

The Role of Language in Therapy With the Spanish–English Bilingual Client

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The clinical and counseling psychology profession has witnessed a steady increase in research on the development and application of Hispanic/Latino-centered therapeutic approaches; however, little attention has been given to incorporating the dynamics of a client's language background in treatment. The authors discuss the important role of language representation and emotions and the implications for conducting therapy with bilingual clients who speak Spanish and English. The contributions of psychoanalysis and psycholinguistics that have guided the research on language issues in counseling and therapy are presented, and future directions in research, training, and practice are outlined.

It is well recognized that the clinical and counseling psychology profession has turned its attention toward developing culturally appropriate treatment approaches for Hispanics/Latinos¹ (e.g., Bracero, Sesin, Hernández, Ranson, & Costantino, 2000; Costantino & Rivera, 1994; Malgady, Rogler, & Costantino, 1990; Ponterotto, 1987; Zuñiga, 1991, 1992). However, the reality is that more training is needed to produce culturally competent psychologists who understand the dynamics of language in a Spanish–English bilingual Hispanic/Latino client and who use therapeutic approaches that are linguistically appropriate (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera, 1995). This reasoning stems from the idea that language is the primary means of transmitting information about beliefs and cultural traditions. For many bilingual Hispanics/Latinos, the Spanish language expresses their heritage, is a source of identity and pride, and is the means through which emotions are articulated.

Although the Hispanic/Latino population is heterogeneous, with its diverse subcultures (Cuban, Dominican, Mexican, Puerto Rican, Salvadoran, etc.) and distinct migration patterns, geographic settlement areas, customs, practices, and beliefs, the Spanish language is a common cultural characteristic. One could argue that although there are a variety of dialects, the Spanish language unifies this diverse population of people. Moreover, the Spanish language is the vehicle for maintaining cultural traditions and

remains the dominant language spoken in most Cuban, Puerto Rican, and Mexican American homes in the United States (Altarriba & Bauer, 1998; Santiago-Rivera, 1995, 1996). A strong argument supporting the maintenance of the Spanish language is that the majority of Cubans, Puerto Ricans, Mexicans, and individuals from other Spanish-speaking countries continue to migrate and live in predominantly Hispanic/Latino communities, frequently engage in cultural festivities, and practice religious rituals and traditions (Schrauf, 1999). Consequently, one would expect Hispanic/Latino children to grow up in a bilingual environment.

There are two broad areas of research that examine the role of language in therapy with bilingual clients. One area focuses on how the client's primary and secondary languages affect the clinical evaluation of psychopathology leading to misdiagnosis (e.g., Malgady & Costantino, 1998; Marcos, 1994), and the other involves the dynamics of language use in the treatment of bilingual clients. A psychoanalytic theoretical framework drives most of this research. Although the contributions of these perspectives are noteworthy, we argue two important points regarding therapy with bilingual clients. First, we propose that understanding the role of language in therapy is central to effective treatment regardless of theoretical orientation. Second, bilingualism should be perceived as a client strength rather than as a deficit.

This article has three parts. In the first part, we draw from cognitive and psycholinguistic perspectives and describe the role of language, including such aspects as the acquisition of a second language and the role of emotion in language representation. Particular attention is given to describing how a bilingual individ-

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¹ We use the term *Hispanic/Latino* for two reasons. First, the group term *Hispanic* was created by the Office of Management and Budget and is defined as a “person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin” (Marín & Marín, 1991, p. 20). The purpose of creating this term was to categorize a group of people not by country of origin but by a common language—Spanish. Second, although the term *Hispanic* appears in most of the counseling and psychotherapy literature, the term *Latino* has been growing in popularity because it represents a political consciousness and a sense of ethnic pride, particularly among those residing in the United States. We choose to use both terms interchangeably throughout the article.

ual stores *any* two languages in memory. It is necessary to review this literature, first, to understand its relevance for therapy with bilingual clients from a cognitive and developmental standpoint. In the second part, we review the literature on psychoanalytic principles that have guided the research on clinical work with bilingual clients, including contemporary perspectives on therapy, assessment, and the use of language switching as a therapeutic technique. In the final part, we discuss future directions that will inform the development of new paradigms in research, training, and practice.

