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An audit of the organisation Mothertongue multi-ethnic counselling service

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Abstract

An examination of the effects, impact and political relevance of a culturally and linguistically sensitive therapy service rooted in the community is the central purpose of this statement. The service considered is Mothertongue multi-ethnic counselling service. The paper discusses Mothertongue's formation, development and journey so far. It also gives examples of the impact it has had and the future it envisages. The development of the service is tracked alongside an environment and local needs, which are constantly changing. Consideration is given to the way in which it has developed its own therapeutic model which draws on theories of attachment, acculturation, multilingualism, psychoanalytic concepts of splitting and integration, and methodologies of community development, research methods of action research and experiential learning.

It explores the constraints of the real world (such as finance) and reconfigures them as enabling boundaries. It considers the barriers faced by people from black and minority communities in accessing mental health services It uses examples of specific projects (the Volunteering and the Mental Heath Interpreting Service, the Cross Cultural Parent Groups and Relationship Counselling, for example) to illustrate the methods used to negotiate these barriers.

It examines and evaluates epistemologies with particular reference to postmodernist critiques of social constructionism and examinations of power dynamics and hierarchies inherent in theories of knowledge. These are contextualized within a reflective inquiry framework, which , as well as exploring societal influences, draws upon the personal motives and influence of the writer and founder of the organization. This framework – with special reference to the Professional and Personal Shadow – is used to reflect upon

the different stages of the journey of the organization, the motivations for setting up the organization and the way in which it has contributed to the challenges, resolutions and outcomes experienced within the structure and on the external environment.

Key words: cultural, multilingualism, splitting, volunteering , interpreting, therapy

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Introduction

"If not us, then who?" (derived Primo Levi, 1986)

Mothertongue counselling service was born out of my response to my personal history of the positive and negative effects that migration brings. In my own life, I had experienced the tensions and the splits that a life lived across cultures and countries inherently holds. I witnessed others grappling with these splits, as an adult living in multicultural Reading. As a trained psychotherapist I experienced the frustration that the traditional forms and services my profession had to offer were not able to reach across cultures and languages to people who were experiencing distress. This text attempts to show the way in which the themes of the splits and tensions have been embraced creatively and played themselves out, sometimes not so creatively, within the organisation. A number of themes and tensions are explored including identity across language and culture; needs and resources; risk-averse and risk-embracing ways of conducting feasibility studies. The latter has given rise to the adapted phrase "If not us, then who?" (above) from the title of Primo Levi's novel.

The following is a narrative of rifts, fragmentations, splits and mending, meaning and integration. It attempts to describe the genesis, and trajectory of an idea which became a therapeutic organisation, locating it within the socio-political cultural context of early twenty first century multi-cultural Britain. It explores: the personal and the professional dynamics; the tensions between the psychotherapeutic and managerial roles of the organisational lead; the attachments and losses for multilinguals; the need for attention to be focused while holding a vision located in the environment; and the struggles between the creative and shadow sides of success, humility and modesty. Ultimately it seeks to illustrate the dialectical positions and implications for action of: observation and response; reflection and activity; concealment and accountability.

Chapter 1

Background

My childhood experience of growing up in a bilingual and bicultural family made me aware of what it is like to be from a different culture and to have parents who struggled at times to communicate with the outside world and to make themselves understood. There were of course positive experiences that this situation provided but it also brought difficulties. Seeing how people dealt with those difficulties was to become a formative influence on my commitment to set up an organisation to help people experiencing emotional distress across languages and cultures.

1.1 Understanding the effects of migration: The theme of splitting

When people move from one country to another they are confronted with the reality that what may have seemed like a series of universal truths are in fact just one set of ways of engaging and behaving in the world. Hofstede (2001) describes a variety of contrasts between cultures using some of the following dimensions: Power Distance: Equality/ Hierarchy; Individualism/Collectivisim, Uncertainty Avoidance/Toleration; Masculinity/Feminity. Although this may be a polarised summary of cultural viewpoints, it is easy to see that people may experience tensions and feel pulled in different directions while straddling the old and the new worlds and lives they are exposed to. They may feel a sense of loss, gain or both with regard to new languages, food, clothing, behaviour, opportunities and expectations. I have my own story of migration within my family within a political context, with previous generations escaping persecution

as refugees. I have also needed to learn how to straddle the splits afforded by differing roles and cultures both personally and professionally.

1.2 Personal and Professional

When I had my second child in 1992 it became clear that many of the experiences I had had in my early life were causing me difficulties in my new role. I therefore decided to embark on my own psychotherapy. During this process, I decided that I wished to train as a psychotherapist. In my adolescent years I had been fortunate to encounter a number of people who offered me very generous support and I had made a commitment to myself then that I would always remember to "pass it on" by remembering what had helped me when I was vulnerable. I started to train as a counsellor and completed my training as a psychodramatist in 2000. During my own psychotherapy, three clear themes emerged:

1. The importance to me of my role as a mother and the compulsion I felt to learn from previous generations in my family to try to create something positive out of my ancestors' experiences for my own family. The theme of the reconciliation of splits is an attempt not just to separate the past from the present. Like Sofie Bager-Charleson, (2010: xvii) who describes how this affects not just her personal life but her work as well, I have wanted to transform and create something out of the past experience by living it out creatively in the present. (Atherton, 2009).

2. The role "hiding" had played in the survival of my family. My mother was Jewish and therefore so am I. A key mechanism for surviving for Jews has been to avoid attention or "hiding" ensuring that no one thinks you are too successful or worthy of note in any way as that will only bring "trouble".

3. The importance of a sense of "belonging". Despite the diaspora the Jews have managed to survive as a cohesive group. One of the ways of binding the group together has been by creating a sense of "belonging". This may be achieved via, for example: a sense of common ethnic heritage (maintained by banning inter-marriage); religious and cultural traditions; adherence to a code of behaviour. For myself, a product of two very different cultures (and in that sense a trans-gression of one of the group's prime rules), languages and religions, growing up

> surrounded by a third different language, culture and religion I chose to invent a completely new identity for myself by learning Spanish, becoming bilingual and living in Spain for several years. Like the clients at Mothertongue, who are migrants, I found a way to "belong" by developing a new aspect of my personality, identity and emotional range via a new language.

The first of these themes has been the creative strand that I have offered to my work and most notably to Mothertongue. The second of these themes has formed the shadow side of what I have brought. I remember saying to my therapist, who I was still seeing in 2000, that starting Mothertongue would be the hardest thing for me to do in terms of my personal development. I would no longer be able to have the luxury of hiding. With Mothertongue, I had an obligation to be out in the public domain. Nevertheless, during the first 10 years of the organisation I have endeavoured to play down my influence – which I am sure can be regarded as a charming quirk. However the shadow side of this "quirk" has revealed itself slowly over the life of the organisation, culminating in 2010. I hope the reader will gain a clearer picture of this dynamic as the writing unfolds.

The third theme has informed my thinking at Mothertongue in terms of the impact of our clients' bilingualism and multilingualism on their psychological development and sense of self. As Marian and Kaushanskaya (2005:1478) propose: *"the language we speak influences not only the way we see the world around us, but also the way we see and think about ourselves – our self-perception, identity, autobiographical life narrative, in sum our self."* This theme will be explored theoretically in Chapter 3 and in terms of relevant activities and service, in Chapter 6.

So, to return to the first of the personal themes: I chose to set up an organisation which had the word "mother" in its title. As I have mentioned, one of the forces that motivates me is to try to create something positive out of what can seem destructive.

In 2000 when I had qualified as a psychotherapist, having been working at the local Workers' Educational Association Multicultural Learning Centre, I saw the difficulties and the needs again as I had witnessed in my childhood, only now I was in a position to do something. I was being presented with a possibility for an experience of transformative learning (Atherton, 2009) and I chose to take it. I was reminded in this work of the difficulties my mother had faced and it seemed to me that here was an opportunity for something "spontaneous" and something new and different to occur. It is no surprise

that I "found" psychodrama and trained as a psychodramatist. Moreno, the founder of psychodrama, defined spontaneity, the fundamental change agent of psychodrama, as: 'a new response to an old situation or an adequate response to a new situation' (Moreno, 1953: 336).

1.3 Introduction to the organisation: Mothertongue multi-ethnic counselling service

Much of psychotherapeutic endeavour takes the form of precisely that definition of spontaneity. It attempts to find reparative and reconstructive family experiences which individuals can internalise. In fact the whole of Mothertongue, the organisation, has been pointed towards the provision of a reconstructive family and sociocultural experience.

1.3.1 Underpinning Philosophical Theories- Weaving Inner and Outer Worlds (Eleftheriadou, 2010)

The intercultural theories that describe and comment on the dialectal positions of individualism and collectivism will be discussed in depth in Chapter 3. The theories of acculturation (Berry, 1998, 2001; Bourhis, 1997) have helped us to relate to the differing worldviews of the clients we work with on an individual and psychological level. We have also needed to think carefully and evaluate critically forms of psychotherapy and counselling which have their origins principally in Europe and North America. We have taken to heart Ian Parker's (2007: 36) affirmation that: *"All models of the mind in psychology are culturally specific" which presume the white "middle–class individual as the ideal standard."* (p.114). We have tried to pay attention to this by developing a service in: *"ways which are responsive to the changing (uncertain, unpredictable and fragmented contexts) in which they (we) work; and in ways which can challenge existing power relations and structures."* (Fook in White et al., 2008:145) In our situation we aim to apply this with particular reference to race and cultural diversity. The section outlining our counselling philosophy can be found at the beginning of Chapter 4. The following is a brief illustration of the fuller exposition in Chapter 4.

George and Vasso Vassilou (1973) refer to the cultural constructs that we may have as: "subjective culture'. We try to bear in mind the idea of "subjective culture" when thinking about the way in which we offer a therapeutic service.

Other social theories have helped to locate our work in a social context. The postmodern theory of social constructionism is an interactive construction of meaning and of interpreting the social world. It takes into account multiple perspectives as opposed to single versions of reality. It is value free and provides a means of making analyses of structures. It does not have an overt intention of making life better or a direct link into action.

We have therefore tried to link this (social constructionism) and Critical Theory (via Giddens) with the philosophical premises of Critical Realism (Bhaskar, 1979), where understanding of the world through causal explanations or phenomenological meaning-making are not the only foci for the development of knowledge. Through a Critical Realism approach we also try to refine our knowledge by observing and describing more fully what we see in order for that full and rich description to provide an evaluative critique of the social phenomena we observe. We implement this via our Social Response Cycle which will be described in the next Chapter.

Giddens' (1990) critique of postmodernism's concentration purely on meaning seems to fit our purpose well. He describes the multiple complexities and uncertainties of the fast changing modern world. This is at a macro level. The truth is that these uncertainties exist at a micro level as well. His suggestion of reflexivity for managing these fit very well with the endeavour of psychotherapy. To live in the modern world, we need to be thinking, interpreting, creating and acting as never before. The relevance of this to those managing the new experiences and uncertainties of migration is clear. The following quote illustrates the relevance: *"... Here individuals are striking out afresh like pioneers. It is inevitable in such situations, whether they know it or not, that they start thinking more and more in terms of risk. They have to confront personal futures that are much more open than in the past, with all the opportunities and hazards this brings."* (Giddens, 1999: 27-28) His suggestion is that by reflexivity - by thinking about and imagining new responses to new situations (this echoes Morenos's definition of spontaneity as mentioned earlier in this chapter) we can find ways of living with meaning and with a sense of purpose and a sense of identity. It also links with the dynamic processes of acculturation experienced by Mothertongue's client group.

However this does not provide an entirely satisfactory epistemology for the issues of inequality which we seek to address in the work of Mothertongue. The Interactive Acculturation Model, (Bourhis, 1997) (described in more depth in Chapter 3) requires the individual not only to reflect on their own internal process but to locate this within an unequal society of those with power and those without. (Weber, 1968; Delphy, 1984). It was important for us to bear in mind the social as well as intrapsychic pressures on individuals and communities when we developed the provision of a service, and later when we began to articulate the model. While we are a psychotherapeutic and not a political organisation, part of the aim of our work is to help people to overcome the barriers that exist for them in society and to engage fully with their rights and responsibilities. It is an approach which attempts to embrace John Rawl's response to inequality as "justice as fairness". (1971). To achieve this we have followed a pragmatic route (Johnson and Onwuegbuzie, 2004) which moves theory into problem solving and action. This is well illustrated by the Community Development ABCD approach we have adopted (Fig.1) where personal empowerment, involvement and participation lead ultimately to strengthened, equitable and sustainable communities.

