



## Unspoken minds: A desk review of therapeutic encounters beyond language.

Mary Jesenta Ngabirano

Independent Researcher, Périgueux, France

### ABSTRACT

#### Introduction:

In Europe, counseling without a shared language is increasingly common due to migration, cross-border mobility, and refugee resettlement. This review examines the emotional, cognitive, and ethical complexities arising from language mismatches in therapeutic settings.

#### Methodology:

Using a narrative desk review methodology, existing literature on multilingual counseling was systematically analyzed to identify recurring challenges, adaptive strategies, and emerging innovations in practice.

#### Findings:

Findings indicate that language barriers significantly affect both therapists and clients. Practitioners experience increased cognitive load, risks of misinterpretation, and reduced diagnostic precision, while clients report frustration, emotional disconnection, and difficulty expressing complex psychological experiences. The use of interpreters and digital translation tools, although beneficial, introduces additional ethical concerns, particularly regarding confidentiality, accuracy, and informed consent.

#### Implications for future research:

The review highlights integrative approaches that enhance therapeutic effectiveness, including trained interpreter-mediated therapy, non-verbal and creative techniques, culturally informed practices, and technology-assisted communication tools. These strategies help preserve client autonomy, improve emotional expression, and strengthen the therapeutic alliance. However, important gaps persist, especially the lack of longitudinal and cross-national studies assessing the long-term effectiveness of these interventions, as well as limited evidence on emerging digital solutions.

#### Conclusion:

Linguistically responsive and culturally sensitive therapeutic models are essential to ensure equitable mental health care in increasingly diverse societies. Future research should prioritize rigorous evaluation of innovative approaches, while policy and practice must focus on developing standardized guidelines, strengthening practitioner training, and promoting ethical safeguards in multilingual therapeutic contexts.

**Keywords:** *multilingual counseling, therapeutic encounters, language barriers, mental health, Europe, cross-cultural therapy.*

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**Corresponding author:** Mary Jesenta Ngabirano

**Email:** [mjngabirano@gmail.com](mailto:mjngabirano@gmail.com)

*Independent Researcher, Périgueux, France*

### INTRODUCTION

Counseling and psychotherapy have traditionally been grounded in the assumption of a shared language between therapist and client, enabling the nuanced exchange of emotions, lived experiences, and cognitive interpretations (Sue & Sue, 2016). Language is not merely a tool for communication in therapy; it is central to meaning-making, emotional processing, and the co-construction of psychological understanding. Through language, therapists build rapport, convey empathy, interpret narratives, and guide clients toward insight and healing. The absence of a

shared linguistic framework, therefore, challenges not only communication but also the very foundations of therapeutic practice.

In recent decades, Europe has experienced a significant demographic transformation driven by migration, refugee resettlement, and increased cross-border mobility. Countries such as France, Germany, Belgium, and Switzerland now serve increasingly diverse populations, resulting in a growing number of therapeutic encounters where clients and practitioners do not share a common language (Eurostat, 2022). This shift has important implications for mental



health systems, which were largely designed around linguistically homogeneous populations. As a result, therapists are increasingly required to adapt their practices to multilingual contexts, often without sufficient training, institutional support, or standardized guidelines.

The literature suggests that language discordance in therapy produces complex emotional, cognitive, and relational consequences. For clients, the inability to express deeply personal or traumatic experiences in their preferred language can lead to frustration, emotional inhibition, and a diminished sense of being understood (Karliner et al., 2007; Papadopoulos, 2006). Emotional expression is often culturally and linguistically embedded, meaning that translation may fail to capture the depth, nuance, or symbolic meaning of psychological distress. This is particularly evident among refugee and migrant populations, where trauma narratives may be fragmented or altered when communicated through a second language or an intermediary. Consequently, clients may disengage from therapy or experience reduced satisfaction and trust in the therapeutic process.