Cognitive Aspects of Bilingualism

Bilingualism as the Norm

Bilingualism is much more common in the world than monolingualism. That is, most researchers would agree that there are likely many more people in the world who use more than one language on a regular basis than individuals who use just one (cf. Bialystok, 2001; Schreuder & Weltens, 1993). However, there is complexity in trying to define and assess this concept. One way to approach this question is to examine the specific domains in which an individual is proficient in his or her languages. For example, someone might speak two languages fluently but be able to read only one. This individual might be a bilingual speaker, but his or her ability might reside only in this single domain. Likewise, someone might be able to comprehend two languages but produce words with correct pronunciation and grammar only in one. In this way, bilingualism might be defined on the basis of a specific domain of ability.

Linguistic dimensions of bilingualism have received considerable research attention from a variety of disciplines (e.g., education, sociology, and psychology). In particular, Susan Ervin-Tripp (e.g., Ervin, 1961; Ervin & Osgood, 1954), a pioneer in the area of psycholinguistics, was one of the first to elaborate on the difference between a compound and a coordinate bilingual. Essentially, a compound bilingual has only one representational meaning system, which can be accessed in two different languages. This type of bilingual individual grows up learning two languages simultaneously, encoding in memory words and experiences that can be expressed in two languages. On the other hand, a coordinate bilingual has developed two independent language systems, each with its own meaning, experiences, and words. Typically, this type of bilingual individual learns one language first and a second language at some other point in time (Grosjean, 1982). Whereas early research suggested that there may be two independent language systems in a bilingual individual, the contemporary view is that indeed there may be a degree of "interdependence," because the cognitive organizational system of each language is not entirely separate from the other (Silva, 2000).

Still more complex is the issue of how one assesses language ability. A variety of standardized tests exists to measure language proficiency (e.g., the Test of English as a Foreign Language), but many are culturally biased or fail to capture the speaker's actual knowledge that is implicit in a language and not explicitly testable (Royer & Carlo, 1993). In standard types of cognitive research on bilingualism, abilities are typically assessed through the use of a language history questionnaire that asks individuals to rate their ability to speak, read, or write in multiple languages. This questionnaire also asks about percentage of daily use of a language and

the means through which the languages were acquired. An alternative is to assess actual performance on a task that is similar to that being tested in the research paradigm used. In this case, if the study involves reading, then individuals are asked to read information in their languages, and measures such as reading rates or eye fixations are recorded. The relative differences between abilities in the various languages are then assessed.

To better understand how language abilities are measured and defined, one must understand how the brain encodes, stores, and retrieves language information. How does a bilingual store language in memory such that he or she can switch between languages, understand both, and keep them separate when necessary? Understanding this phenomenon is one of the primary goals of cognitive approaches to bilingualism.

How Languages Are Stored

Language can be described in terms of where it is represented in the brain. The use of neuroimaging techniques has advanced our knowledge of the organization of linguistic information for bilingual speakers (cf. Neville & Bavelier, 1998). Specifically, research involving event-related brain potentials, functional magnetic resonance imaging, and positron emission tomography has focused on the degree to which various structures in the brain play a differential role in the processing of a bilingual's two languages. As such, researchers have argued for left hemispheric specialization for a bilingual's dominant language, as well as the existence of separate neural connections that may be overlapping for languages learned later (Dehaene et al., 1997; Perani et al., 1996; Weber-Fox & Neville, 1996). Overlap of neural structures appears to occur to a great degree when coordinate bilingualism takes place. Therefore, age of acquisition, dominance, proficiency, and so forth seem to play a role in the degree of hemispheric specialization that occurs with a first and second language of a bilingual.

Likewise, language can be thought of as being stored in the form of a *mental representation*. Given that we cannot actually see language when the brain is probed, it resides as an abstract pattern with a variety of characteristics. For example, a language has a grammar, or rules for combining parts of a language into a mode of communication. In most spoken languages, each has a phonology, or sound system, an orthography, or written representation, and syntax, or guidelines for word order. The transmission of concepts or meaningful units of language is termed *semantics*. Some of the common usage of language or commonly agreed on units of communication is termed *pragmatics*. In the case of a bilingual, these language basics are stored for each individual language, with some overlap across certain characteristics. The goal of becoming bilingual is to use these language factors in either language, independently, when needed.

This objective is captured in a model of language acquisition and storage proposed by Kroll and Stewart (1994). The model assumes that a bilingual has a large lexical or word store for his or her first language (L1) and a smaller store for the second language (L2). A third store, a conceptual one, is closely linked to the bilingual's first language. This store contains the semantic information or knowledge of the world that a person has acquired through time. As a bilingual acquires words in the second language, these words are connected through lexical links to words in the first language store. The first language is used as a crutch as

proficiency increases in the newly learned second language. Subsequently, as a bilingual becomes more proficient in the second language, direct conceptual links from the second language store to conceptual memory are formed. Therefore, this model suggests that as one becomes more proficient in a second language, one is able to directly access conceptual memory from a word in the second language.

