.

Limitations

The limitations of this capstone include the range of scope and focus I chose to examine. Specifically, I focused primarily on the English and German languages. Possible limitations to this include missing research in less-studied languages and regions. In terms of the research selected for this capstone, most of it focuses on relatively small sample sizes, as well as relying heavily on self-reports and qualitative data, which can lend itself to subjectivity. This research also lacked longitudinal studies, which study the long-term effects in the contexts chosen. Additionally, this capstone is framed through a social constructionist lens, thus emphasizing language, context, and relational processes in understanding human experiences. In doing so, it inevitably limits the exploration of cognitive explanations of emotion and communication.

I applied the implications of language to the counselling context, which is a very specific environment. *Who* has access to counselling services reflects factors such as class, economic status, and educational influence. Similarly, those who enter the counselling profession have the privilege of higher educational learning. Therapists are trained to observe clients and the therapeutic relationship in a delicate and nuanced approach. This does not necessarily reflect the experiences of individuals who exist outside of this professional or academic context. Lastly, I will touch on the role of new technologies and their potential impacts on language, translation and communication.

Future Considerations of Artificial Intelligence Tools

Within the past decade, the rise of artificial intelligence tools (AI), such as online translators, has impacted how people engage with language and translation. The easy accessibility of AI renders language translation quick and convenient. However, this ease can mask the complexity and cultural nuance that exists within language. When a word in one

language does not have a simple translation to the next, an AI tool will substitute that word with the most common lexical equivalent. Moreover, no explanation accompanies this choice or an acknowledgement that this is occurring. One consequence of relying on technological processes is that individuals do not need to access critical thinking skills. In addition, individuals can learn a new language without having to interact with another human being, leaving behind the relational nature in communication. What is also lost in this process is how certain languages are physically communicated; subtleties such as tone, facial or bodily expressions and cultural mannerisms. Communication through language is not only about word choice. Thus, counsellors should be aware of how clients engage with AI and the sociocultural impacts that new technologies pose. When considering future directions, I strongly encourage counsellors to think critically about how new technologies influence communication and how clients are impacted. AI will continue to advance, and the impacts of this are continuously unfolding; thus, incorporating these conversations and reflections into the counselling context can benefit and strengthen the therapeutic relationship.

Ethical Considerations

When reflecting on ethical standards, Standard Three of the BC Association of Clinical Counsellors (BCACC) Code of Ethical Conduct, “Professional Integrity and Communication,” is a key consideration when approaching multilingual therapeutic relationships (BC Association of Clinical Counsellors, 2023, p. 4). Specifically, Standard Three, section 3.19 states that counsellors have an ethical duty to “Identify potential barriers to communication and make a reasonable effort to address those barriers using appropriate tools and techniques (e.g., certified interpreters, technology, visual educational materials) (BC Association of Clinical Counsellors, 2023, p. 5). This section of the counsellor’s ethical code in British Columbia highlights the

requirement necessary to ensure communication barriers are addressed and responded to accordingly. Granted this requirement, the acronym LISTEN can serve as a useful tool in not only identifying barriers, but addressing them in personalized ways that move beyond communication and language barriers in a culturally sensitive way that respects client autonomy.

Application

I created the acronym LISTEN as a guide for both counsellors and clients when navigating the complexities of communication in multilingual therapeutic relationships. Each letter represents a guiding consideration that both counsellors and clients can use to support language, culture and identity in the counselling space. LISTEN represents the following: L: Language, I: Intention, S: Somatic Approaches, T: Translation, E: Embodied Listening and N: Narrative. I will go into further detail as to how each of these concepts can be applied in the therapeutic space.

Language

Language is one of the primary modes in which human beings communicate. It is used as a reflection and expression of our self-identity while being embedded simultaneously in a sociocultural structure that both reflects and produces meaning. Throughout this capstone, I have positioned language as an imperative tool that shapes the way human beings think, perceive, and understand the world and themselves. Therefore, it is with intention that L is the first consideration in this acronym guide. As a counsellor working within a multilingual therapeutic relationship, my encouragement is to identify the role of language for the client. For example, curiosities may include: What is the client's mother tongue? Were multiple languages used during the client's formative years? What is the client's current primary language? Do they employ multiple languages? Which language feels most representative of their identity? If the

primary language being used in the counselling space differs between client and counsellor, how might this influence communication between the two? Having a meaningful conversation about language is crucial when entering a multilingual therapeutic relationship, and intentional curiosity can greatly benefit the relationship and help mitigate any potential linguistic gaps in communication.