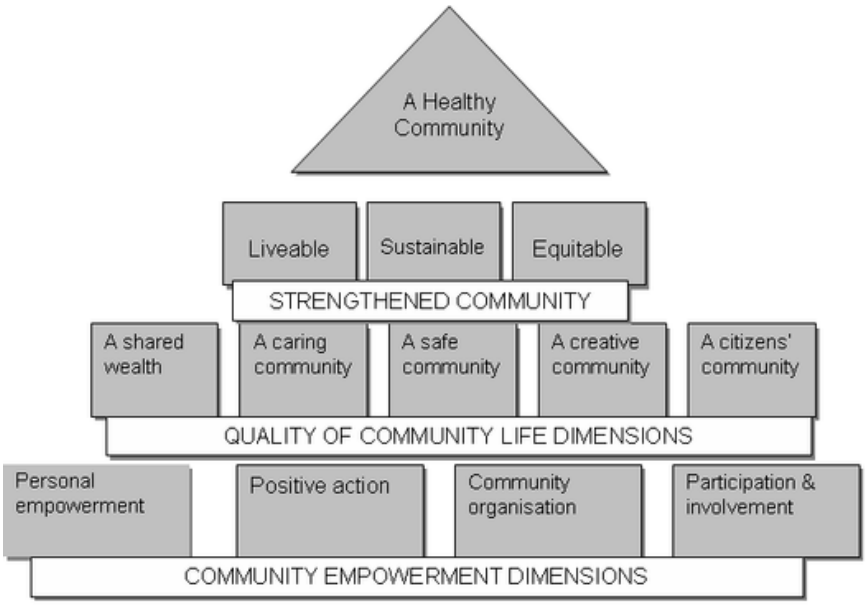

Figure 1.1: The ABCD (Achieving Better Community Development) Framework (Barr,2001:10) - This provides a framework for planning and evaluating community development interventions

1.3 Introduction to the organisation: Mothertongue multi- ethnic counselling service

At the heart of the ABCD approach is the idea of community empowerment, described as a 'core purpose' of community development; the other core purpose being to gain improvement in the quality of community life. That said, Mothertognue's core is comprised of a therapeutic service. One of the aims of the psychotherapeutic service we provide is to help our clients to engage with and use their internal sense of authority in order to engage fully, participate and contribute to the world they live in.

We try to stay mindful of the tasks associated with this and the particular values which lie at the heart of a socially responsible counselling service. We pay great attention to what it actually means to put the client at the centre of our service and to combine the social reflexivity of Giddens with the notion of being a critically reflective practitioner. *"The critically reflective practitioner develops their own practice in ways which can challenge existing power relations and structures."* (Fook in White, 2008:145)

We also try to link, in our practice, ideas from biology, anthropology, linguistics, (these three with particular reference to language learning), politics and sociology, as well as, of course, from psychology.

For example, the Cyclical model of attachment which we have developed attempts to incorporate others' ideas about biological and sociocultural needs for attachment. However we also believe that people's linguistic histories are important when considering their needs for attachment, separation and independence and the way in which they compound or provide relief from psychic defence mechanisms such as splitting. This topic will be attended to in greater detail in Chapter 3.

Chapter 2

Setting up the service

Shortly after qualifying as a psychotherapist I encountered a situation where my training and professional model of therapy were to be tested by the real world context in which I found myself. In fact, on a personal level the context had many resonances with my own experiences of growing up in an ethnically diverse family. It seemed that there was an opportunity to create something positive and constructive out of these experiences. This was how Mothertongue multi-ethnic counselling service began. The splits that are highlighted here are the professional split between a psychotherapeutic model and the needs of the social context, and a personal split between my drive to innovate a service and my lack of relevant professional experience.

2.1 The background which led to my founding Mothertongue

In order to explain how I came to be in the situation of founding a new voluntary sector therapy service in 2000, it may be useful to provide a reflective account of what led me to this point. The following text is directly linked to my timeline: years 1958 to 2000 (**Appendix 0** timeline 1 to 30). As I have already mentioned, I grew up in a dual heritage family. I was surrounded by cultures, which were very different from the mainstream external environment in which we lived, and a range of languages, some of which I did not understand. There were a number of complexities and tensions which faced my family including acculturation stress, the impact of migration and the loss of a homeland for political reasons, and tensions between the cultures within the home and

outside the home. There was also a core dynamic, which ran through our family life and which manifested itself in various forms of rage at feeling misunderstood and "mis-seen". This inevitably impacted on me. One of the strategies I developed to cope with this (with some but not total success!) was to try to seek out creative ways, as opposed to destructive ways, of managing these tensions. A factor which was an invaluable source of support to me was my experience of school from secondary school age. Not only did it furnish me with another intellectual identity but it gave me a sense of containment and structure with positive role models and extremely nurturing, supportive and optimistic relationships with my peers. In the organisation, which I was to found, nearly thirty years later, it was those qualities, which I would seek to reproduce so that others might have a similar opportunity for a reparative group/organisational experience. A sense of belonging has been a very important factor in the life and development of the organisation. We have been able to provide a point of attachment and a sense of belonging and community for people for whom migration has brought experiences of loss, displacement and disconnection. In fact the art project we have conducted over the past two years from 2009, with local schools for newly arrived students is called "A Place to Belong".

To return to my background influences, at university my choice of subjects: Drama and Spanish, was informed by an interest in social and psychological roles and identity and the role of language in developing different identities/selves. This choice of subjects was to vibrate down the years with my developing interest in the impact of multilingualism and migration on the development of the psyche. My years in Spain, speaking Spanish and teaching English, contributed to that vibration as I added more versions of myself and my identities which led me further away from my core self. This facility of reinvention and assimilation, by people from migrant communities, has been described as the creation of a "proxy self" by Lennox Thomas (1995). This has been a factor which has had a profound influence on the development of our therapeutic model and service delivery.

When I decided to train as a therapist, having embarked on my own therapy, I was drawn towards psychodrama. I had already shown an interest in drama but I was also attracted to this form of therapy because it: bypassed intellectual defences; was a more active and action oriented form of therapy; used roles and role theory; was a group focussed rather than individual-focussed model.

In all of my therapeutic training, however, I was left with a sense of dissatisfaction that the models of therapy presented failed to take into account people's different worldviews and migration experiences and tended to pathologise non individual-centred ways of thinking and behaving. I was concerned to address this within the new service I was setting up, as will be explained later in the text.

Needless to say, I learned a great deal that was relevant in my training and as part of my psychodrama training, I ran private groups and had to learn skills that would be invaluable to me later with regard to running a small independent organisation. These skills included learning about: how to hold a group on my own outside of any external containing structure; promotion; costing and budgeting; and resilience.

During the 1990s, I was also able to gain experience in the voluntary sector by conducting training in communication and team building and by serving on the management committee of a local voluntary organisation. I therefore gained experience and knowledge of the types of challenges faced by voluntary sector organisations and the centrality of values to any successful voluntary sector service.

One of the training initiatives with which I was involved was with the WEA Women's Multicultural Learning Centre in Reading. This was a voluntary sector training organisation established to offer women from Black and Minority Ethnic communities the opportunity to learn a range of skills in a safe and accessible environment. Courses included: Crèche Worker Skills; First Aid; Community Interpreting; English and Interpersonal Skills. I taught a range of classes including one on Bilingual Counselling Skills. Although I did not have a therapeutic brief in the Multicultural Learning Centre, students would want to talk to me about very troubling experiences as soon as they felt some kind of trust with me. This was not just my experience. It was the experience of my colleagues in education and health and social care too, such as Health Visitors and housing workers. As I was not working in a therapeutic capacity with the students I had not set ground rules at a therapeutic level. Consequently I felt the need to close people down even though they had a great need to talk. Confidentiality in small communities is often a big concern and to let people talk in an unboundaried space could have been unsafe for them.

Many of the students I worked with, in fact it is the case for our clients to this day, were isolated and unable to call on their traditional forms of support and coping. These may consist of talking and offloading feelings with their family and friends who surround

them. (Hall, 1966) describes the dialectics and splits between modern Western forms of coping - which include assertiveness, confrontation etc. and traditional non-Western forms of coping, which include forbearance, social support etc. The types of concerns and behaviours my students wanted to share had direct parallels with the experiences of myself and my family of origin for whom there was no available linguistically and culturally sensitive emotional and mental health support.

There was no service which appeared to be meeting the need these students displayed. This connected with my earlier observation that models of therapy on offer in mainstream services tend to be based on an individual-centred worldview, which can ignore the experience of people from collective-centred cultures. (This will be explained in greater detail at the end of Chapter 3 (figs 5. and 6.) In fact statistically although Black and Minority Ethnic (BME) communities are over represented nationally in secondary services for mental health care, their routes of access are normally via the police or Accident and Emergency services as a result of a crisis. They are starkly under represented in primary mental health services. This was the case locally where I was working. However, the themes of migration, cultural identity, plural worldviews and communicating across languages permeate the experience of contemporary communities in Europe. Increasingly, people are moving across borders in pursuit of, for example, work, safety and refuge. An inevitable consequence of this is that there are many people accessing services, including counselling services, who do not speak the official language of the country in which they find themselves. In London alone it is estimated that over 300 languages are spoken by schoolchildren: (Burck, 2004: 315) It is therefore highly important that an organisation such as Mothertongue exists in order to meet the needs of these people and to understand more about what these needs are and how they can be best met and facilitated.

2.2 The founding of the service and its initial set up

At this stage in my career I had no experience of setting up and running a service and without the help, knowledge and support of key people around me at this stage, it would have been impossible for me to set up a service. Fortunately I had some excellent colleagues in the local Voluntary Sector and Primary Care Trust who helped with guidance. At their suggestion I called a public meeting in September 2000 to see if

I could establish support from local services. The result was the formation of a Steering Group with representatives from a range of voluntary and public sector services with an aim of forming a registered charity and company and of securing initial funding. Again, with their support, I was able to gain funding from the local Primary Care Trust and Health Authority in order to fund a feasibility study and to run an initial pilot counselling service based in a local GP surgery.

Together with the Steering group, we decided to conduct a feasibility study in order to check out if what we were observing informally, as a need and a gap in services was backed up by evidence and information we were able to gather. Although I was confident that what I was observing was in fact sufficient evidence, at this very early stage, it was unreasonable to expect those who would be investing money into a service to trust my observations blindly. The feasibility study revealed that a number of factors created barriers to access to mental health services for the BME communities, including: experiences of racism and discrimination in services; fear of stigma; lack of cultural sensitivity and language needs. Mothertongue multi-ethnic counselling service was created in an attempt to address all of these concerns. Mothertongue is a culturally sensitive, professional counselling service where people are heard with respect in their chosen language. It provides a space for people's real and not "proxy" (Thomas, 95) selves to be seen safely and understood. As I have already shared, these are issues that I had observed in my family's and my own life which could have benefited from appropriate support if it had been available. This was one of the motivating factors, which drove my resolve to set up a service and to learn quickly although I had limited professional experience.

The charity I set up offers holistic support to people and professional development to staff and volunteers from black and minority ethnic (BME) communities.

The following model (2.1) shows the way in which the needs of the client are at the centre and the heart of the organisation, surrounded by layers which include: general support; attention to accessibility; the wider social context; and the national reach needed in order to influence policy at a regional and national level.

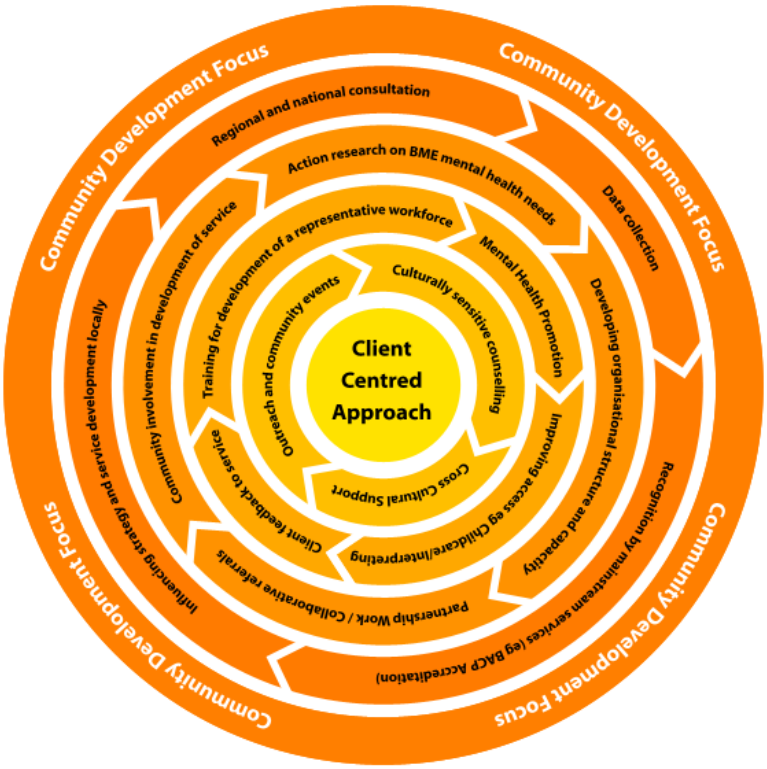

Figure 2.1: The Holistic Model of Mothertongue - A fuller description of the holistic service of Mothertongue can be found in **Appendix 1** which contains my chapter in Zack Eleftheriadou's book on Psychotherapy Across Cultures.

2.3 How a Socially Responsive model enables us to engage and work with clients in need

Although a traditional form of conducting the feasibility study was used at this early stage of the organisation, later on I developed a model, called The Social Response Cycle, (Fig.3.2) in order to serve our purpose better. In order to engage with participants from minority backgrounds we have found that response and provision of some form of service gains people's interest, trust and commitment to engage, where traditionally this has been hard to achieve. In fact I would go so far as to say that when there is need and hardship, a long process of research-led practice could seem irrelevant to those in need.

In essence, we observe carefully and identify a need by observation, rather than by

time-consuming evidence based research. (I refer to this again at the end of Chapter 5). We then respond with some form of action quickly. We evaluate and assess continuously so that we can modify our response and then observe what the impact has been and what still needs to be achieved. **The Social Response Cycle** (SRC) I developed has much in common with Kolb's Learning Cycle (1984) and also with Lewin's Cycle of Action Research (1948). In our cycle I have deliberately left out the planning stage. That is not because we do not plan but because it is often the stage where projects can get stuck and stymied so I wanted to de invest planning of some of its weightiness. This is also why Anthony Giddens' exhortation to embrace risk inspires me. Essentially, the SRC endorses an experimental approach to the provision of service:

[(a)]

1. so that some form of service can be provided to attend in some small way quickly to need

2. because time consuming research can become anachronistic by the time it is ready to present its findings as need often changes quite radically on the ground

3. to generate data and evidence upon which to build further, more enduring, effective and appropriate forms of service provision by evaluating process and researching within "the black box" of the activity (formative evaluation) rather than by taking before and after measures (summative evaluation). In the words of Robert Stakes (1975): *"When the cook tastes the soup, that's formative; when the guests taste the soup, that's summative."* This approach has much in common with Paolo Freire's (1990) emancipatory educational ideas and with Robert Stake's responsive evaluation which focuses on *"programme activities rather than programme intents; responds to audience requirements for information; and ...the different value-perspectives present are referred to in reporting the success and failure of the programme"*(Stake, 1975).