Research by Kroll and her colleagues has indicated that reaction time in tasks involving L1 and L2 is also a function of the direction of translation between languages. For example, translation is typically faster and more accurate from L2 to L1 than in the opposite direction (see, e.g., Kroll & Curley, 1988; Kroll & Sholl, 1992). This same pattern of results is obtained with both novice and expert bilinguals, although the novices typically take longer to respond in both translation conditions. Kroll and Stewart (1994) suggested that the difference could be explained by asymmetrical connections between L1, L2, and conceptual representations: "Because the second language is initially attached to the first language for the purpose of gaining access to meaning, they are hypothesized to be residual lexical level associations that are stronger from L2 to L1 than from L1 to L2" (Kroll, Elsinger, & Tokowicz, 1994, p. 2).

In the model of Kroll and Stewart (1994), it is also assumed that the L2 lexicon is smaller than the L1 lexicon, as bilingual speakers typically know more words in their first language than in their second language. The model also proposes that the links between the lexicons and the conceptual store are bidirectional and differ in strength. Strong links exist between the L1 lexicon and conceptual memory given that this is the first language learned as a child. "As the individual becomes more proficient in the second language, direct conceptual links are also acquired" between L2 and the conceptual store (Kroll & Stewart, 1994, p. 158). However, Kroll and colleagues argued that the link from the L2 lexicon to the conceptual system remains relatively weak even with highly fluent bilinguals (Kroll & Sholl, 1992; Kroll & Stewart, 1994).

Altarriba and Mathis (1997) set out to test the model's assumptions regarding the process of conceptual development in a newly acquired second language by teaching Spanish color words *rojo*, *azul*, *verde*, and *amarillo* (red, blue, green, and yellow, respectively) to a group of English monolingual speakers. These novice language learners were instructed and tested on both the form and the conceptual representations of these new words that they had not known prior to the study. Participants were then administered the Stroop color-word task (Stroop, 1935), in which individuals are asked to name the color of the ink in which a word is printed. In a congruent trial, the word *red*, for example, appears in red ink. In an incongruent trial, the word *red* might appear in blue ink. In the Altarriba and Mathis study, all responses were made in English; however, the words to be named were either in English or in Spanish. Stroop interference occurred in the incongruous condition, as individuals had to suppress the reading of the word and, in addition, its meaning, and focus on color naming. This type of interference produces longer naming latencies in incongruent conditions as compared with congruent conditions. Diagnostically, this implies that the stronger one's language background is and the deeper the encoding of a color word is, the more likely it is that color naming will be disrupted within a Stroop task.

Altarriba and Mathis (1997) reported that after a single learning session with newly acquired color words in Spanish, English

monolinguals demonstrated clear Stroop interference effects when naming the ink color of Spanish color words. The fact that this occurred in a relatively short amount of time indicates that conceptual understanding can occur early in the process of second language acquisition—certainly, earlier than predicted by Kroll and Stewart (1994). Therefore, it appears that individuals who are bilingual are encoding information in both lexical and conceptual formats from the earliest stages of second language acquisition.

Although the model has been criticized for its inability to identify the exact link from L2 to the conceptual store, it clearly represents the language acquisition phase as a dynamic and developmental in nature. Furthermore, it changes from a reliance on the first language to understand semantics to a direct access route from the new language to concepts in memory.

The limitations of Kroll and Stewart's (1994) model prompt one to ask, "How are unique words represented within a single language—words that do not share conceptual knowledge?" There is reason to believe that certain classes of words (e.g., concrete words such as *sofa* and *couch*) share a number of features including their visual appearance, their purpose or function, and the context in which they occur, whereas other word types are much more distinct (e.g., abstract words such as *liberty* and *justice*). In the bilingual literature, concrete words have been reported to translate faster than abstract words (de Groot, 1992a, 1992b, 1993). Degree of semantic similarity or semantic overlap in terms of features across translations has been shown to be a stronger predictor of word-priming effects than has merely the strength of association between translations (Williams, 1994). For some word types, translations share relatively few features, as is the case with abstract words. This is also typically the case with emotion words. In Spanish, a word such as *cariño* might be translated as a feeling between liking and affection in English. Thus, *cariño* might overlap somewhat with each of its English relations while retaining its own distinct set of features. Only a subset of elements is shared across these words within the two languages. A model such as de Groot's would imply that words that overlap almost entirely across two languages are easily interchangeable, whereas those that share relatively few features are more language specific. It is this language-specific element that is directly relevant to the use of a bilingual mode in therapy situations. Given that some words do not have exact translations and that the nuances of languages are sometimes missed by attempting to translate, it is crucial to find ways in which bilinguals can express themselves in the best possible way during therapy—the mode that allows for the deepest level of conceptual understanding and communication.