Intention

The I in the LISTEN acronym represents Intention. In chapter two, I introduced Korzybski's metaphor, "The map is not the territory" (1922), which reflects the notion that words themselves and language are not reality itself but an attempt to capture and reflect our experience of reality. In this framework, the intention of language is to accurately capture and communicate our human experience and yet, naturally, there will be varying degrees to which language is useful and successful in doing so. Therefore, when counsellors and clients are aware of potential challenges when utilizing language, intention can serve as a powerful concept. Questions that may arise can include: What is the intention within the use of a particular word or phrase? Does the use of a word or phrase accurately reflect the client's experience? Does the language choice accurately reflect the client's experience, or does it distort or limit it?

Somatic Approaches

Next, S introduces Somatic Approaches. This term refers to body-based therapeutic practices and is often found in trauma-based approaches in psychotherapy. Specifically, somatic approaches focus on regulating the autonomic nervous system and can help clients shift from dysregulated states into more regulated states. Language is one of the primary modes in which human beings communicate, but it is not the only mode. All human beings begin their lives in the pre-verbal phase as infants and learn to utilize bodily cues such as crying, movement,

gestures and facial expressions to communicate their needs and emotions. Thus, non-verbal communication is the first type of communication we learn as human beings. Extensive research in early childhood development indicates that early forms of non-verbal communication between infants and caregivers play a significant role in shaping emotional regulation and attachment patterns later on in life (Ainsworth et al., 1978; Bowlby, 1982; Schore, 2012). Considering this foundational piece in development, when language alone is used to gather information, there is a risk of neglecting other important factors present in the therapeutic encounter. Overlooking non-verbal cues and forms of communication can be potentially detrimental. Lohrasbe and Ogden (2017) highlight, “One of the primary methods of helping clients learn how to manage symptoms, including dysregulation, involves teaching them how to stabilize their arousal” (p. 579). One approach in doing so includes somatic resources such as touch, eye gaze, breath work, and grounding techniques (Lohrasbe & Ogden, 2017). While this capstone is not dedicated to exploring somatic approaches in depth, I believe it is essential to acknowledge the impact of somatic approaches. My recommendation is to incorporate a somatic-informed approach to multilingual therapeutic relationships.

Translation

T represents Translation. To translate a language from one to another is not a simple or straightforward endeavour, as demonstrated throughout chapter two. Many concepts reflect cultural identities that are rooted in rich histories, traditions and worldviews; thus, they are embedded with culturally specific understandings. Many words and concepts do not possess simple translations between languages. To be aware of this as a counsellor is fundamental when working within a multilingual therapeutic context. What are the cultural norms and biases the counsellor’s linguistic history brings versus those of the clients? Even when the cultural context

is similar, there is a risk involved in assuming similarity. This is why I argue translation needs to go beyond linguistic translation; it needs to be unique to the client's lived experiences, personal histories, and worldview. While sociocultural structures influence all human beings, we create our own blend of meaning from a range of lived experiences. For example, when talking about a concept such as anxiety, counsellors can encourage clients to define or "translate" this concept for themselves. An example might include, "Tell me about your personal experience of anxiety", or "If you could define anxiety, how would you describe it?"

Embodied Listening

E represents the concept of Embodied Listening. Within the colonized Western therapeutic context, dominant cultural narratives emphasize information generated from the mind over the body. Embodied listening is a form of communication that challenges traditional ways of gathering information based on mind-body dualities. Furthermore, it is a response and critique to the epistemological approach needed to acquire and organize information in a way that prioritizes empirical, rational ways of knowing over intuitive and relational dimensions of experiences. At its core, embodied listening generates information from attuning to the whole person, their body language, tone, gestures and integrating this information into the therapeutic encounter. Shaw (2003), in his article, *The Embodied Psychotherapist: The therapist's Body Story*, argues that "psychotherapy can be considered a way of constructing meaning out of an encounter between two bodies: that of the client and that of the therapist" (p. 271). The research in this study implies "that knowledge of the therapeutic encounter can be acquired somatically by psychotherapists" (Shaw, 2003, p. 282). Additionally, it was found that therapist embodiment was relevant to all schools of psychotherapy, not just therapists working from a Humanistic approach (Shaw, 2003). Utilizing the body as a wise source of information allows the therapist to

catch subtle cues that might not be captured by language. This conversation also begs the question: What is the cost of neglecting the body and the information stored in and gathered from it? One study from Burgmer & Forstmann (2018) explored the effects of the mind-body dualism on mental health and concluded, “our research suggests that rejecting the notion of mind-body dualism motivates people to take care of their physical health, thereby hoping to sustain their mental well-being”.