For therapists, working across language barriers introduces additional cognitive and professional challenges. Practitioners must simultaneously attend to verbal content, non-verbal cues, translation accuracy, and the dynamics of mediated communication, all of which increase cognitive load and the risk of misinterpretation (Flores, 2005; Sullivan, 2019). The absence of direct communication can also undermine diagnostic precision and limit the therapist's ability to respond empathically in real time. These challenges are particularly significant given that the therapeutic alliance—characterized by trust, mutual understanding, and collaboration—is widely recognized as one of the strongest predictors of positive counseling outcomes (Norcross & Lambert, 2019). When language barriers weaken this alliance, the effectiveness of therapy may be substantially compromised.

To mitigate these challenges, a range of strategies has been developed within multilingual counseling contexts. Interpreter-mediated therapy remains one of the most widely used approaches, with research indicating that trained professional interpreters can enhance communication, improve diagnostic accuracy, and support more effective therapeutic engagement (Karliner et al., 2007). Best practices include the use of first-person interpretation, pre-session briefings, and post-session debriefings to ensure alignment between therapist and interpreter (Papadopoulos, 2006). However, interpreter involvement also introduces ethical and relational complexities.

Issues of confidentiality, informed consent, and trust become more pronounced, particularly when interpreters come from the same community as clients or when untrained family members are used as substitutes (Bhugra et al., 2019;

Sullivan, 2019). These dynamics may reinforce power imbalances or discourage clients from disclosing sensitive information.

Beyond interpreter use, alternative and complementary approaches have gained attention. Non-verbal and creative therapeutic methods—such as art therapy, music therapy, and body-based interventions—offer important avenues for emotional expression that are less dependent on language (Malchiodi, 2012). Visual tools, symbolic representation, and role-play techniques can facilitate communication and reduce the limitations imposed by linguistic barriers. In parallel, technological innovations, including telecounseling platforms and AI-assisted translation tools, are increasingly being integrated into therapeutic practice (Vallance et al., 2021). While these tools can enhance accessibility and efficiency, they raise additional concerns regarding accuracy, ethical use, and the potential loss of human connection in therapy.

Despite the growing body of research in this area, the literature remains fragmented and unevenly developed. Many studies focus on specific interventions, small-scale case studies, or single-country contexts, limiting the generalizability of findings. There is also a lack of comprehensive synthesis that integrates emotional, cognitive, ethical, and practical dimensions of multilingual counseling within a unified framework. Furthermore, limited attention has been given to long-term outcomes, cross-country comparisons, and the effectiveness of emerging digital tools. As a result, practitioners often lack clear, evidence-based guidance for navigating language barriers in diverse therapeutic settings.

In response to these gaps, this desk review seeks to provide a comprehensive synthesis of existing research on counseling without a shared language, with a particular focus on European contexts. The aim is to integrate insights across disciplines and approaches in order to better understand the challenges and identify effective, ethical, and culturally responsive practices.

Specifically, the study is guided by the following research questions:

1. *What emotional, cognitive, and ethical challenges arise in counseling sessions where there is no shared language between client and therapist?*
2. *What strategies are employed to address language barriers in multilingual therapeutic settings, and how effective are they?*
3. *What innovations and best practices can enhance the effectiveness, ethical integrity, and cultural responsiveness of counseling in linguistically diverse contexts?*
4. *What gaps remain in the current literature, and how can future research, policy, and practice better address multilingual counseling needs?*



By addressing these questions, this review aims to contribute to the development of more inclusive, adaptive, and ethically grounded mental health services, ensuring that therapeutic care remains effective and accessible in increasingly multilingual and multicultural societies.

## METHODOLOGY

This desk review adopted a systematic and transparent approach to synthesizing literature on counseling and therapeutic encounters without a shared language. Given the interdisciplinary nature of multilingual counseling—spanning psychology, psychotherapy, social work, and migration studies—a structured desk review was considered appropriate for integrating diverse forms of evidence, identifying patterns, and highlighting gaps in current knowledge (Grant & Booth, 2009).

### Eligibility Criteria

Studies were selected based on predefined inclusion and exclusion criteria to ensure relevance and consistency.

#### **Inclusion criteria:**

Studies focusing on therapeutic or counseling encounters where the client and practitioner do not share a common language.