How Emotions Are Represented by Bilinguals and Their Relevance in Therapy

Though little is known regarding the encoding and storage of emotion words (e.g., *love*, *hate*, *fear*) in bilingual memory, and theoretical explanations are lacking, researchers have identified differential patterns of usage as a function of language dominance or proficiency that have direct implications for therapy. Gonzalez-Reigosa (1976) found that taboo words presented in one's native or dominant language elicit more anxiety in clients than taboo words in the second language or neutral words in the native language. Bond and Lai (1986) proposed that it is easier to discuss more embarrassing topics in one's second language than in one's first

language. In their study, female Chinese undergraduates at the University of Hong Kong interviewed each other in Cantonese and in English. Interviews were conducted in the first and the second language, and four topics were discussed. Two were rated as embarrassing and two as neutral. The embarrassing topics involved sexual attitudes of Chinese and Westerners and a description of a personally embarrassing event recently experienced by the interviewee. The results indicated that interviewees spoke a greater length of time about the embarrassing topics when speaking in English than in Cantonese. This work suggests that code switching to one's second language can serve a distancing function, allowing the speakers to address issues that would be upsetting when discussed in the first language.

Theoretically, it has been suggested that when individuals learn emotion words in their first language, those words are stored at a deeper level of representation than their second language counterparts. Emotion words in the first language have been experienced in many more contexts and have been applied in varying ways. The contexts in which they appear help to create multiple traces in memory for these words and strengthen their semantic representation. In contrast, emotion words learned in a second language are often not as deeply coded. They are practiced much less and applied in fewer contexts. In short, the range of feelings and associations on several dimensions for emotion words in the second language is much more limited than for those words in the first language. Encountering an emotion word in the second language is not likely to activate as many different associations as is the same word in the more dominant language (Altarriba, 2001).

In contrast, words that are concrete regardless of language are likely experienced in very similar ways each time they are encountered. A chair, for example, will likely afford the function of sitting and will likely be considered primarily in terms of its function, no matter where it is encountered. In this way, emotion words illicit much more intensity in terms of feeling given the associations that are activated when they are used than do words that label concrete objects (Altarriba, 2001).

In summary, it appears that individuals tend to represent emotion words differently in their two languages and typically associate these words with a broader range of emotion in their first language learned (Altarriba & Santiago-Rivera, 1994). Therefore, code switching or language mixing is typically not a random process, nor does it imply any kind of language deficit (Heredia & Altarriba, 2001). Researchers have shown that switching is deliberate, predictable, and very often influenced by the context and the situation in which it occurs (Perez-Foster, 1998). Switching from one language to another also serves as a means of maintaining a bilingual's two languages. Type of setting, topic of discourse, and the desire to bring attention or focus to particular parts of a conversation are other variables that moderate code switching. The importance of the ability to select the language in which one can express ideas most accurately cannot be overlooked in therapy.

Contributions of Psychoanalytic Perspectives in Therapy With Bilingual Clients

Current conceptualizations of the role of language in bilingual clients and how it plays out in therapy are grounded in psychoanalytic theory. In particular, the application of psychoanalytic principles such as the unleashing of repressed fantasies, memories, and

emotions into consciousness; free association; the formation of the ego; and transference are traced to the early work of Edith Buxbaum (1949), Ralph Greenson (1950), and Eduardo Krapf (1955).

The seminal work of Edith Buxbaum, a German analyst trained in Vienna who practiced in the United States, resulted in a landmark article in 1949 in which she described therapy with four German and English bilingual patients. Among these four, Buxbaum described the therapeutic process with one female client that illustrates the impact of the first language learned as a child in releasing repressed memories and emotions. The female client had immigrated to the United States as an adolescent and deliberately refused to speak German because of a disenchanting love experience with a boy while living in Germany. Buxbaum noted that the client consciously chose not to speak German because it helped to control her feelings and also functioned as a way to establish a new ego identity associated with America. However, as therapy unfolded, the client began to speak German during sessions.