4. to provide a credible alternative to the current gold standard forms of research, e.g. Randomised Control Trials, which is able to deal with the complexities and idiosyncrasies of human behaviour

5. to present learning to commissioners and policy makers in a form that allows them to hear our messages quickly, easily and with clarity.

The way in which we apply the SRC will be illustrated by a close examination of the development, later on in the life of the organisation, of one of our projects in Chapter 5.

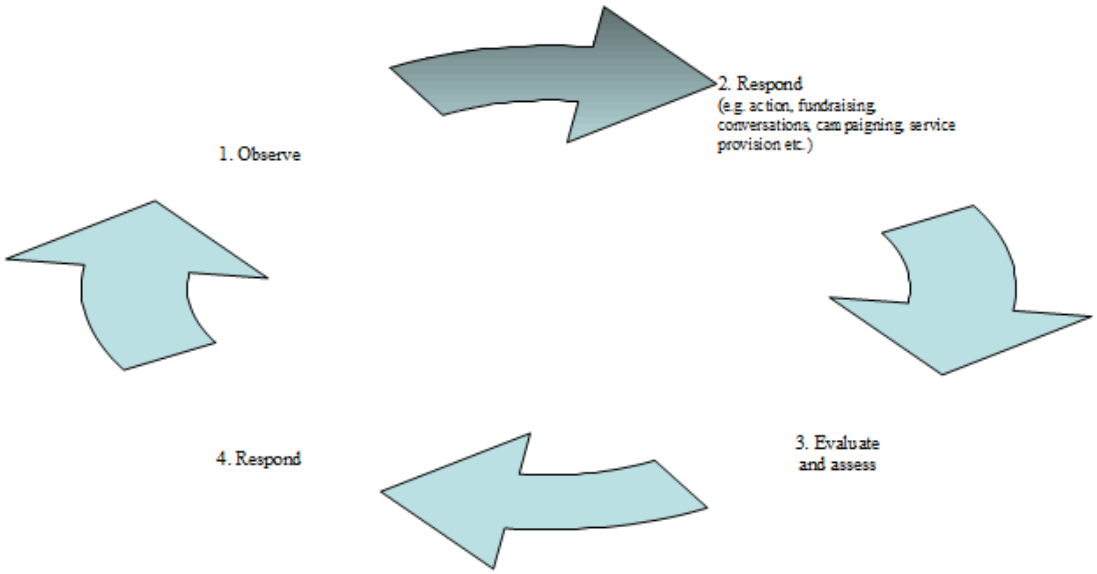

Figure 2.2: The Social Response Cycle - This model shares similarities with Kolb's (1984) Experiential Learning Model with the four stages of Experience, Reflection, Conceptualisation and Experimentation.

2.4 The first steps

The feasibility study, charitable and company status were achieved. The 6-month counselling pilot was a success and we were able to attract further funding. At this point a Management Committee and Chair had been established and we were able to recruit a part-time project manager and further counsellors. I applied for the position of project manager and was successful. This role encompassed managerial duties, clinical responsibility for the service, including clinical supervision of all workers, and promotion and fundraising. Over time this role has developed into a Chief Executive Role. The organisation, as a charity, has continued to have a governance structure of a Management Committee. The style of governance has been that of a "critical friend". The CEO leads on the setting of the direction and strategy of the organisation and has to give an account and defence of her thinking by robust challenging yet supportive input from

the Management Committee.

Appendix 1a outlines the division of roles and responsibilities of the CEO

2.4.1 Management issues: holding the tensions

2000-2002 were the years dedicated to the structural setting up of the organisation. I was able to put into place learning I had gained from several pieces of community development work I had been involved with over the previous few years. From the beginning, the ability to provide a secure base to which people could attach and which was therefore highly reliable and sustainable was hugely important, given that we would be dealing with people who had migrated either through choice or by force and who were attempting to create new secure bases for themselves in this country.

My background up until this point was in delivering frontline educational and psychotherapeutic services and I had no experience of starting up, establishing or running an organisation. I decided from the beginning to engage the services of an organisational consultant/mentor to help me to preserve space and to have an external space to help me reflect on the internal workings of the organisation. I am very fortunate in that I have been guided by an excellent consultant to this day. From my previous experience I had observed the pressures people in leadership positions in the Voluntary Sector were under. I felt it would be important to have somebody external to the organisation to guide me. In the beginning, the consultant had to teach me and remind me of the differences between the roles of therapist and manager. There have been many occasions when I have been tested on the tensions between the roles I occupy of Clinical Director and CEO. Over the years, the need for such active guidance has lessened although I still need the occasional reminder. For example, early on in the life of the organisation, we developed a Cross Cultural Support Service. We recruited workers who, although very skilful, were not trained as therapists and did not have the same formation in terms of an understanding of the limits of their role. With the coaching I received from my consultant/mentor, I learned to be very clear and explicit in spelling out what was and what was not acceptable or permitted from the role. With the help of the consultant I attempted to reconcile the inevitable splits and tensions within this type of an organisation in order to create a new form of "whole" system. I was also able to explore the concerns I had expressed in therapy (as outlined in my timeline) about the requirement as the lead of Mothertongue to show myself and to be

seen and my anxiety and feeling of vulnerability about being misunderstood. Without this type of support I believe that the normal difficulties we experienced over the years within the organisation could have proven to be crises rather than opportunities.

I am also grateful that people restrained me from launching the delivery of the service until we were structurally and legally sound. Without this restraint, we would not have been in the position we are in today of having been able to attract over £2 million in funding for the organisation. My naivety has in many ways been a godsend. If I had known what was involved in setting up a new organisation I am not sure that I would have engaged so optimistically with the task.

In order to give an overview of the history of Mothertongue **Appendix 2** documents the history of Mothertongue by means of the Annual Reports in chronological order.

Appendix 3 shows evidence of the latter successes and recognition of Mothertongue via the certificate of BACP accreditation, a selection of awards and the executive summary of the External Evaluation.

2.4.2 Resourcing

Mindful of the need to provide a secure base for our clients, emphasis was placed from the beginning on getting charitable and company status, and establishing employment and financial procedures before service delivery began. I have often heard representatives from health and social care organisations complain about the constraints of funding and fundraising. My experience of such a constraint is that it has provided useful grounding and containment for the organisation. This is entirely congruent with the thinking of Anthony Giddens whose theorising has already been shown to have influenced our thinking, as in the section on *Underpinning Philosophical Theories*. Pip Jones (2003: 173):

"Giddens's theory refers to the "duality of structure". Not only do structures constrain and determine certain forms of behaviour, but they also enable behaviour; they provide opportunities as well as limitations."

Money is a real world constraint and it is ever present as an important and often urgent element in our clients' lives. The way in which we, at Mothertongue, manage this real world dynamic has always seemed to me as a potential source of grounding and containment for our clients. For example, I took the decision from the first day to recruit only trained and experienced counsellors. All our counsellors are paid. This

is to ensure the highest standard for our clients in terms of performance and in terms of reliability. We do not use volunteers for counselling and our counselling service is free of charge. We offer a medium term counselling service. We would not be able to offer open-ended counselling and survive for very long within realistic resources. When useful, we communicate this explicitly and appropriately to our clients and it can provide a containing boundary for them to engage fully in the counselling offered.

I placed emphasis, from the beginning, on establishing an organisation whose core would always be able to function with the minimum of fixed costs as there was no guarantee of continuation of income. The counselling is delivered from satellites in the community e.g. CAB, GP surgeries. This means that, if necessary, we can shrink back to our core of counselling provision only with no office costs and purely freelance counsellors and a part-time coordinator/ supervisor working from home. The organisation will always be able to survive and deliver a counselling service for between £15k p.a. (for approximately 8 sessions per week) and £40k p.a.(for approximately 20 sessions per week) At the moment we work on a budget of £160k p.a.. We have always been clear that if we charged for the service, clients who were already highly reluctant to access any service would remain unengaged. For this reason our work is fully funded and is free of charge to clients.

Although some of the funding comes from the statutory services, the majority of the work is financed by charitable trusts in order to maintain the independence of the agency. From the beginning I made the decision for us not to be reliant on government money because of the vulnerable position one could be left in. We also value highly the independence we have from not being tied to government targets. I believe that we have a duty to manage our resources so that we make every penny work extremely hard and capitalise on every opportunity that we engage with.

Together with my Operations Manager we have found creative responses to our varying levels of funding by adjusting staffing levels accordingly. We currently have only 2 members of staff. When we were unsuccessful with a funding bid one year, we terminated our cleaning contract and undertook the office cleaning ourselves until the funding situation improved the following year. We intend to maintain this level of staffing as we can deliver our target number of client hours within this infrastructure. We have seen how we can make creative economies while maintaining the quality of the service.

All the counsellors are bilingual or multilingual so that we can offer therapy in a range of clients' preferred languages. The counsellors have always been employed on a freelance basis in order for this to be economically viable for the organisation. They are offered blocks of guaranteed paid time. This is to ensure that they are able to have stability for themselves, which they are then able to provide for their clients. This arrangement also creates a sense of loyalty and belonging to the organisation. This is furthered by having a system of paid attendance at a quarterly business meeting.

In the current climate, obviously it is difficult to predict future sustainability. We have another three years to run of Big Lottery Grant and other funding which covers all our core costs. I have always planned ahead for all contingencies and never assumed that funding would be forthcoming or continued.

As indicated above, our nightmare scenario would cost £15k p.a. We are as confident as we can be that the local authorities would continue to fund us at least to that level. We could therefore continue adequately on a shrunk-down version while actively seeking further funding.

Appendix 4 documents the funding history by providing the Annual Financial Reports in chronological order

Chapter 3

Underpinning theory of the service – cycle of attachment: psychological, social, cultural and linguistic

I experienced migration at first hand by moving to another country as it shows in my timeline (9,12,14) at various times between 1979 and 1990. In order to gain some distance from my home and my home background, I not only moved to a new country but I learned to speak the language so that people thought I was a native. Instead of simplifying my life, the experience doubled its complexity. I created a new identity for myself, and for a while I found that I had split off a part of myself - my old self and the core of who I thought I was. The way back was not straight. I had to travel back via a re-evaluation of my history and my present, to accept a new self, which was a weaving together of the two.

It is this type of splitting for a whole variety of reasons, which occurs when one is multilingual, that concerns this chapter. Being informed as we are by an attachment model we have become increasingly aware of the limitations of a purely psychic model and have looked to social and cultural explanations for the needs and behaviours of our client groups. However for our bilingual clients there is a deeply important psychological attachment which is explained by none of the current theories. As I have previously referred to, in terms of my own life experience, people have an attachment to their

languages, (Perez Foster, 1996, 1998; de Zulueta, 1984; Tehrani & Vaughan, 2009; Amahti-Mehler, 1993). In fact, sometimes people have such a strong attachment to their "home" language and a fear of losing it, that they are unable to learn a subsequent language.

The majority of the clients who use our service and all our staff and volunteers are multilingual. It is not a surprise to learn that one's first or native language has a heightened emotionality compared to an additional language because of: the family context in which first languages are learned; the fact that first language learning co-evolves with emotional regulation systems; and that first languages have greater connections with subcortical brain structures which mediate arousal (Harris, 2009).

One of our clients, a 17 year old refugee from Afghanistan, describes his experience of forced migration and the losses, including that of his native language, with great impact:

> "It is very hard to a person who leaves everything, his country, language, food, clothes, people, and family we know that if they haven't got problem they would never leave them because these things can be the loved once ever in their life but unfortunately they have to, to save their life and live calmly."

Indeed all of this seems to confirm the traditional view that therapeutic work is best conducted in the client's mother tongue (Perez Foster, 1998; Fernando, 2003) and that we can only access some emotions experienced in early childhood periods in the language spoken at that time.

However there is increasing research to show that the choice of language in therapy is far more complex than the first language good: other languages bad formula. For the multilingual person, it can sometimes be therapeutic to speak in a latterly acquired language. It may be that emotions are only accessible in one of their languages depending on when and how they have been learned. Languages learned in later life can circumvent the constraining superego. A non-native language can permit the expression of emotions, which may have been discouraged when we were growing up.

3.1 The Linguistic Cycle of Attachment and Loss

Language is at the centre of our ability to influence how we see the world (Sapir-Whorf, 1956); structure and provide meaning to our experiences; form relationships with others; express our needs and feelings; conceptualise ideas and give shape to our imaginations. The way in which language is used to communicate is a reflection of social and cultural norms, which help to regulate the individual and the community.

Not to be able to speak your language and to speak another language only partially may bring with it a sense of loss and inadequacy at one's ability to converse with eloquence. This is often accompanied by a sense of infantilisation: of being able to operate in society only in a restricted and childlike way. The ways in which people's identities are formed and their sense of self is developed are linked to the languages they have learned and choose to speak.

In the early years, acquisition of the first language can be understood in attachment terms as the main way in which the infant begins to separate from the mother (Winnicott, 1963) as well as the means to relate to others (Stern, 1998). The relationship the child has to their acquisition of language and the experience of separation are therefore inextricably linked. This, in part, explains why some people find it so difficult to learn a new language when they migrate. It may excite all types of anxieties around separation and loss – not only from the mother but also from the motherland and the mother tongue.