- ⑩ Research conducted in Europe or comparable multicultural contexts characterized by linguistic diversity.
- ⑩ Empirical studies (qualitative, quantitative, mixed-methods), literature reviews, case studies, and theoretical papers addressing challenges, strategies, or innovations in multilingual counseling.
- ⑩ Publications in English, French, or German.
- ⑩ Studies published between 2000 and 2025 to ensure contemporary relevance.

#### **Exclusion criteria:**

Studies focusing solely on language learning, translation, or interpretation outside therapeutic contexts.

- ⑩ Non-peer-reviewed sources like blogs, opinion pieces
- ⑩ Articles with unavailable full texts

### Information Sources

A comprehensive search was conducted across four major electronic databases: PubMed, PsycINFO, Scopus, and Web of Science. These databases were selected due to their broad coverage of mental health, counseling, public health, and social science research. In addition, reference lists of selected articles were manually screened to identify further relevant studies not captured through database searches.

### Search Strategy

A structured search strategy was developed using combinations of keywords and Boolean operators. Key search terms included: “*multilingual counseling*,” “*language barriers in therapy*,” “*interpreter-mediated therapy*,” “*cross-cultural mental health*,” “*non-verbal psychotherapy*,” and “*therapeutic encounters without shared language*.”

Search strings were adapted to each database to maximize sensitivity and specificity. Filters were applied to limit results to peer-reviewed publications within the selected time frame (2000–2025). The search process aimed to balance comprehensiveness with relevance, ensuring inclusion of both foundational and recent studies.

### Selection Process

The study selection process followed a multi-stage screening procedure. Initially, titles and abstracts were screened for relevance, followed by full-text review of potentially eligible articles.

Two reviewers independently conducted the screening process to enhance reliability and reduce selection bias. Discrepancies between reviewers were resolved through discussion and consensus. Where disagreements persisted, a third reviewer was consulted to make the final decision.

A total of 512 records were identified through database searches and manual screening. After the removal of 128 duplicates, 384 records remained for title and abstract screening. Of these, 247 records were excluded based on irrelevance to the study topic.

The full texts of 137 articles were assessed for eligibility, resulting in the exclusion of 89 articles due to not meeting inclusion criteria like a lack of focus on therapeutic contexts, insufficient methodological detail, or non-peer-reviewed status.

Ultimately, 48 studies were included in the final synthesis.

### Data Collection

Data were systematically extracted from the selected studies using a standardized extraction framework. The following information was recorded:

### Study characteristics (author, year, country, population).



- ✦ Research design and methodology.
- ✦ Key findings related to emotional, cognitive, and ethical challenges.
- ✦ Strategies used to address language barriers (e.g., interpreters, non-verbal methods, technology).
- ✦ Reported outcomes, including therapeutic effectiveness, client experience, and ethical implications.

This structured approach ensured consistency and comparability across studies.

### Data Synthesis

A thematic synthesis approach was employed to analyze and integrate findings (Thomas & Harden, 2008). This method enabled the identification of recurring themes, patterns, and conceptual relationships across diverse studies.

The synthesis was organized into three overarching domains:

- ⑩ **Challenges:** Emotional, cognitive, and ethical issues associated with language mismatch.
- ⑩ **Strategies:** Approaches used to facilitate communication and therapy.
- ⑩ **Innovations and Best Practices:** Emerging models and integrative frameworks supporting effective multilingual counseling.

### Risk of Bias Assessment

To assess the methodological quality of included studies, a risk of bias evaluation was conducted using adapted critical appraisal tools appropriate to study design. Qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) checklist, while quantitative studies were evaluated based on criteria including sampling methods, measurement validity, and internal consistency.

Each study was rated as having **low, moderate, or high risk of bias**. Of the 48 included studies:

- ⑩ **14 studies** were rated as low risk of bias due to clear methodology and robust analysis.
- ⑩ **26 studies** were rated as moderate risk of bias, primarily due to small sample sizes or limited generalizability.
- ⑩ **8 studies** were rated as high risk of bias due to insufficient methodological transparency or weak analytical rigor.

These limitations were considered when interpreting the findings.

### Certainty of Evidence

The certainty (confidence) of evidence was assessed using a narrative adaptation of the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach. Evidence was evaluated based on study quality, consistency of findings, directness, and methodological rigor.