One of the fascinating aspects of this case, as described by Buxbaum (1949), was the use of the German word *fenster* (window) which was associated with the word *fensterln*, an Austrian custom whereby a young woman accepts the love of a young man by allowing him to enter the bedroom through her window. From a psychoanalytic perspective, the symbolism is important in that the client believed this to be a rape and not a courtship, which unleashed a number of distortions about sexual fantasies with her father. In essence, through the use of the client's first language, where powerful memories were stored, Buxbaum was able to tap into the client's unresolved conflicts.

This dimension became important for later observations by psychoanalysts such as Greenson (1950), who examined the role of *each* of the languages spoken by bilingual clients. For example, Greenson described his work with a 35-year-old Austrian bilingual German and English woman who had immigrated to the United States at the age of 18. The woman had sought treatment for a sleep disturbance; however, through dream analysis Greenson discovered that there were conflicts associated with her mother. Of interest, although the client reported having dreams in German, she consciously refused to speak the language not only for fear that it would trigger repressed memories of early childhood but also because the language had become associated with a negative childhood identity. Greenson's (1950) observation that his client said, "In German I am a scared, dirty child; in English I am a nervous, refined woman" (p. 19) is a clear example of the client's dual identity. He also concluded that German was the client's preoedipal language and the center of her conflicts whereas English served to "remove" her from the past. A noteworthy aspect of his approach involved the strategic use of the client's bilingual language abilities during certain points in therapy. Specifically, Greenson carried out sessions only in German when there were signs of resistance concerning memories about the client's mother.

Furthering our understanding of the role of language in bilingual individuals undergoing psychoanalysis, Eduardo Krapf (1955), a multilingual (Spanish, English, German, and French speaking) psychoanalyst practicing in Argentina, observed that his polyglot patients unconsciously chose a particular language to ward off anxiety. Appearing for the first time in the literature, Krapf (1955) described cases in which clients switched from one language to another to reduce anxiety, elaborating on the notion that the choice of a language may serve to strengthen the ego and hence be used

as “a positive rather than a negative defense” (p. 354). Although Krapf described how his clients switched from one language to another as a defense mechanism, he did not elaborate on the strategic use of the clients’ bilingual, and in some instances multilingual, language abilities in therapy, as Greenson’s case illustrations. Nonetheless, his observations suggest that clients may shift from one language to another as a coping strategy to avoid describing painful emotions associated with the experience. It is important to note that in many psychoanalytic cases described in these early studies, the switching from one language to another was done spontaneously by the client, leading to the recall of early emotionally laden experiences. Most often, a key word or words triggered this recounting of an experience.

We recognize that these early writings shed light on the dynamic role of language in a bilingual client in therapy; however, they failed to examine this phenomenon in the context of the *type* of bilingual client, that is, to elaborate on the differences between clients who learn more than one language simultaneously while growing up and those who learned a second language at some later point in time. As described in the section *Cognitive Aspects of Bilingualism*, the psycholinguistic and cognitive psychology research has helped us to understand the structure and representation of more than one language in memory (e.g., Altarriba & Mathis, 1997) and how different language codes are related to the conceptual meaning of words (e.g., de Groot, 1993; Ervin & Osgood, 1954). As such, the investigations into the differences between the compound and coordinate bilinguals’ memory organization and recall of experiences (e.g., Ervin, 1961) paved the way for the current view that events experienced in a given language are more vividly recalled in that language (Perez-Foster, 1998). From a clinical standpoint, therapists now realize that certain memories may not be retrievable in a bilingual’s second language, not because they are repressed but rather because they are rendered inaccessible, having originally been encoded in another language.

Contemporary Views on Therapy With Bilingual Clients

In line with this new perspective, the work of Luis Marcos and colleagues (e.g., Marcos, 1976; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979) and Rafael Javier (e.g., Javier, 1989, 1995, 1996) provided insight into the phenomenon of language independence as it relates to the psychoanalytic treatment of bilingual clients. As stated earlier, language independence refers to the ability to acquire and maintain two separate language codes, each with its own lexical, syntactic, semantic, phonetic, and ideational aspects (Javier, 1989). Each language has its own cognitive and emotional components, and individual memories of experiences are stored in the language that has the most meaning at the time of their occurrence. Thus, when describing an experience in a language other than the one in which it occurred, one could experience a sense of detachment (Marcos, 1994).