One of our preoccupations therefore, in providing a multilingual therapeutic service is to attend to the client's relationship with the languages they speak whether or not they are a competent speaker of English as an additional language. In fact, a recent project we have established in schools exists partly to address this issue. We have established a number of art workshops in schools. These are for newly arrived students and provide a creative outlet for young people who have recently arrived in this country and into the new school and who speak limited English. They provide a place in the school where they can express themselves without words and also have the freedom to speak in their native language without getting into trouble.

As mentioned, speaking an additional language may evoke feelings of loss, at not being able to speak one's native language. It may sometimes evoke a sense of gain – in that there is an increased range of expression. From research and evidence I have

observed that there are three psychological functions speaking an additional language can serve.

1. **Defence.** Language can help us to create a new "proxy" self which provides the opportunity to hide difficult or unsafe feelings.

2. **Protection.** Research suggests for instance that the self-soothing neuropathway, which needs to be activated in the healing processes, is developed in childhood and is often associated with the native language (Gilbert, 2005). However, the language in which a trauma is experienced will carry an emotional charge for the trauma, and research shows that subsequent languages may be able to provide the soothing. Research also shows how bilingual differences and language switching in therapy can increase emotional mastery and how exploring past problems in a new light can be aided by a new language.

3. **Expression.** There are many situations where emotional expression is facilitated by speaking another language, and it can be argued that being able to access a range of languages gives one the possibility of the expression of different emotions. I will consider each of these functions in turn in the following text.

3.1.1 Defence

Linguistic splitting

The psychoanalytic concept of splitting as a psychic defence is particularly relevant for work with traumatised clients who are experiencing a sense of fragmentation or disintegration of the self. For people who are bi/multilingual, the way in which experiences and emotional reactions are encoded becomes more complex when more than one language is spoken. One of the ways in which multilinguals cope is by splitting and creating new selves for each of the languages spoken. Priska Imberti (2007: 71) who migrated from Argentina to New York as a young woman refers to the new self she had to create. *"When we change languages, both our worldview and our identities get transformed. We need to become new selves to speak a language that does not come from our core self, a language that does not reflect our inner-connectedness with the culture it represents."*

Perez Foster (1996) elaborates further on this sense of splitting. She coins the term the "bilingual self". Her description of the "bilingual self" is rather beautiful. She refers to its internal life, which is comprised of *"a delicate duet of voices emanating*

from two different symbolic worlds." Charlotte Burck (2004: 323) evokes a similar idea with the notion of "doubleness". The term "cultural borderlands" comes from Rosaldo (1989). The following definition of "cultural borderlands" sums up the two views expressed by Charlotte Burck as:

> "the overlapping zones of difference and similarity within and between different cultures. Borderlands give rise to internal inconsistencies and conflicts, but also offer many potential points of human connectedness with others." in Falicov, (1995: 373-388).

I like this definition which holds the tensions and refers to hope and creativity. The implications are that all people who are bilingual or multilingual are dealing with these tensions in varying ways. However, this facility to split and to create a new "proxy self" (Thomas, 95) also clearly provides the opportunity to hide difficult or unsafe feelings. Kraph, E. E. (1955) considered that the choice of the languages to work in (for polyglot clients) was not always therapeutically beneficial. The client might choose the language that caused the least amount of emotional arousal.

3.1.2 Expression

Eva Hoffman (1989: 275) refers to the way in which she, as a bilingual person, perceives her ability to make sense of her world: "Because I have learned the relativity of cultural meanings on my skin, I can never take any one set of meanings as final..." It can also be argued that being able to access a range of languages, also gives one the possibility of the expression of different emotions. As Harris (2009) describes, intense emotions from the formative years will have been encoded in the native language. Nevertheless there are many situations where emotional expression is facilitated by speaking another language. Frequently this occurs when the additional language can circumvent the superego (as embedded in the native language) and so taboo words or emotions can be allowed to be expressed in a way that they would not be allowed to be expressed in the native language. I will address this again with reference to situations of trauma. Imberti P. (2007: 71) elaborates further on this theme:

> "Sometimes the acquisition of a new language can provide a person with the "right expression" for a particular sentiment, and thus can be used as a

> coping mechanism to express emotionally loaded experiences. .....a second language served as a vehicle to become more self regulated by finding ways to verbalise feelings that were once censored or restricted by external forces"

A real world example of this is given by a publisher, speaking of Anchee Min the author of the autobiographical Red Azalea (1994):

> "When Anchee Min left China in 1984 her knowledge of English was minimal. She tried to write this autobiography in her own tongue, but found it impossible. Only with the emotional freedom gained by a new language could she find her means of expression." (end page)

3.1.3 Case illustration

Psychodrama in a Refuge Whilst directing a psychodrama at a Refuge for South Asian women I worked with a colleague of South Asian heritage. She had been brought up in this country, unlike the client who was a recent arrival. She was able to provide a double* for the client and express anger on her behalf (in English.)The worker was able to give words to something the client could not utter (in her own language) and to enact a role (of ally) that had been lost to her in the process of migration. This, in turn, freed the client up enough to move from a frozen position to a position where she could think of strategies to protect herself when she was feeling threatened.

* a double is a term in psychodrama for the role which is an extension of the protagonist (or client) and which can give voice to some of the protagonist's inner or inexpressible feelings)

These examples imply that individuals who are multilingual may have access to a greater emotional range and have a more developed facility for managing plural cultural identities than their monolingual peers.

Catherine Harris (2006: 258) proposes that *"language comes to have a distinctive emotional feel by virtue of being learned, or habitually used, in a distinctive emotional context."* According to Harris it is not the earlier acquired language but the more proficient language which carries and expresses more emotion.

3.1.4 A note about code switching

Code switching refers to the use by multilinguals of elements of more than one language within a conversation. Analyzing the way in which choices are made to switch languages can reveal the way in which this process is being used to manage emotional expression and the intensity of feelings. Jean Marc Dewaele (2010) uses a research method based on self-report to examine how code switching is used to access and manage different levels of emotions. One of his research participants (Greek L1, English L2) comments as follows:

"I think when I talk about emotional topics I tend to code-switch to English a lot. I remember when I was seeing a psychologist in Greece for a while I kept code switching from Greek to English. We never really talked about this (...) To my mind it may have been some distancing strategy.... "

Another participant (English L1, Italian L2) says:

"I prefer to express my anger in Italian because I do not hear the weight of my words so everything comes out quite easily."

A Maltese colleague, Maud Muscat (personal communication) shares that when working with bilingual children therapeutically the choice of language at any given time, – or code switching –, is a useful diagnostic tool in understanding a child's anxieties/coping strategies etc. (Personal correspondence 2010).

Paying attention to this facility of code switching, which is behaviour available to multilinguals, can have various applications in therapeutic work. These are referred to below in further detail in the section: Practical Applications.

3.1.5 Protection

Language can have many functions for us. Not only can it sooth us but it can also offer us protection. Paul Gilbert (2005) suggests that the self-soothing neuropathway, which needs to be activated in the healing processes, is developed in childhood and is often associated with the native language. However, traumatised clients will have encoded traumatic experience in the language in which it has been experienced. Tehrani, N. & Vaughan, S. (2009) in their article about how the use of bilingual differences and language switching in therapy can increase emotional mastery, describe an interesting case study of a woman who had been bullied in French (her second language). She

was only able to encounter the material of the bullying by being able to talk about it initially in her native English. The language in which the trauma is experienced - be it a native or a second or subsequent language - is the language which will carry the emotional charge for this incident. If the trauma was experienced in that childhood language then the subsequent languages may be able to provide the soothing. One counsellor recounted that one of her clients wished to speak only in her newly acquired English in order to provide distance between herself and her torturer who had shared her mother tongue. Another counsellor described how a client had taught her a few words in her native tongue which she would like to hear uttered by the counsellor if her anxiety levels became raised significantly during a therapeutic session.

As already mentioned, traditionally, in therapeutic work, it is often considered that it is best to work in a client's mother tongue. However, a number of studies have referred to the sometimes ignored benefits of conducting therapy in a second or other language. A language learned after the early childhood years can serve as a protective psychic defence, de Zulueta, F. (1995). This is partly explained by reference to Dufour and Kroll's (1995) identification of two separate language stores in the brain for first and other languages. Although *"...where an individual is equally fluent in two languages the most significant factor in increasing the quality and emotional content of the recall is the language and context in which the incident was encoded."* Tehrani, N. & Vaughan, S. (2009:11), it is not a straightforward case of talking about the trauma in one or other language. In order for someone to feel able even to talk about a traumatic incident, it may help them initially to gain some emotional distance from the incident. As Tehrani and Vaughan describe, using a different language can give significant cognitive distance until the client is ready to tolerate the intensity of feelings. **Appendix 5** contains a paper I wrote for the British Psychological Society on language and trauma, which incorporates some of these ideas.

3.2 How I have used these ideas and observations

3.2.1 Research and Development

In 2010 I conducted a small-scale piece of research with six bi/multilingual counsellors, none of whom were native English speakers. The research is included in full in the attached peer reviewed article.

Appendix 6 contains the full version of the article (Costa, 2010)

The aim of the survey was to attempt to gain information in order to consider the following question: "To what extent does the bi/multilingualism of the therapist contribute to understanding and helping the client when both are communicating in a shared language which is not native to either of them?" From the replies to the questionnaires, the following themes emerged:

- The relevance and importance of the counsellors' bi /multilingualism to the positive outcome of counselling.
- Significance and meaning beyond words.
- Learning and political identity and feeling attached to the country in which they are living
- Facility of accessing additional emotions in a non-native language

As a result of this initial survey, Mothertongue began collaboration with Professor Jean Marc Dewaele from Birkbeck College to work on a research project with the purpose of improving the ability of monolingual therapists to work with confidence with patients who are non-native speakers of English. We are seeking to address the question: "Are there significant differences between monolingual or bilingual/multilingual therapists?"

Appendix 7 –contains the list of questions included in the research questionnaire as an illustration of the first stage of the research.

3.2.2 Practical Applications

The following are examples of how we apply these ideas to the therapeutic work.

1. We encourage people to think about using more than one language in a session. Moving between languages can reinforce the sense of accommodation of tensions of differences between their original culture and the country in which they live. It can also, as already described, provide a facility to express and to integrate emotions.

Case illustration Teresa was a refugee from Ethiopia who was haunted by the death of her mother – the fact that she hadn't been with her at the time and that she had not been able to attend her funeral. Eventually, after many meetings, she came to a session and repeated the words to a religious service for a funeral in Amharic, with her counsellor – a non Amharic speaker. It was only then that she was able to express her grief and begin to make some sense of her experience. Expressing the grief in the language in which she had related to her mother allowed her to experience it more deeply, connect with it and integrate it into herself. The counsellor was able to tolerate not understanding the words. The meaning was clear and could be explored after the expression of grief had taken place. In assessments with clients we incorporate the issue of language by thinking about some of the following questions with our clients

(Perez Foster, 1996):

- What have their experiences of learning a new language been like?
- What does the proficiency in the language represent for them?
- What do they think they might gain in achieving proficiency in the new language?
- What might they lose in the process?
- In which language is it easier to get angry /express affection /be professional?

2. We think about the way in which we use English. We also think about the structures and worldviews embedded in other languages. In some languages there is no pronoun for the word "I". What impact might that have on psychological formulations?

3. We try to consider issues of power in the communication. Does the therapist speak the language used in therapy better or worse than the client? Do they address difference of accents? Are the therapist and /or the client speaking in the language of an oppressive coloniser and if so, what are the implications for the therapeutic alliance?

In Britain we tend to lack confidence about learning languages. Therapy provides the opportunity to shine a light on dark areas of the psyche. We find that embracing the linguistic "mystique" provides a rich source of material for healing and growth.

3.3 The Psychological and Sociocultural Cycle of Attachment

In Chapter 2 I referred to a sense of belonging as a very important factor in the life and development of the organisation. It has been important to be able to attend to this sense of belonging for staff, volunteers and clients. As an organisation which works with many and varied cultures, we try to keep in the front of our minds that behaviour may be motivated by the positions people take on the continuum of the individualistic/collectivist worldview (Laungani, 1999: 45). (Fig.5) In essence this is a continuum with one extreme occupied by behaviour predicated on the value and prioritisation given to one's personal goals (Individualism) and the other extreme occupied by behaviour predicated on the value and prioritisation given to one's ingroup's goals (Collectivism). (Triandis, 1994). Negotiating a position between the two positions can create splits, pulls and tensions. This is also referred to in the timeline (21, 29)

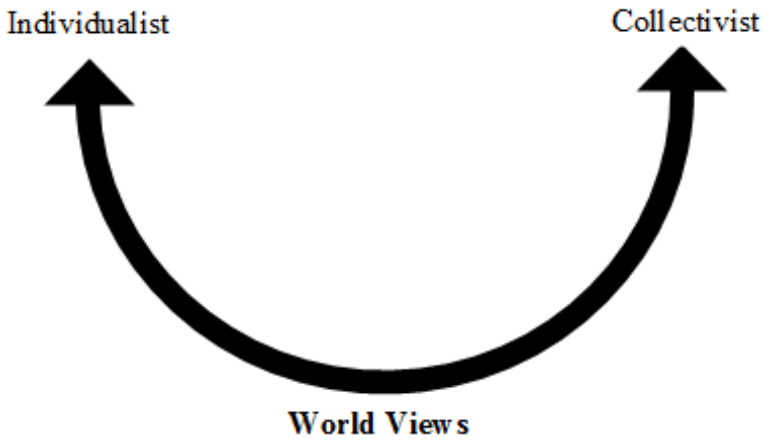

Figure 3.1: The individualism-collectivism continuum

The theme of the dualism of individualism/collectivism and the concurrent splits and tensions are further reflected in the languages our multilingual clients speak: Marian and Kaushanskaya (2005: 1479) suggest from their research that:

> "...when speaking a language associated with a more individualistic culture, bilinguals produce more individualistic narratives, whereas when speaking a language associated with a more collectivist culture, bilinguals produce

> more collectivist narratives, regardless of language of encoding or main agent in the narrative."