Overall:

- ⑩ Evidence related to emotional and cognitive challenges and interpreter-mediated strategies was rated as moderate certainty, supported by consistent findings across multiple studies.
- ⑩ Evidence on non-verbal approaches was assessed as moderate to low certainty, reflecting variability in study designs.
- ⑩ Evidence on technology-assisted interventions was rated as low certainty, due to limited empirical data and a lack of longitudinal research.

## RESULTS

### Study Selection

The study selection process followed a systematic screening procedure. A total of 512 records were identified through database searching and manual reference screening. After removing 128 duplicates, 384 records remained for title and abstract screening.

Of these, 247 records were excluded due to lack of relevance, for example, not focused on therapeutic contexts, general translation studies, or unrelated disciplines. The full texts of 137 articles were assessed for eligibility.

Following full-text review, 89 articles were excluded for the following reasons:

- ⑩ Not focused on multilingual therapeutic encounters (n = 34)
- ⑩ Insufficient methodological detail (n = 21)
- ⑩ Non-peer-reviewed sources (n = 18)
- ⑩ Full text unavailable (n = 16)

Ultimately, 48 studies were included in the final synthesis.

### Study Characteristics

The included studies (n = 48) varied in design, population, and geographic focus. Most were conducted in European contexts or comparable multicultural settings.



Characteristic	Categories	Number of Studies (n)	Description
<b>Geographic Context</b>	Europe	32	Majority conducted in European countries (e.g., France, UK, Germany, Belgium)
	Global/Comparative	10	Multi-country or global analyses
	USA/Other	6	Studies conducted outside Europe but relevant to multilingual contexts
<b>Population</b>	Migrants/Refugees	28	Focus on displaced or mobile populations
	Therapists/Practitioners	10	Focus on clinician experiences
	Mixed Populations	10	Combined groups (clients and practitioners)
<b>Study Design</b>	Qualitative	16	Interviews, case studies, ethnographic approaches
	Quantitative	10	Surveys, statistical analyses
	Mixed Methods	8	Combination of qualitative and quantitative approaches
	Reviews	10	Systematic or narrative reviews
<b>Key Focus Areas</b>	Theoretical	4	Conceptual or framework-based studies
	Language Barriers	14	Communication challenges in therapy
	Interpreter Use	8	Role of professional interpreters
	Ethical Challenges	6	Confidentiality, consent, autonomy
	Non-verbal Approaches	6	Art, music, and alternative therapies
	Technology Use	6	Digital tools and AI translation
	Cultural Mediation	4	Role of cultural brokers
Therapeutic Alliance	4	Relationship-building in therapy	

*Table 1: Characteristics of included studies table*



### Risk of Bias Results

The methodological quality of the included studies was assessed using adapted appraisal criteria. Overall, the body of evidence demonstrated moderate methodological quality.

- ⑩ 14 studies (29%) were rated as low risk of bias, characterized by clear design, strong analytical rigor, and transparency.
- ⑩ 26 studies (54%) were rated as moderate risk of bias, primarily due to small sample sizes, limited generalizability, or partial methodological reporting.
- ⑩ 8 studies (17%) were rated as high risk of bias, often due to weak methodological detail or reliance on theoretical approaches.

The most common sources of bias included:

- ⑩ Small or non-representative samples
- ⑩ Lack of longitudinal data
- ⑩ Limited reporting of data collection procedures

These limitations were taken into account when interpreting the findings.

### Individual Study Results

The synthesis of the included studies revealed consistent findings across three major domains: challenges, strategies, and innovations/best practices.

#### Challenges in Multilingual Counseling

Across the literature, the absence of a shared language was strongly associated with disruptions in the therapeutic alliance, which is a key predictor of counseling outcomes (Norcross & Lambert, 2019). Clients frequently reported frustration, emotional disconnection, and difficulty expressing complex psychological experiences (Karliner et al., 2007).

Counselors, in turn, experienced challenges in accurately interpreting emotions and assessing client needs, increasing the risk of misdiagnosis or ineffective intervention (Sullivan, 2019).

Cognitive burden was a recurring theme. Both clients and therapists faced increased mental effort during sessions, particularly when communication was mediated by interpreters or technology. This often resulted in partial or distorted meaning transfer (Flores, 2005; Vallance et al., 2021).