The notion that one of the languages spoken by the client may have a detachment effect is considered by Marcos (1994) and Marcos and Urcuyo (1979) to be common among bilinguals who have acquired one language (Spanish) in a cultural environment that is different from the cultural environment in which the second language was learned (English). Thus, when experiencing therapy in a second language, the client may feel “split off” from the emotions related to the experience that occurred in the first lan-

guage. Consequently, the client may not be able to access those emotions or recall the vividness of the experiences in the second language.

This new understanding of the representation of languages in bilingual individuals has also led psychoanalysts to explore the notion that early experiences and associated emotions are not only tied to the language in which they were lived but also associated with an individual’s stage of development. The importance of this new perspective is illustrated by Aragno and Schlachet (1996) in case studies where, for example, a single word in the client’s first language learned as a child triggered vivid and detailed memories that contained the emotional aspects of the experiences; however, these same words had no significant impact in the English language, which was learned during later stages of psychosocial development. Essentially, the authors concluded that certain experiences are intimately connected to the first language learned and cannot be “recoded” (p. 34) in another language, no matter how proficient and cognitively integrated a second language is in the bilingual individual.

We recognize that these recent studies appear to address some of the complex dimensions of the representational language system in the bilingual individual by, for example, incorporating early childhood developmental issues; however, the focus of these contributions in the context of effective therapeutic work has been on psychodynamic processes regarding conflict and repressed memories. Might there be something else operating within the bilingual client’s mind that prevents him or her from remembering experiences? This is an important question given that psychoanalysts such as Javier (1995) concluded that the inability of their bilingual clients to remember and express certain experiences may have less to do with repressed material than with the language in which the experiences were stored in memory.

Another important aspect to consider is that certain characteristics of an individual’s cultural identity may be linguistically represented in one language and others associated with another language. Greenson (1950) observed this in the client who described herself as being a “dirty child” in German and a “nervous, refined woman” in English. Although he did not elaborate on this phenomenon in the context of dual self-representation as it relates to language, it is evident that this client’s self-perceptions varied depending on the language. Equally important, Greenson’s observations imply that there may be sociocultural influences mediating the relationship between language and self-representation.

The complex role of language from a psychoanalytic orientation must also include addressing transference and countertransference reactions in therapy. In recent years, there have been attempts to further our understanding of how language choice can influence these processes. For instance, Lijtmaer (1999) pointed out the potential for transference when the client consciously chooses to work with a therapist who represents the “majority” culture and speaks the language of that culture. In essence, the client may want to speak only the therapist’s language because it represents the new identity that the client may be striving for, eventually leading to idealizing the therapist. An example of countertransference offered by Lijtmaer is when a therapist feels guilt, anger, or hostility toward his or her client because of the inability to communicate effectively, leading to perceived lack of control in sessions and reduced interpretive ability.

Language Switching as a Therapeutic Technique

Although Greenson (1950) and Krapf (1955) observed their clients changing from one language to another during the course of psychoanalytic therapy, there was no attempt to systematically use a client's language abilities at specific points in treatment. Not until the late 1970s was there an attempt to investigate the potential therapeutic value of language switching as a treatment strategy.

The strategic use of language switching as a therapeutic intervention was introduced by Pitta, Marcos, and Alpert (1978), who described the treatment process with a Spanish-dominant female client and an English-dominant therapist who had some knowledge of the Spanish language. Their study was important in several ways. First, they used a combined psychodynamic-behavioral approach, unlike studies in the past, which were strictly psychoanalytic. Second, they deliberately conducted the first series of sessions in Spanish to allow the client to freely and comfortably talk about her problems. According to the authors, this strategy served to establish a trusting relationship between client and therapist. During later stages of treatment, there was a switch to English when the client demonstrated emotionally charged verbal content and nonverbal messages. This technique allowed the client to distance herself from the emotions so that she could objectively talk about the experience without the corresponding affect. However, Pitta et al. also noted that the client shifted from Spanish to English to deliberately avoid certain feelings and experiences. Their observations are similar to those reported earlier in which the client used language switching as a defense mechanism.

Several other case studies have been reported by Marcos and Alpert (1976), Marcos and Urcuyo (1979), and Javier (1989), also showing that clients' use of the dominant or first language learned brought repressed experiences into consciousness and reduced defensiveness and resistance. Likewise, Rozensky and Gomez (1983) described the use of language switching (from English to Spanish) to tap into early developmental issues and to therapeutically enhance regression as part of treatment.