Mothertongue has formed a containing and inclusive structure for all of us within it. It provides a bridge between individualism and collectivism by offering possibilities to meet with people from a wide range of cultures and languages. (Fig.6) For those who have needed it, it has provided a safe community space to try out a range of activities and roles, to move between dependency, independence and the ability to offer support to others. There is therefore the possibility of combining different heritages and of creating new cultures so that people can find their "place to belong" in the wider society.

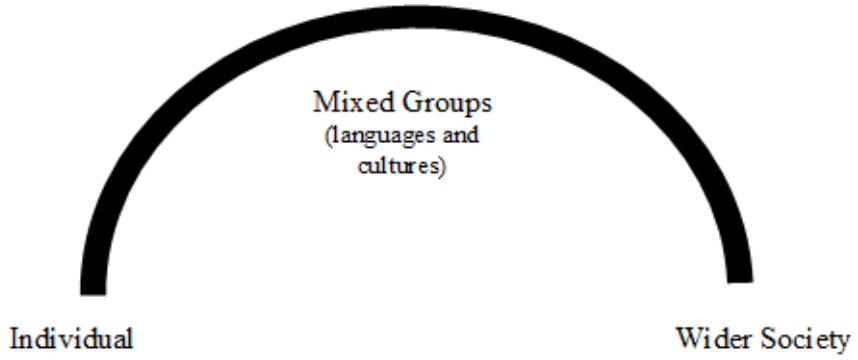

Figure 3.2: Bridge from individual to wider society

The attachment model has been developed in recent years to incorporate sociocultural as well as psychic explanations for people's needs and behaviours.

The theory of attachment, developed by John Bowlby (1969), describes the way in which infants need to form a secure attachment with their caregivers in order to survive. With a secure attachment the child will flourish emotionally. As they grow they can then experiment with moving away from the caregiver in order to explore with the knowledge that the caregiver will not disappear. I have found that while this is a helpful explanation it only partially explains the attachment issues for people who have migrated from one culture to another (Falicov, 1995, 2005; Fernando, 2003; Sue & Sue, 1999). Felicity De Zulueta, (1993: 203) locates the baby-mother attachment within a larger system:

> "The mother-infant relationship is itself embedded within a complex socio-biological matrix with which it interacts; it is a sub-system of the family

> system which itself is a part of a larger social system and this has direct implications for how both mother and infant interact."

Zack Eleftheriadou (2010:121), in discussion about the psychosocial experiences of migrants, likens the early days of entering a new culture to that of a new baby coming in to the world. She makes the parallel with the overwhelming anxiety of managing the practicalities of the world, for example, finances and housing. She says that without some space free of these anxieties the newly arrived person will become overwhelmed by the newness of everything. It is a time when the newly arrived person needs a great deal of holding if they are then going to be able to proceed to explore their environment. The adjustment period is delicate and can affect the future relationship with the new culture. This links with Berry's (1998, 2001) model of acculturation, which is helpful in explaining the way in which the stresses of acculturation as a result of migration, may intensify people's sense of social exclusion. Acculturation anxiety may produce positions of separation, assimilation, marginalisation or, integration. **Separation** occurs when people place a high value on maintaining their own culture without any external influence and low value on the culture they have migrated to. **Assimilation** occurs when people place high value only or mainly on the new culture to which they have migrated. **Marginalisation** occurs when people feel alienated both from their heritage culture and the culture in which they are living. The final position on Berry's model is that of **Integration** which occurs when people find a way to integrate, incorporate and live out their varying experiences of culture. It is easy to see how these positions will affect people's sense of being on the inside or the outside of society. It is important to note though that these are not static positions. This is a dynamic model with people moving between the different positions according to their circumstances and reactions. The limitations of this bi-directional theory have been pointed out by Bourhis et al. (1997), who propose the Interactive Acculturation Model (IAM). They emphasise that the choices people make about positions occupied are not based purely on psychological motivations, but they are influenced actively by the world in which they live. They argue that the acculturation strategies of ethnic minority members are inter-linked with the acculturation orientation expectations of the host/majority members.

The way in which people respond to and manage the process of acculturation is currently highly relevant politically. Those who are marginalised and isolated with

no sense of who they are, are vulnerable and fragile. This vulnerability frequently manifests itself in destructiveness either to the self or to others. An understanding of the acculturation model could provide a vital component in understanding the attraction of extremism for certain groups of young people.

At Mothertongue, we see that attention to the cyclical attachment model in every aspect of the organisation - including counselling, volunteering, training etc., helps people achieve a sense of integration, and a way of managing the splits, so that they can feel included by and in society.

The following chapter will address the way in which I have developed a service model with the organisation by taking the ideas in this chapter and applying them in practice while keeping our values at the forefront of everything we do.

Chapter 4

The Model of the Service

In Chapter 1 and in my timeline (21) I referred to the split and mismatch I experienced between a model of psychotherapy and the needs of the social context in which I found myself. In the first part of this chapter and **Appendix 1** I attempt to provide a culturally sensitive critique of the model, which can pathologise culturally specific behaviour. I will include suggestions for ways to attend to the dilemma in practice and offer a philosophy of culturally sensitive therapy, which provides ways of questioning one's assumptions. I have attempted to build on our understanding of the linguistic and sociocultural cycle of attachment described in Chapter 3. In the second part of this chapter, I describe the overall model of the whole organisation and the centrality of the values upon which it is based. This links, in the timeline (22), with my experience and learning from my earlier career in community development and the voluntary sector about the essential role of values to a social care service.

The following is the aim of the counselling service and the philosophy of counselling which we have developed:

To provide a culturally sensitive, linguistically appropriate and relevant counselling service to members of the black and minority ethnic (BME) population that aims to respond to their specific social and psychological needs in a manner which takes into account their expectations and values.

4.1 Counselling Philosophy

An exposition and discussion of the counselling philosophy is contained in **Appendix 1** p.125-136.

4.2 The Community Engagement Model of the Organisation

Because of the low take up of early intervention mental health services by BME communities, I decided to locate the counselling service within a community engagement framework. Although Mothertongue is principally a counselling service, we have always taken a holistic approach to the therapeutic provision. This, as has been illustrated with the individualist/collectivist model (Chapter 3) seems to be the best way to make the service relevant and usable for our clients. Figure 7 contains the updated version of our Community Engagement Approach. It demonstrates how we weave together the needs of the individual and the needs of the community. Community Engagement, for us, means engaging individuals and groups so that they can feel fully active in their own lives and the wider society. **Appendix 7a** contains the original model of the Community Engagement Approach. We have developed ways of reaching out to and engaging clients, providing meaningful opportunities and support to volunteer, training and development of appropriate staff, consultation to other organisations, creative groups and classes, outreach into schools and research projects.

Activities

Currently Motherongue comprises the following services:

- The core culturally and linguistically sensitive counselling service
- The Mental Health Interpreting Service and training programme
- The Volunteer Language Support Service
- The groups: English Classes; Knitting Support Group; Cross Cultural Parent Groups
- Schools work: Art workshops for newly arrived students; training programme for Young Interpreters

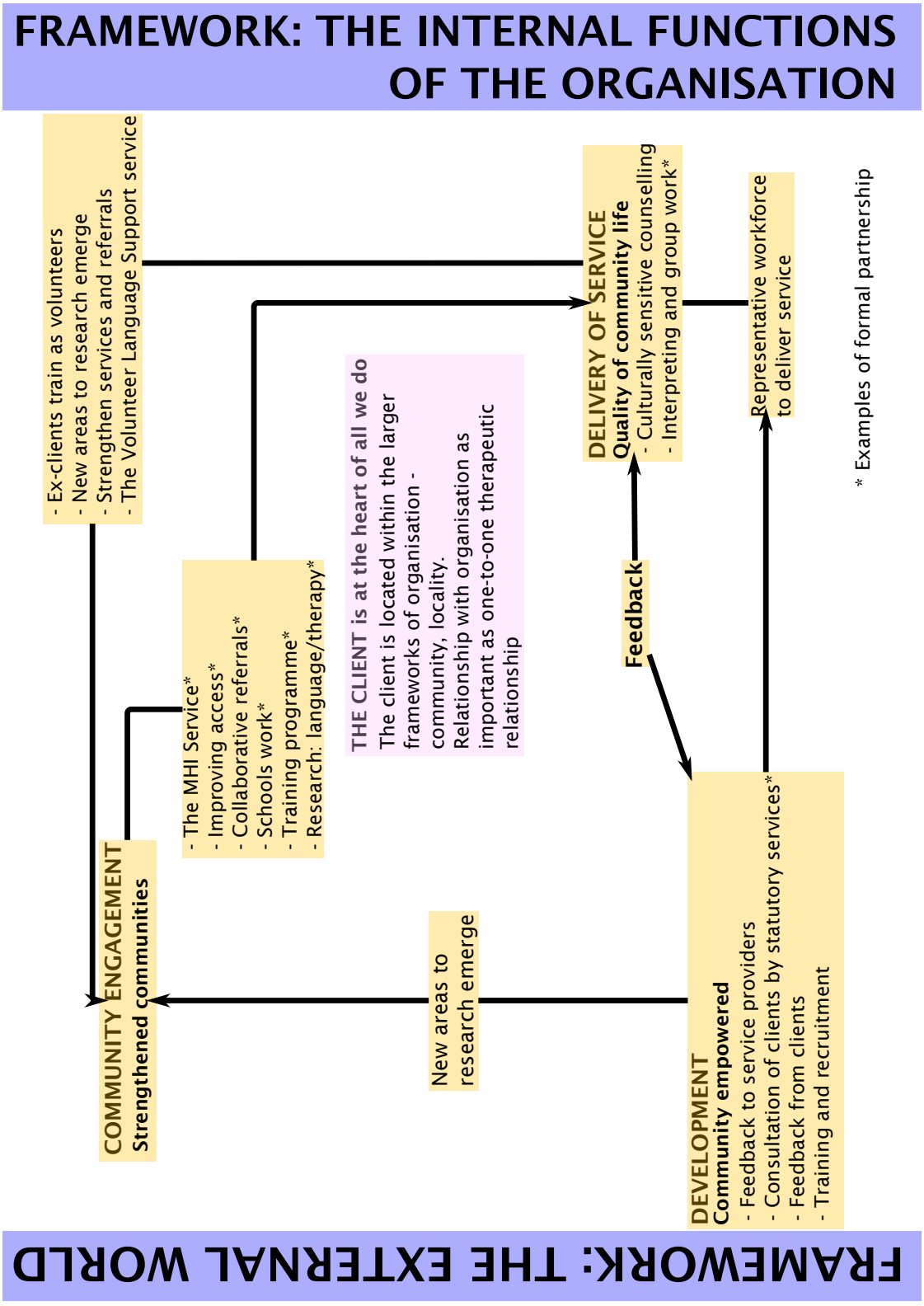

Figure 4.1: Mother Tongue: A Community Development Model for a Counselling Service

- Training programme for professionals in therapy across languages and cultures
- Research project in multilingualism and therapy

The model, as already emphasised, is based on our values and is illustrated by the ways in which we implement those values as outlined in the timeline (30).

4.3 Underpinning values

1. We commit to treat all our clients with respect, reliability and confidentiality
2. We believe that the organisation should be run on the principles of accountability, honesty and openness to learning
3. We try to conduct all our dealings in a spirit of fairness, non- discrimination and inclusivity
4. We believe in working in a way which fosters empowerment, choice and the potential for change.
5. We encourage participation, independence and responsibility in all aspects of our work.
6. We strive in all we do for quality, effectiveness and professionalism

The following is a statement of our beliefs and an overview of the way in which we try to put our values into service and action. We believe that people from BME communities have the right and should have the opportunity to have equal access to appropriate and relevant (social, advisory and mental health) services which take into account their particular needs and situation that may include: isolation, language, accessibility, a sense of being welcome, the need for discretion, an understanding of their world view and a service which is reliable and which is going to last. We believe that it is important to work in partnership with others who share our values in order to optimise our effectiveness for clients. We believe that difference and diversity should be positively valued and that other worldviews regarding Mental Health issues need to be addressed and respected. We aim to empower our clients to make decisions, engage with their lives and make choices that are right for themselves, their families and the

social contexts in which they live. Because we are very aware that resources are scarce for everybody in society, we regard it as highly important to manage our resources with discipline and rigour so that the highest quality and equity of service can be delivered to our clients.

We believe that it is important to involve and consult with everyone who uses our service to facilitate their participation and be receptive to their ideas for shaping its evolving structure and service delivery. We also appreciate that people from BME communities may have had different experiences of organisations and to that end we strive to devise ways of really listening to our clients and helping them to tell us what they think and the creative solutions they offer.

We aim to empower our clients by offering them, for example, a choice: of venue and of language and by encouraging them to become independent participants and contributors to the organisation and to the wider society. We are mindful of the particular constraints that BME people have in their lives and the particular stresses that (a) migration can cause and (b) of the effects of living as a minority within a different majority culture. We therefore seek to work with BME people to address their constraints in a way that it is right and safe for them. To this end we have robust links with other organisations, for example: the Citizens Advice Bureau, The Medical Foundation for the Care of Victims of Torture and Domestic Violence Projects, which can help people with the social issues they face. Furthermore, we engage with government bodies in order to influence and to effect policy change.