Narratives

Lastly, N represents Narratives. The French-Cuban-American author Anaïs Nin famously wrote in her novel *Seduction of the Minotaur*, “We don’t see things as they are, we see them as we are” (Nin, 1961, p. 124). This statement lends itself to the notion that reality is a subjective experience. Thus, what creates our subjective experiences? In part, the narratives that we create and hold about ourselves, the world around us, and our relationality. I employ the word “narrative” in this acronym as a creative tool, not bound by the structures associated with narrative therapy, but nevertheless closely associated. Within the formal modality of narrative therapy, the word *Narrative* “refers to the accounts or stories that persons tell themselves and others about their lives, and also to persons’ and communities’ firsthand, experiential knowledge (Payne, 2006, p. 57). Narrative therapists employ various interventions such as the externalization of internal discourse, re-authoring practices, and the use of storytelling to aid in self-reflection. The goal of Narrative Therapy is to help people separate themselves from problem-saturated stories and create alternative stories that better reflect their values, hopes, and preferred ways of living; as the founders of Narrative Therapy, Michael White and David Epston, framed it, to help clients “re-story” their lives (White & Epston, 1990, p. 11). If therapists and clients find Narrative Therapy helpful, I encourage further exploration. The extent to which I use

“Narrative” in this context is to recognize the ways in which personal narratives shape our realities. Questions a therapist can ask a client may include: Can you recall a time when your sense of identity was different from what it is today? Whose voice do you hear in your mind, and what messages are being reinforced or dismissed? How would you describe yourself as the main character in the story of your life? Are there other important characters? How do they fit in? Essentially, allowing clients to view their lives through a narrative lens offers the opportunity to experience new ways of perceiving the world and self. When applying this framework to the multilingual therapeutic context, it can offer fluidity and space from confined ways of relating to identity. When language can feel limiting, how can therapists offer creative ways for clients to express themselves? Offering exploration and reflections of personal narratives can be one way of navigating self-expression, identity and autonomy.

Conclusion

The consequences of global immigration patterns and multiculturalism have led to an increasing number of people from diverse cultures coming together. Therefore, it should not come as a surprise that counsellors today will likely find themselves working with clients whose primary language differs from their own. In multilingual therapeutic relationships, creating effective communication and meaning-making can involve additional layers of nuance that require extra attention and care. As someone with experience in multilingual contexts, I have personal experience with the implications language poses. Communicating in different languages revealed to me more than a semantic difference; it uncovered a different world. Thus, when I entered into a Master’s Degree in Counselling, I knew this was an experience I could bring to my relationships with clients.

In order to demonstrate how language shapes individuals' experiences and perceptions, chapter two focused on how humans communicate via language, as well as an exploration of two emotion concepts that often enter the counselling context: anxiety and shame and contrasted them in German and English. In English, these concepts reflected a distinct cultural framework which highlighted an individualistic lens. For example, the phrase in English "I am anxious" revealed a more internal observation or reflection as opposed to the German phrase, "Ich habe angst" (I have angst/anxiety). In English, anxiety is often expressed linguistically as something someone *is*, whereas in German, it is something one *has*. In addition, the German exploration of anxiety revealed numerous ways of expressing anxiety, while in English contexts, the nuances that accompany this emotion concept are often simplified into a single term, "anxiety". Understanding these linguistic differences and opening a dialogue with clients about the functions of language within the counselling context can only enhance communication, deepen cultural awareness and support clients in expressing their internal experiences.

Chapter three focused on the practical application of LISTEN in the counselling context, as well as highlighting limitations and considerations in this capstone. I created the acronym LISTEN as a response to the revelations throughout this capstone; it is a guide for both counsellors and clients when navigating the complexities of communication in multilingual therapeutic relationships. Each letter highlights a guiding consideration that both counsellors and clients can use to support language, culture and identity in the counselling space.

I will conclude this capstone with a reflection from Harwood et al. (2021) "Language, thus, provides a window into people's identities, both personal and social. The visual "window" metaphor draws attention to the revealing properties of language, and the (often unconscious) ways that it reflects who we are" (p. 174). With this in mind, I invite counsellors to approach

language in the counselling relationship as an insightful tool or “window” that can illuminate and shape different realities, both external and internal.

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Appendix A

LISTEN Acronym

LISTEN is a guide for both counsellors and clients when navigating the complexities of communication in multilingual therapeutic relationships. The images below represent the front and back of a visual resource intended for print or online formats.