In summary, it appears that the contemporary view of clinical work with bilingual clients has integrated various perspectives, primarily in the areas of cognitive and developmental psychology and psycholinguistics. It is interesting to note that in our review of the literature, the prevalent theoretical framework is psychoanalytic, which has provided valuable insight into the repressive function of a client's language; however, it is also important to note that this research has been limited to case studies with adult clients.

Current Views on Assessment

The basis for developing an effective treatment plan is the assessment of mental and physical status. Although this process includes the observation of client behaviors, a psychosocial history, and background derived from a variety of assessment tools, much of the information we gather is obtained from what the client is communicating and how it is expressed. Because the bilingual client has unique linguistic characteristics, it has been suggested that the initial phase of the assessment process (e.g., preferably during intake) should include a thorough assessment of both languages.

The rationale for obtaining information about language background stems from inconsistent findings of earlier research focus-

ing on assessing the mental status of bilingual clients. For example, Del Castillo (1970) reported that bilingual Spanish-speaking clients showed greater pathology when interviewed in their first or dominant language than when interviewed in their second language (English), whereas Marcos, Alpert, Urcuyo, and Kesselman (1973) had the opposite results. Unfortunately, comparisons across these studies cannot be made because of their methodological flaws and overall differences in research designs (Bamford, 1991). Nonetheless, although research findings have been contradictory, the consensus is that bilingualism affects the assessment of mental status and cannot be overlooked.

The idea that we must consider the bilingual client's language representational system is clearly articulated by Marcos (1994), who outlined a variety of factors that lead to misdiagnosis. Specifically, Spanish-dominant clients may (a) show more body movements, or motor activity, not because of the actual pathology but because of the high demand placed on expressing themselves in the second language; (b) experience long pauses and speech disturbances, such as stuttering, mispronounced words, and repetitions; (c) use English words that have less meaning and emotion associated with them; and (d) experience a different "sense of self" in the first language (Spanish) as compared with the second language (English). Marcos (1994) concluded that these issues present a challenge such that the counseling psychologist must carefully distinguish between what is associated with the actual symptomatology and the nuances of first and second language use.

This last point is supported by one of the few empirically based studies examining the effects of first and second language on emotions, by Gutfreund (1990), who found that in a sample of 80 adult participants, those who were Spanish-English coordinate bilinguals (participants who learned Spanish within the first 5 years of life and English after the age of 5) showed greater affect in the Spanish language as measured by the State-Trait Anxiety Inventory (Spielberger, Gorsuch, Luschene, Vagg, & Jacobs, 1981) and the Depression Adjective Checklist (Lubin, 1981). However, contrary to what was expected, they found that English-Spanish bilinguals (those who had learned English first and Spanish later) also reported more affect in the Spanish language. He concluded that the results actually differed from Marcos (1976) and Rozensky and Gomez (1983) because the participants, regardless of what language was learned first, showed higher scores on the anxiety and depression measures in Spanish. Although Gutfreund does not elaborate on possible explanations for this finding, he suggests that it may not be the first language learned (e.g., mother tongue) that plays a central role in the expression of emotional experiences but rather the language in which the experience occurred. In other words, what may be crucial to consider is the language in which the emotional experience was encoded in memory.

Future Directions in Research, Training, and Practice

On the basis of our review of the literature, there is sufficient evidence to support the importance of considering the role of language in the assessment and treatment process; however, there are areas of inquiry and a number of questions that remain unaddressed. First and foremost, we propose that achieving greater understanding of the role of language must begin with conceptualizing bilingual abilities as a strength and a resource to access

important life experiences. This recommendation is based on research findings of a strong correlation between bilingualism and cognitive development. Specifically, bilinguals show superior performance in classifying objects, perceptual disembedding, problem solving, role playing, understanding science concepts, social sensitivity, and understanding complex instructions (see, e.g., Fang, 1985; Sperling, 1990).

Although the reasons why bilingualism and language learning seem to aid in cognitive development are not well understood, it is important to note that being bilingual affords an individual distinct ways of representing the world, which has multiple symbol systems. In role-playing, for example, individuals already know that with certain languages, implicit behaviors, gestures, posturing, and mannerisms are part of that language, resulting in a second "role" for an individual who is bilingual. Furthermore, bilingual children are well aware that an object can take on more than one name or label and that labels given to one object are not mutually exclusive. They know this because objects in their environment already have multiple names across languages.