1. Choice, Empowerment and Cultural Relevance	2. Striving for Quality
3. Building and Sustaining Relationships	4. Accessibility, Acceptability and Connectedness

Table 4.1: Areas of Focus

4.3.1 Choice, Empowerment and Cultural Relevance

As I have shown in my timeline and throughout this text I have tried to address the fact that our clients come from cultures with a range of worldviews, some of which differ substantially from the worldview behind traditional counselling model. I have considered carefully about what choice and empowerment mean to them. We therefore

seek to help clients to make choices and decisions within the limitations of reality, by giving them a space to explore their experiences and influences in order to make decisions that are right for them, their families and the social contexts in which they live. We believe that as part of their well-being, people want the chance to contribute and participate in society. We pay attention to the power imbalance that can be experienced of living as a minority group within a majority culture

Implementation

- We are guided by a sociocultural model of learning, aiming to make our support redundant and the supported person independent. This is described and considered at the end of Chapter 6 with particular reference to ethical issues of helping.

- We offer volunteering opportunities. This can represent part of the creative cycle of healing and the wish to be of use to others. This, in turn, mirrors life in extended families and communities, where people move in and out of roles of dependency and leadership during different stages of their life cycle. The volunteering and its community mirroring is described in detail in Chapter 6

- We provide English language, literacy and support groups so that people can become active participants and contributors to society and can take part in decision-making processes. Examples of these including feedback from participants is included in the Annual Reports and Evaluation contained in **Appendices 2 and 8.**

- We aim to be culturally sensitive in all we do. We therefore create a reflective space through supervision, training etc to help us to pay attention to the need for self awareness in terms of recognising our assumptions, world views of our own upbringing and trainings and maintaining interest in others' differing views, values, practical constraints, behaviour and social contexts. An illustration of a model of supervision for interpreters is contained in the article on that subject which I wrote for the Institute of Translating and Interpreting contained in **Appendix 13**.

- We encourage clients to reflect on the choice of languages they use in the counselling sessions as illustrated in the Practical Applications section in Chapter 3 and the model of language assessments.
- We encourage clients to become independent from our counselling service as soon as they are able. We therefore offer clients 12 sessions with a midway review. A subsequent review is offered and scheduled in 4-6 weeks after the end of counselling. Clients can request further counselling if they need it.
- In our clinical work we address the potential power imbalance – inherent in a helping relationship- but heightened, as mentioned, for minority communities. Our use of counsellors, who are themselves from minority cultures and for whom, English is often not their native language, helps to redress this imbalance. We provide a space for clients to feel enabled to talk about issues of power within the therapeutic relationship and beyond.

4.3.2 Striving for quality

Frequently people from BME communities and people whose mother tongue is not English experience inequalities in the service they receive. However, people deserve the highest quality of service available regardless of their cultural heritage and language needs. Frequently BME communities have been offered short-term initiatives, which have failed to deliver long-term solutions. This is why sustainability of funding, streamlining as necessary without impacting services and making every pound count towards the client is crucial to the way in which we plan services

Implementation

- We pay great attention to the way in which we resource the charity and spend the income we generate. This is evidenced in our Annual Accounts – **Appendix 4**. This means that we can pay for high quality clinical interventions and supervision – all our counsellors are qualified, experienced and paid. This is evidenced by the fact that we were awarded the British Association for Counselling and Psychotherapy Award for Excellence – Appendix 3
- We only use interpreters whom we have trained to work collaboratively with counsellors. A description of this process and service is contained in Chapter 6.

- We do not offer an emergency service, as we would not be able to guarantee the quality of service within our resources.

4.3.3 Building and Sustaining Relationships

Because people from this client group may have often felt that what has been promised is not delivered, I am very mindful about not raising expectations we cannot meet. Because these groups have often been consulted with no discernible results and benefits being forthcoming, we adopt a different approach to user involvement. We pilot new services and take feedback and suggestions as we deliver them. In this way we offer our clients something in terms of a service immediately and do not just take from the clients. This has been discussed in detail in terms of the Social Response Cycle in Chapter 2. It is often difficult for these groups to come forward in order to access mental health services because of many reasons that include: stigma; lack of trust or familiarity with the services; language barriers; fear; anxiety as to how they will be treated; attitudes towards mental health difficulties; worries about confidentiality and so on.

Implementation

- We aspire to develop a relationship of trust and respect with referrers and potential referrers so that they feel confident to recommend our service to their clients (see model figure 7). This has been achieved over a period of time with GPs, nurses, health visitors, social workers, family workers, teachers etc. by showing that we can deliver on what we promise.

- We ask professionals to refer to us rather than relying on vulnerable clients, whose first language may not be English, to refer themselves.

- We employ bilingual and multilingual counsellors and currently provide counselling in 10 languages and trained interpreters to enable counselling in another 5 languages.

- We help to develop other professionals' expertise with this client group by partnership work with organisations such as the CAB and by running study groups for social workers, Community Mental Health teams and IAPT therapists. This is evidenced in our Annual Reports – **Appendix 2**

4.3.4 Accessibility, acceptability and connectedness

Because many of our clients come from other cultures and countries, they often experience a sense of disconnectedness, isolation and uprootedness. They are often disadvantaged for economic reasons, may lack private transport and may not be allowed to go far from home.

Implementation

- We reach out to clients where they are by helping them to overcome barriers to accessing the service e.g. by providing childcare for appointments, offering satellite locations from which our services are offered in accessible venues across the town and by offering gender specific groups.
- We host a CAB satellite service with our language support at our office once a week (as referred to in Chapter 6) so that clients can have access to excellent advice and make their own decisions about how they want to act or not on the advice they receive. We run task focused groups for people to socialise and support each other via traditionally acceptable means e.g. Knitting Support Groups, English Groups and Art Workshops.

The following two chapters (5 and 6) illustrate in greater detail how we apply our model in practice, the challenges this has posed and how we try to keep learning and responding creatively to learning while dellivering the service.

Chapter 5

How it works. How we think about what we do. What we do and how it impacts. Real world focus.

This chapter considers the way in which the splits and tensions between focus and vision, reflection and action and the roles of "pioneer" and "provider" have needed to be managed. It gives practical examples and illustrations of the way in which risks are taken in a calculated way in order to provide new services. To quote from chapter 1 again, we have had:

> " to confront personal futures that are much more open than in the past, with all the opportunities and hazards this brings." (Giddens, 1999: 27-28)

We live in an age of empirically acquired information where we are exhorted to use only evidence based methodologies. Funders - both state and independent – require evidence of need before considering the feasibility of a project. However as Giddens puts it:

> "We cannot simply accept the findings scientists produce, if only because scientists so frequently disagree with one another..." (1999: 31).

In our experience excellent ideas frequently do not ever get put into action because they stall at the data gathering stage. This client group has often been consulted and has not

seen any benefit from this consultation. Therefore, as mentioned in previous chapters, we pilot new services and take feedback and suggestions and modify the service as we are delivering it.

This ongoing feedback feeds into our ongoing observations, response and service development. We combine this with periodic evaluations, which give an overview of our work.

In this way we offer our clients something in terms of a service immediately. We try to keep our vision in mind all the time while focussing on delivery of a project and be mindful of changes in the environment as the project develops. For example, since we were set up just over 10 years ago, (providing counselling in 3 languages) we have needed to extend our language provision (currently to 15 languages). Reading Borough Council Education Service calculated in 2010 that currently 150 languages are spoken by children in their schools.(Get Reading, 2010).

Appendix 8: is an example of a Self Evaluation form for clients which is one of the means by which we take feedback and a recent Internal Evaluation which was conducted two years after the previous overall organisational evaluation. One of the revelations from both of these forms of feedback was the significance and effectiveness of our interventions with individuals for their family members as well as for themselves. Clients were preoccupied with their relationships. Our parenting and relationship services have been created as a direct response to this and will now be discussed.

As explained in Chapter 2 **The Social Response Cycle** (fig.2) attempts to marry together the collection of evidence and the delivery of service and evaluation by the following stages of: *1. Observation 2. Response 3. Evaluation 4. Response 1. Observation* etc.

By checking out if what we are observing informally as a need and a gap in services is backed up by evidence, we gather information as we deliver the service. The following project gives an example of how this method works for us in practice, as well as an example of how we respond to client feedback and results of evaluations.

5.1 Cross-Cultural Family and Relationship Work

(Timeline 41)

Observation In the counselling sessions and in the client self-evaluation reports we would hear many stories of 1st generation migrant parents who were having difficulties in their relationships with their 2nd generation children. They reported that there were clashes between the cultures of home and the outside world and that communication had often broken down among all the family members. **Appendix 8**: our Internal Evaluation in 2010 gave us further feedback about the need and impact of the therapy work with families

Response I tried various ways of exploring these issues further – principally by trying to form partnerships with statutory or voluntary organisations already providing services to young people. This proved extraordinarily difficult. In my experience to date, young people's services have been the most resistant to professional partnerships. In my timeline, I make reference to the need to be discerning about partnership and collaborative work in order to avoid potential mission drift and unproductive tensions which occur when collaborating with organisations that do not share the same values. I therefore chose a partnership with an organisation with whom we already had an excellent relationship: Real Time – a participatory film making organisation which had an established track record of working with young people.

I knew from our clients that they were also requesting relationship counselling. I was very concerned about entering into an area of counselling for which we were not professionally prepared. I was also not keen to commit us to some very lengthy and expensive training in order to provide relationship counselling which might end up proving to be culturally irrelevant to our client group. I therefore decided to try to create an intervention, which would touch on some of the issues without committing us to a long-term engagement with a new project

We decided to explore these ideas further by making a DVD called **"My Life"** and by piloting a cross-cultural parent group. For the DVD a group of 2nd generation BME young people and older BME people were invited to talk about the experiences of young people growing up in today's multicultural Britain: how they experience themselves, and how other people experience them, and what they believed were the issues facing 2nd and 3rd generation BME young people in the UK today. The young people were able to articulate their experiences of growing up and the challenges of finding their identity in our society.

Appendix 9: The finished product, the DVD My Life, is included in this appendix.

Although the DVD was a very successful product, I think I have underused it to date and I need to think how we could extend its application. Currently we use it regularly in our Cross-Cultural Parent Groups but again it has been difficult to collaborate with other Youth Agencies in a way that would exploit the potential of the DVD. This difficulty of collaboration is one that, from conversations with colleagues, is not limited to Mothertongue.

We wanted to respond to the concerns being addressed in the DVD and by parents. We had identified a group of Portuguese-speaking parents and so we piloted a cross-cultural parent workshop for parents with teenagers with a Brazilian Systemic Therapist. The parenting group offered an opportunity to share knowledge, to learn about available support and become aware that other families were raising the same issues, to think about the impact of migration on family life, to provide psycho-educational, information about developmental stages, to do cultural genograms etc. We could see that there was interest in and other communities for whom the Cross-Cultural Parent Groups could be useful and so we decided to develop our own workforce to be able to deliver them in a range of languages. Again I wanted to avoid, if possible, developing a relationship counselling service for the reasons I have already mentioned. We therefore raised money from a little known foundation: The Triodos Foundation, who were prepared to take a risk with us and we trained our counsellors to facilitate these groups.

As there was no current model for groups such as these we planned to build on the original work done with the Portuguese-speaking parents. This included a fairly structured curriculum of: the developmental tasks for teenagers; identity formation; comparisons of Euro-focused views of development with the views of other cultures; the use of cultural genograms: by which people can depict the details of their cultural heritages; living with two or more languages; the impact of migration; talking and listening to teenagers; the changing role of parents; appropriate boundaries; negotiation and compromise.

Evaluation/consideration However, we also felt it was important to consult with other people and organisations that had experience of working in this field. After sharing ideas with the Marlborough Family Service, Zack Eleftheriadou, The Tavistock and Portman NHS Foundation Trust and the Medical Foundation about this programme

we reviewed our original plans. The consultation helped us to rethink the structured approach and to place more emphasis on providing an exploratory space. We then looked again at what we felt our task with these groups needed to be. We came up with the following task:

To facilitate participants in rediscovering a good model of communication between generations of their own families, while considering the effects of changing cultures and migration on family life.

Response We therefore developed a training, which would keep our task firmly in mind at all time, allow a great deal of flexibility but would have some structure available. In this way we would be able to respond to the needs of the participants. We piloted these sessions with three groups. We evaluated the responses we got from their before and after questionnaires and have subsequently been running groups modified in conjunction with the local Children's Centres.

Appendix 10: Parent Group statistics from the questionnaires and feedback from parents is included here. The major learning for us so far has been that for this type of reflective and contemplative work it is more effective to work with parents with young children. We have also had confirmed for us, in their feedback the fact that there is a gap and a need for cross-cultural relationship counselling. Although these groups were appreciated they were not going to be sufficient on their own unless we were able to work with couples therapeutically. The following section will consider the preparation and set up of our Culturally Sensitive Relationship Service. It follows the stages of the Social Response Cycle.

5.2 Culturally Sensitive Relationship Service

Despite our interventions with the DVD and the Cross-cultural Parent groups, as just mentioned, our clients continued to request help from us with issues with partners, in-laws, children and extended families. We had to recognise at this stage in the **SRC** that there was still a need and a gap in service provision, which we had not been able to fill. We have been able to work with relationships to a certain extent in the one-to-one counselling service the way we behave.

Despite some successes via individual counselling, many clients request some form of relationship/couples counselling.