Whereas some studies have shown that bilingualism has a positive impact on cognitive development, other investigators have examined the relationship between psychological health and bilingual language abilities. For example, Tran (1994) found that the ability to speak Spanish and English significantly correlated with positive subjective well-being among a sample of Hispanic elderly. Similarly, others have found that the maintenance of the Spanish language and other aspects of the culture are positively associated with high self-esteem (e.g., Gomez, 1990). As such, might there be positive experiences and emotions associated with language choice that promote psychological well-being? This is an area that has not been explored and has direct relevance to the therapeutic process.

Second, there is a need to develop an appropriate measure that assesses language proficiency. To date, most of the research has focused on using the bilingual client's language abilities in treatment as an intervention; however, it remains unclear as to how the client's bilingual proficiency was determined (Santiago-Rivera, Arredondo, & Gallardo-Cooper, in press). Because of the complexity of the bilingual's representation of language and its relation to the expression of emotions and access to experiences, Altarriba (1992) offered an example of a language history questionnaire that could easily be modified and used in therapy. The Appendix provides a list of areas that may be useful in assessing language background and proficiency. Likewise, Perez-Foster (1998) developed a series of areas to assess language-related psychodynamic processes in a format called the "psycholinguistic History" (p. 108). In particular, she incorporates developmental, psychosocial, and cultural dimensions in her framework, including the language of the client's dreams, fantasies, internal dialogue, and self-representation in each language. An important area not explicitly outlined in this framework, however, is the language of emotion. As outlined in this article, recent research suggests that individuals may represent emotion words differently in their two (or more) languages. As such, we suggest that the areas proposed by Altarriba (1992) and Perez-Foster (1998) may be incorporated into a comprehensive language assessment with attention given to how and in what language emotions are experienced.

Third, much of the research demonstrating the effectiveness of switching from one language to another uses psychoanalytic principles (e.g., Javier, 1989); however, it is argued that a client's

bilingual language abilities should be considered when using *any* theoretical orientation. It is well recognized that building trust and demonstrating genuineness in therapy are basic and common goals across all theoretical orientations. Thus, using the client's bilingual language abilities may help achieve these goals.

A related area of research centers on the need to conduct experimentally controlled studies to measure the effects of language switching on the therapy process and outcomes. An important area of future research might be to examine process variables such as the development of the working alliance by strategically using language switching (e.g., distancing effect from emotionally laden experiences) during specific phases of the therapy process.

Fourth, a further area of inquiry involves the study of nonverbal behaviors, such as gestures, posturing, and mannerisms. As stated, nonverbal behaviors may differ in one language compared with the other. This has important implications for therapy. For example, the emotional content of an experience may be encoded in the Spanish language along with its corresponding nonverbal behaviors. If we ask a client to recount the experience in his or her second language (English), the nonverbal behaviors may be differentially expressed. How different would the nonverbal behaviors be if we ask the client to switch to the language in which the experience occurred?

Finally, we believe that most of the training programs in clinical and counseling psychology do not adequately address the role of language in working with bilingual clients, and even fewer programs have individuals with appropriate expertise to teach and supervise practica in this area. We believe that the lack of adequate attention given to these issues in the training of future clinicians remains a serious problem. Moreover, Malgady and Costantino (1998) made the case that there is a shortage of bilingual psychologists, and until we reach a critical mass the problem will persist.

In closing, the multicultural counseling movement continues to make advances in the development of culturally appropriate interventions for Hispanics/Latinos. We have described the available research that underscores the importance of considering the bilingual client's language background in assessment and treatment. In short, the bilingual client brings to the therapeutic setting a unique set of language dimensions that provides a rich source of information about his or her cultural background, worldview, self-representation, and, equally important, how and under what circumstance he or she chooses to use one language over another in therapy. The use of multiple languages can be a powerful tool resulting in greater depths of client understanding and successful therapeutic outcomes.

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Appendix

Assessment of Bilingual Client’s Language Proficiency

1. Length of time client has lived in the United States.
2. Countries the client has lived in other than the native country and the United States.
3. Number of languages the client understands, speaks, reads, and/or writes.
4. The most fluent to least fluent languages the client knows.
5. The language(s) spoken at home with client’s family.
6. The language spoken as a child, and age range of when that language was spoken.
7. Age when the client learned to speak each language (English and Spanish).
8. Age when the client began to read each language.
9. Determine fluency of English and Spanish by assessing the following as reported by client (on a 10-point scale): (a) comprehension of language as a native speaker, (b) comprehension of written language, (c) conversational skills.

Note. See Altarriba (1992).

Received January 24, 2001
 Revision received August 20, 2001
 Accepted October 2, 2001 ■