Our counsellors are all fully trained to offer individual counselling. We have tried to address the need for relationship counselling by offering to provide our trained mental health interpreters to work with established and traditional relationship counselling services such as Relate. Again, although I tried to establish a partnership there were too many potential barriers for the partner organisations to want to take things further. We were back to a situation of: *"If not us, then who?"* (the subtitle to the Introduction to this context statement) which has been the driving force behind the initiation of many of our services. So we have prepared to address the gap in services ourselves and provide appropriate training to our counsellors in relationship counselling. We are developing a basic service whose aim will be to facilitate safe conversations between individuals in relationship with each other - be that, partners, in-laws, siblings or parent and child (timeline 42).

The training and service is culturally and linguistically sensitive as we are open to people from all ethnicities with varying family relationships and structures and with different attitudes to solving problems within relationships. Traditional relationship counselling training is both lengthy – preparing counsellors to provide long-term counselling – and expensive. We are attempting to provide a training that is much more economical and fit for our purpose. We have spent a great deal of time in the preparation of this. The Systemic and Family Therapy Department of Freedom from Torture **FFT** (previously The Medical Foundation for the Care of Victims of Torture) is providing this training and provide ongoing consultancy support and supervision once the counselling is being delivered. We have applied the "cook tasting the soup" (Chapter 1) approach to this experience by reflecting on the process of training and modifying what we have planned as we go along. It has been possible to work in this highly collaborative and productive way because of the commitment of all of us – trainers and participants- to the use of reflective conversations, which is the aim of the counselling service, in the process of the training itself. The therapeutic model we are developing aims to give couples the chance to have a conversation with each other which is honest and frank and is in a safe environment. This type of communication forms the bedrock of all relationships and harmonious families.

A five-day training programme for the current counselling team is being provided to equip them to provide a light touch brief 6 session counselling intervention with couples and family members. The training includes the space and time to think about assessment procedures and safety issues and to think about referrers, partners and agencies that Mothertongue counsellors could refer on to where appropriate.

In addition, the training module provides opportunities to consider how it would actually administer a relationship counselling service for couples, exploring the needed systems, processes and infrastructure to make it work. There is also a training session on working with interpreters in the context of relationship counselling.

We envisage that we will offer approximately 8 sessions of relationship counselling per month in the first 6 months of operation. We will evaluate the effectiveness of these sessions so that we can develop the service according to the information we receive back from our clients. We aim to start delivery of service in March 2012. We have achieved funding from the Co-operative Community Fund and the Rayne Foundation in order to train and pilot the service. As mentioned in the introduction to this chapter, as well as pioneering the service, we take our role of provider very seriously.

The description of these projects links with the section of the timeline referring to the development of culturally sensitive services where people's realities can be seen and understood. It also links with The Psychological and Sociocultural Cycle of Attachment section in Chapter 3 and the Implementation section of Chapter 4.

On reading this chapter the reader may wonder about the riskiness of attempting to provide services before the evidence is forthcoming and validated. To quote Giddens again: *"Whichever way you look at it, we are caught up in risk management."* (1999: 34)

This viewpoint was the engine fuel used to launch Mothertongue in 2000. It has carried us forwards in the subsequent 10 years to operate using a system of: observation, response and review.

While adopting a risk-embracing attitude, we have also always been mindful of prioritising ethical considerations within the organisation. Ethical issues will be attended to throughout and in detail at the end of the following chapter, which focuses on the volunteering project and the Mental Health Interpreting Service.

Chapter 6

Belonging and Integration

6.1 Introduction

This, the penultimate chapter, addresses the themes of splitting and mending in the following way. As an organisation we aim to help our clients to engage with their futures together with their pasts. The Volunteering Project and the Mental Health Interpreting Service exemplify the aim of helping people to integrate a sense of their old selves and experiences with the new. The position of integration on Berry's (1990) model of acculturation is elicited by means of a positive answer to the following questions:

1. Is it considered to be of value to maintain one's original and inherited cultural identity and characteristics?

2. Is it considered to be of value to maintain relationships with other groups in one's environment?

By incorporating volunteering into the heart of Mothertongue's organisation we seek to assist with the process of integration by providing a sense of sharing, belonging and the satisfaction of participating and contributing to the community and being included in society. I have already referred, in Chapter 1, to how important the theme of belonging has been in my own life. This is true for many of the people who come to offer their voluntary services to us. One of our volunteers, a former counselling client, said:

> "the opportunities to contribute that Mothertongue provides, have given me a greater sense of belonging and of being valued by the wider community".

For some of our clients the sense of exclusion they experience as a result of migration is exacerbated by feeling on the outside and of being culturally different from the mainstream society.

Many of our clients come from small villages where they have had little exposure to people outside their immediate community until they come to the UK. They are often doubly disadvantaged and excluded: isolated because of their emotional and mental health problems, and isolated because they are from another culture, may speak only limited English and lack the resources to participate fully in society. In Chapter 3, illustrated by Figure 3.2, we saw how activities can try to reconcile a split and a division between the individual and the community by helping to form a bridge between the person and the wider society, increasing a person's sense of social inclusion. One of these activities is volunteering. My original psychotherapeutic training in psychodrama and sociodrama encouraged me to think about groups and the different roles people can take up within groups. A psychodrama can reveal roles in a person's life that are missing or underdeveloped. The role of volunteer in Mothertongue can be viewed as an opportunity to develop these missing roles in a person's life, in a safe and contained space. It can also provide the opportunity for participation in a reparative group experience which relates to my own experience as a young girl in secondary school. I have drawn upon this experience in the design and vision for Mothertonge as indicated in the timeline (6) and elaborated on at the beginning of Chapter 2.

Being able to speak, to be understood and to be heard are basic rights that most of us would take for granted if we were entering into therapy. The General Medical Council current Good Medical Practice Guidelines (2006: 16) set out the requirement for doctors to provide communication support:

> "You must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs"

Having access to an interpreter means that you have the opportunity to integrate by engaging with society and its structures. We also think it is important to help our clients to learn English as quickly as possible if they are truly to feel empowered and to have a voice. That is why as well as providing an interpreting service, we also provide English classes. It is not an "either... or" situation but a "both... and".

I have been aware of the need to attend with great care to ethical issues with regard to these two initiatives, which have more broadly therapeutic aims than the more strictly defined and bounded models of psychotherapy and counselling,.

The section in **Appendix 10b** and at the end of this chapter attends to ethics in more detail, illustrated by case examples drawn from a cross section of the Mother-tongue services.

6.2 Volunteering (community engagement, inclusion and empowerment)

The description of our work with volunteering is contained in **Appendix 10a** (my paper on volunteering and Social Inclusion in a Mental Health context.) We have asked the Young Interpreters (one of our volunteering schemes) to feedback to us if/how they may have benefited from this intervention. **Appendix 11** contains their comments. In 2009, in recognition of the contribution our voluntary service had made to the community, Mothertongue was awarded the Queen's Award for Voluntary Service as evidenced in **Appendix 12**.

6.3 Interpreting (Psycholinguistic importance of language – integration)

Currently, although organisations like Mothertongue can provide counselling in a range of languages directly, we recognise that we will never be able to have a team of trained counsellors who can work in every language our clients require. This is an issue that faces counselling and psychotherapy services up and down the country. Consequently, clients need to be able to have access to appropriately trained interpreters if they are truly going to experience equity of access to mental health services. Asylum seekers interviewed by Bernardes (2010: 3-19) found that all *"cited lack of interpreters as a barrier to accessing services."*

On a purely pragmatic basis, there are not enough trained therapists who can cover every language required and interpreters provide for many perhaps the only access to mental health services, Tribe, R. & Raval, H. (2003). Indeed, they can also provide an enhancement to therapeutic work as described in Tribe, R. & Thompson, K. (2009:

4) *"through learning about different cultural perspectives, idioms of distress and the role of language in the therapeutic endeavour."* Bradford & Munoz (1993: 58) believe that in therapeutic work: *"the translator becomes an extension of the therapist (...) the exercise of their respective roles entails momentary experiences of their sharing a single identity"*

This requires the clinician and the interpreter to prepare together and to work as a collaborative team. In fact, I would go further and say that although, as Perez Foster (1998: 135) points out that the interpreter can add to the confusion of transferential projections: *"the use of a translator in a psychodynamic or psychoanalytically oriented treatment approach would almost be untenable... for a variety of reasons which include the complexities of transferential projections",* this can be managed positively even in psychodynamic therapeutic work. My training as a psychodramtaist has been very useful in helping me to re evaluate this aspect of working with interpreters.

In psychodrama we use auxiliary egos (often significant people from a client's past) to play the different roles in a person's enactment. They offer an embodiment of the transference. The transference shifts from the director (therapist) to the auxiliary, thus leaving the director free to observe and think about the transference in an often-liberating way.

Similarly the therapist can regard the interpreter as an auxiliary ego and can follow the transferences wherever they go. Clearly it is of upmost importance that the therapist has explained this prior to the work beginning to the interpreter and that the interpreter is able to work in this way.

Before we leave this though, I would like to mention something which has only occurred to me in the past year or so, having observed from training highly experienced interpreters who are used to working in other (non-mental health) disciplines and who find it highly deskilling to work in the way we ask them to.

When an interpreter works in another context, with a solicitor, an immigration worker or a housing officer, for example, these professionals all have information, which the interpreter does not have and which the client needs. As far as the client is concerned, therefore, there is logic to the presence of the other professional. The interpreter is there solely to help them to understand the exchange of information.

A clinician, a therapist or a counsellor, may well appear to have nothing to offer the client, especially if they cannot prescribe medication. It might seem that a clinician

is only offering warmth, empathy and a few common sense strategies and exercises. Indeed it could appear to the client that an interpreter, who is warm and empathetic, would be a better person to talk to. The communication, after all, would be direct. And so, from the beginning, the clinical professional's role is sometimes seen as superfluous. He or she does not speak the client's language and may seem to have nothing to offer that the interpreter cannot provide.

In other, non-clinical contexts, it may be acceptable and even perceived as helpful for an interpreter to take some control and to intervene in a session, as it will not jeopardise the authority of the service provider. However, a clinician needs to establish authority from the beginning, as it is the clinician who holds the clinical responsibility for the work. In this way both the client and the interpreter can feel safe and contained. Initially, though, this reduction in the extent of the role of the interpreter can make an interpreter feel disempowered and deskilled. (To compound matters, when a clinician has not realised the way in which they need to use their authority in this situation, the interpreter, already feeling deskilled and disempowered can end up feeling even more lost.)

This illustrates just how important the role of the interpreter is in the therapeutic process, and how important it is to form a collaborative relationship together. It is not just something that can be left to chance.

Appendix 13: contains two articles I have written which expand on these themes and which also deal with the supervision of clinical interpreters.

When there is no appropriately trained interpreter available, some organisations and services may use family members to interpret, thus compromising the client's right to confidentiality as well as, of course, compounding any attempt to work constructively with the transference. Sometimes untrained staff members are used and clients can be misdiagnosed, offered inappropriate treatment or feel unsafe and uncontained by the lack of clarity of the role boundaries. We are currently campaigning to have these practices declared unethical.

Clinicians frequently have reported to us that they feel anxious about working with an interpreter. Interpreters and therapists, in training, both regularly cite anxiety about their role in the therapeutic relationship and about being able to trust in the other professional. We have therefore viewed it as important to provide training for the clinicians and the interpreters to work together and to take time to consider the

implications of working in a triad as opposed to the traditional dyad of one to one clinical work.

Because of the complexity of this type of work, I decided to set up, not only our own training programme for clinicians and mental health interpreters working together, but also its own dedicated service of trained Mental Health Interpreters (MHIs). In feedback clinicians frequently comment on how using one of our interpreters meant that they were able to hear the client's voice.

The success of this initiative has meant that we are funded by our local PCT to provide all the Mental Health Interpreters for all their mental health clinical appointments. The service includes a list of guidelines and a code of practice that interpreters and clinicians adhere to as well as a supervision service for the interpreters so that they are able to reflect on their work and remain fit to practise. We pay attention to ethical complexity of this type of work by providing appropriate supervision. As psychotherapists, we are obliged to have clinical supervision. The supervision helps us to reflect on the therapeutic relationship, alliances, transferences, collusions, and resistance, which occur. It also helps us to be as available as possible to our clients and to be able to keep ourselves intact too. It is gruelling work to sit and listen to people's distress and cutting off is not an option for a therapist.

The BACP Ethical Framework (2010) states that there is a general obligation for all counsellors, psychotherapists, supervisors and trainers, to receive supervision/consultative support independently of any managerial relationships.

Interpreters will hear all kinds of difficult, traumatic and highly charged emotional material. Some of the stories they hear may be very close to their own experiences. Frequently people from refugee backgrounds with similar experiences of migration to their clients may be reminded of painful incidents, which have happened to them or to their close friends and family.

We therefore provide a model of supervision, which incorporates some aspects of clinical supervision but at a level that is appropriate for the way in which our interpreters work.

An interpreter can be left with a lot of intense feelings or vicarious traumatisation after taking part in a therapy session. One of the functions of supervision is therefore as a source of support to help interpreters to process and manage the resultant emotions with which they are left. **Appendix 13** is an article on the supervision of interpreters.

Appendix 14: contains the MHI training DVD which explores ways in which a collaborative relationship can be formed between the interpreter and the mental health professional for the best outcome possible for patients. Theory is illustrated by case studies and a series of disaster scenario demonstration role-plays. The scenarios include examples of the ways of working therapeutically as a triad rather than as a dyad, to include:

- The extent, limitations and professional boundaries of the roles
- Ethical dilemnas
- Issues of power
- Communicating with interpreters about the nature of therapeutic change
- The relationship between the Interpreter and the Mental Health Professional
- Self-Care of the interpreter , support, boundaries and making use of supervision

Appendix 15: contains the MHI Code of Practice, adapted from *The British Psychological Society*, 2008 Guidelines for psychologistsworking with interpreters in health settings, Tribe, R. & Thompson, K. (2008)

Appendix 16: contains the MHI Evalutaion which revealed levels of satisfaction from clinicnans who have used our service. We have trained new entrants into the professions including IAPT trainees at Reading University, Clinical Psychology trainees at the Universities of Oxford and Southampton and Social Work trainees at Reading and Brunel Universities and we have been instrumental in ensuring that training to work with interpreters is on the curriculum for the training of High Intensity IAPT therapists

Appendix 17: contains a sample of their Training Feedback. They show that they have been enthused and engaged with the issues of culturally and linguistically sensitive therapy

We are collaborating with Diverse Minds and the Race Equality Foundation on the need for training, appropriate commissioning, accreditation and quality control for Mental Health Interpreters. A description of our Mental Health Interpreting Service can be found on the NICE Shared Learning Implementation site

We are currently endeavouring to address and find solutions for the high cost and resource implications of providing interpreters. Although we are not in the position of Holland where recently the Dutch Minister of Health (2011) banned all use of interpreters, we know that cost savings need to be made. However, often there is no one local available to interpret for minority languages. The cost including travel from out of area can be prohibitive. For this reason I have run training workshops on mental health interpreting via Skype. These workshops developed from an initial attempt to try to resolve the issue of the lack of interpreters locally with specific languages. Workshops were trialled on mental health interpreting via the telephone. These were not very successful as it was difficult to find a way where this could work effectively. Because of the nature of mental health consultations, the dual disadvantages of remoteness and of having no visual communication between the three parties made the effectiveness of any meaningful clinical intervention impossible. The advantage of Skype is that all the parties can see each other. One other advantage that should not be underestimated is that it is free. We are currently discussing with an IAPT Service in the South of England about piloting a Skype interpreting service with them.

Appendix 18: contains a paper on interpreting in a mental health context via Skype *(Produced for the 4th International Conference on Public Service Interpreting and Translation, Universidad de Alcala, Madrid, Spain, May 2011)*

6.3.1 The Bilingual Therapist and Mental Health Interpreter Forum

After running a successful conference (elaborated upon in **Appendix 19**), we established a National Forum for Bilingual Therapists and Mental Health Interpreters in 2010 to share learning and improve standards and practice. The Forum provides a space for ideas, experience, learning and good practice across languages to be shared and to offer a source of support and a network of supervision in a variety of languages. We are keen to be a force for change with regard to the appropriate training and regulation of interpreters working in a mental health context. The fourth meeting of this Forum was in November 2011.

The Forum meetings focus on a range of issues which can include the following, depending on participants' interests:

- Language switching and its meaning

- Language in which trauma is experienced and in which trauma is recalled
- The possibility of expressing different and additional emotions in different languages
- The role of language learning for the sensitive therapist
- Interpreter's role in therapeutic alliance
- Losses and gains of learning and speaking more than one language
- The bilingual self and linguistic splitting
- Language as a transitional object
- Language, communication and power
- Base language predominance and the suppression of languages in bi/multi linguals
- People's relationships with different languages.

Appendix 19: The Conference newsletter and agenda give a summary of the conference we ran which attempted to bring together the disciplines of linguistics and psychotherapy. It was called "Mother tongue or non- native language" and it was the start of our initiative to bring the two disciplines together with the aim of improving the therapeutic experience for multilinguals.

Appendix 20: I created the Bilingual Forum to be both a place to share ideas and learn and an agent of change. To that end we produced an action plan for a programme to make this change occur. This is detailed in this appendix via the Bilingual Forum Action Plan.

6.4 Ethical issues

It is useful to stop at this point and reflect on some of the ethical issues touched on earlier in this chapter, which apply to all our workers and volunteers. We aim always to provide a high standard of care as indicated by the BACP Ethical Framework, to which we adhere as a BACP accredited service. We also have to make sure the framework is applied in a culturally sensitive way. The training exercises which illustrate this point together with commentary drawn from our practice are in **Appendix 10b.**

Appendix 21: contains the original Mothertongue service DVD which includes the CCSW Project

Appendix 22: contains our current Mothertongue service DVD which shows how the service has evolved into the present day.

In the following and final chapter I will move from the professional to the personal to illustrate how the learning and development has had to take place within myself personally, in order for the organisation to move forwards.

Chapter 7

The Shadow

I began this piece of writing by referring to: the themes of destruction and creativity in my family in response to being mis-seen and misunderstood; and the shadow side of my attachment to hiding and the playing down of my influence within the organisation.

In part this was motivated by a naïve view of collectivism: that the success of an organisation like Mothertongue is due to the part played by everyone in the organisation. This view is motivated, reasonably enough, by the core question about the driving force behind any action of Mothertongue: *How will this be of benefit for our clients?* My naivety lay not in this view but in the belief that I could absent myself from one aspect of the driving seat without it being potentially destructive.

I have learned that this tactic, "charming quirk" (Chapter1) though it may be, lacks authority and robustness. It is an inconsistent boundary waiting to be attacked. And attacked it has been, although it took me until 2010 to wake up to it fully and to reclaim my authority.

I set up Mothertongue in 2000 and in the first few years we were able to operate as if we were impervious to any shadow side to the organisation. Then in 2004, my husband was diagnosed with cancer. Over the next two years he received a great deal of treatment and surgery and the prognosis was optimistic. I had not shared this within the organisation, as we were dealing with it as a family and it was not impacting on work at this time. I had taken the view that part of my role was to contain anxieties and that the sharing of this information would only create anxiety about my well-being. At this time I had enough support and resilience to manage myself and did not need any further support from the organisation. However, in January of 2006 my

husband became seriously ill again and I now decided it was the right time to share this with Senior Management. In May of 2006 we were told that my husband had a short while left to live. At that stage I felt it important to share this with the rest of the organisation. In June of that year he died.

It was an extremely difficult time and, despite some members of staff behaving in challenging ways, others were very supportive. However, this was an early indication to me that there existed a shadow within the organisation. It had taken the illness and death of my husband to open up the inner workings of the organisation. At the same time we had just appointed a new Operations Manager. This was very timely and I am very grateful to her for her generous insightfulness. She was new to the organisation and in many ways she was able to begin to shed some light on the shadow.

I was still relatively in the dark.

In 2008 a member of the team began to ask for more recognition in the organisation – her name included in work we had done on the website updates, increased pay etc. She began to extend the remit of her work, taking on more tasks with clients beyond the specification of her role. I could not understand why the very clear professional boundaries I had set were being attacked in this way. Nevertheless I held firm and the result was that she resigned. I scrutinised my behaviour but I could not see from where the misunderstanding had arisen.

Finally in 2010, the light came on but not before a potentially very destructive experience. This time, a member of the management committee wanted more recognition. Again, initially I misunderstood. I thought he had also subscribed to the "collectively successful" ideology I believed we were all working to. The tension between us had manifested itself earlier on in the organisation but I believed it had been resolved. This time it focused on the evaluation of my role within the organisation. During this process I felt both mis-seen and misunderstood and my initial reaction was to reach for a destructive pattern of response familiar to me from my early upbringing and responses to similar challenges. But, as I have indicated, in Chapter 2 and in my timeline (3), I have an even stronger urge within me to try to furnish something creative out of the energy which accompanies this potentially destructive force. Although the confrontation with the management committee member led to his resignation, ultimately this has been positive for the organisation. The underlying problem is not the result, which as I say was a good one, but the fact that I was so compelled to look into a destructive

abyss, which was so dangerous on every level. The experience was a very dark and frightening one for me because I saw how close I came to destroying so much. When I discussed with my therapist in 2000 (as indicated in my timeline, 28) my fears of being seen and mis-seen in the role of founder of an organisation it was because I knew how easily a destructive force could be unleashed in this role if I felt misunderstood and where, in such a public role, there would be no hiding place.

I would like to say that I learned my final lesson about this through this incident but this is not the case. This doctorate has provided me with another opportunity to witness my own process at work, when in the Internal Viva I felt misunderstood by one of the assessors and engaged in a potentially destructive dialogue with him. I puzzled long and hard over this after the event and not only do I have to recognise that there is this tendency within me but I have made a commitment to be vigilant about the speed with which it overtakes me so I can move into the creative position a lot faster. I have been fortunate in being able to call on support and honest feedback from colleagues around me to check out my reality and to recognise a particular fault line in my behaviour and to pull on other resources and ways of responding when I feel misunderstood or mis-seen. I am also lucky that no lasting damage has been done with either of these examples. I know what can happen and I also know how committed I am to trying my hardest to transform potential destruction to creative production. To that end I have tried to show my commitment to this personal learning by contributing a chapter to a book on personal development for therapists. The title of the chapter is: "A Therapeutic Journey across Cultural and Linguistic Borderlands" Costa (2012). My original motivation for setting up Mothertongue was to create something positive in response to the difficulties and pain experienced by my family who were trying to make sense of their lives lived across cultures and languages and their experience of being misunderstood. That motivation and commitment continues. It is the core of all I do.

Chapter 8

Concluding Comments. Learning from the experience. Our impact. The way forwards

8.1 Learning

The theme which has run throughout the work and the life of Mothertongue can be described as: Splitting and Mending or Destruction and Creativity. This has played itself out in the following ways:

8.1.1 Intrapsychically: linguistic, cultural and identity formation

I have observed, consulted and researched into these areas to learn about the way in which migration affects people's worldviews and how these shift when people move across boundaries. This includes the way in which people's positions may change, with the influence of processes such as globalisation and migration, on the individualism and collectivism worldview continuum. I have encouraged the organisation to pay increasing attention to people's attachments to their languages and cultures and the impact this has on their identity formation as individuals and as members of groups. We have developed a linguistic assessment model, practitioner guidance and a way of thinking about these elements when working psychotherapeutically across languages and cultures.

8.1.2 Research methodology: caution and risk, evidence and action

On observing pressing unmet need in our local community I decided to try to respond by formulating an ethical model of research. A long delay in providing much needed services by a reliance on evidence-led practice seemed to us to be prioritising a process over the need itself. I therefore developed the Social Response Cycle as a more person centred and ethical, if more risky approach, to conducting feasibility studies. This has enabled us to be quick to respond to and provide services for changing needs, while continuously assessing and modifying the provision of services accordingly.

8.1.3 Organisationally - focus and context, clinical and managerial

I am committed to a systemic approach by maintaining our focus and by keeping our values at the heart of all we do while keeping our eyes open to the environment locally, nationally and internationally. This dialogic approach is echoed in the tensions that I have had to learn to hold with the dual therapeutic and leadership roles.

8.2 Impact and the way forwards

8.2.1 Socio-politically – integration and marginalisation

People are increasingly moving across borders – geographically, linguistically and culturally. We need to think of the consequences this is having and will continue to have if we ignore the impact on us all psychologically as well as socially and politically. Mothertongue and other organisations are attempting to address this issue. The time to take this seriously is now.

8.2.2 Personally

My initial motivation for setting up the service was as an attempt to turn my early experiences of growing up in a family which was trying to deal with the complexities and tensions of living across languages and cultures into a creative service which could be of use to people grappling with similar difficulties. My aim was to provide an experience for them of being seen and understood in their own realities. My challenge for the future is to find ways of understanding my own fragility and reaction to being mis-seen and the role my own tendency to obscure and minimise has contributed to

being mis-seen. Writing this context statement has been the beginning of my future commitment to myself and to Mothertongue of being explicit and visible.

Appendices

Appendix 0 contains the Timeline

Appendix 1 contains my chapter in Zack Eleftheriadou's book on Psychotherapy across Cultures (2010)

Appendix 1a contains CEO Job Description

Appendix 2 documents the history of Mothertongue by means of the Annual Reports in chronological order and news cuttings from the years (2000-2005)

Appendix 3 shows evidence of the success and recognition of Mothertongue via the certificate of BACP accreditation, a selection of awards and the executive summary of the External Evaluation.

Appendix 4 documents the funding history by providing the Annual Financial Reports in chronological order

Appendix 5 contains a paper for the British Psychological Society on language and trauma

Appendix 6 contains the full version of the article (EIHSC March 2010) and article for UKCP bulletin: Crossing Cultural Borderlands (2008)

Appendix 7 contains the research questionnaire on bilingualism in therapy

Appendix 7a contains the Community Development Model of Mothertongue (2005)

Appendix 8 is an example of a Self Evaluation form for clients which is one of the means by which we take feedback and a recent Internal Evaluation which collated this information.

Appendix 9 contains the DVD My Life

Appendix 10 contains Parent Group statistics from the questionnaires

Appendix 10a contains Paper on volunteering and Mental Health and Social Inclusion

Appendix 10b contains paper on ethical issues - Training examples and Cross Cultural Support Project

Appendix 11 contains Young Interpreters' comments

Appendix 12 contains copy of Queen's Award for Volunteering 2009

Appendix 13 contains two articles I have written which expand on the themes of interpreting in a mental health context and which also deal with the supervision of clinical interpreters.

Appendix 14 contains the MHI training DVD

Appendix 15 contains the MHI Code of Practice

Appendix 16 contains the MHI Evaluation

Appendix 17 contains feedback on training I have delivered

Appendix 18 contains my article on interpreting in a mental health context via Skype

Appendix 19 contains the conference newsletter and agenda

Appendix 20 contains the Bilingual Forum Action Plan

Appendix 21 contains the original Mothertongue service DVD which includes the CCSW Project

Appendix 22 contains our current Mothertongue service DVD and leaflet which show how the service has evolved into the present day.

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