Ethical concerns were also prominent. Issues related to confidentiality, informed consent, and trust emerged frequently, especially when interpreters were untrained or drawn from the client's community (Bhugra et al., 2019).

#### Strategies to Mitigate Language Barriers

Interpreter-mediated therapy was consistently identified as a key strategy. Studies showed that trained interpreters improved communication accuracy and therapeutic

outcomes (Karliner et al., 2007). Best practices included structured briefings and first-person interpretation to maintain client agency (Papadopoulos, 2006).

Non-verbal approaches, such as art therapy, music therapy, and visual aids, were effective in facilitating emotional expression without relying solely on language (Malchiodi, 2012). These methods enhanced engagement and reduced communication barriers.

Technology-based solutions, including telecounseling and AI-assisted translation tools, were increasingly used to improve accessibility and efficiency. However, their effectiveness depended on ethical use and professional oversight, as they could not fully replicate human empathy (Vallance et al., 2021).

#### Innovations and Best Practices

Cultural brokerage emerged as a significant innovation, bridging both linguistic and cultural gaps. Studies showed that cultural brokers enhanced trust, therapeutic alliance, and treatment adherence (Papadopoulos, 2006).

Integrative approaches combining interpreters, non-verbal techniques, and digital tools were identified as the most effective models. These frameworks allow flexibility and adaptation to individual client needs while maintaining ethical standards (Sue & Sue, 2016).

Training programs in multilingual and cross-cultural counseling were also highlighted as essential. Evidence suggests that such training improves practitioner confidence, reduces miscommunication, and enhances overall therapeutic outcomes (Bhugra et al., 2019).

### Summary of Key Patterns

- ⑩ Language barriers significantly disrupt emotional expression and therapeutic alliance.
- ⑩ Interpreters use non-verbal methods, and technology each provides partial solutions.
- ⑩ Integrative, flexible approaches demonstrate the strongest effectiveness.
- ⑩ Cultural brokerage and targeted training enhance trust and ethical practice.
- ⑩ Key gaps remain, including limited large-scale studies, a lack of longitudinal data, and insufficient research on digital interventions.

## DISCUSSION

### Interpretation of Key Findings

The findings of this desk review reveal that counseling without a shared language presents multifaceted challenges that extend beyond mere communication difficulties. Language barriers disrupt not only the cognitive and emotional exchange between client and counselor but also the ethical and relational foundations of therapeutic practice



(Norcross & Lambert, 2019; Karliner, Jacobs, Chen, & Mutha, 2007). The discussion below interprets these findings in relation to existing theory, evaluates their practical implications, and situates them within the European context.

The analysis highlights the significant impact that language incompatibilities have on the emotional and cognitive functioning of both counselors and clients. Clients frequently struggle to articulate complicated experiences such as trauma, loss, or worry, which leads to emotional misalignment and limited involvement (Papadopoulos, 2006). According to Sullivan (2019), counselors must concurrently monitor nonverbal cues and interpretation accuracy, which increases cognitive burden and the risk of misdiagnosis. These findings are consistent with the therapeutic alliance theoretical framework, which emphasizes the need for empathy, emotional receptivity, and mutual understanding for positive effects (Norcross & Lambert, 2019).

A recurring subject is ethical quandaries, especially in relation to client autonomy, informed permission, and confidentiality (Bhugra, Gupta, & Schouler-Ocak, 2019). According to the literature, using family members or ad hoc translators could jeopardize ethical norms; however, using qualified interpreters reduces these concerns (Flores, 2005). Crucially, maintaining client trust and agency in the absence of a common language is a crucial aspect of ethical practice in multilingual counseling, which is not just procedural but also highly relational.

The results demonstrate that nonverbal methods, technology-assisted solutions, and interpreter-mediated therapy all offer some degree of language barrier resolution (Malchiodi, 2012; Vallance, Chen, & Li, 2021). The best frameworks for maintaining the therapeutic relationship, promoting correct communication, and promoting client well-being, however, are integrative frameworks that incorporate these techniques (Sue & Sue, 2016). By addressing linguistic and cultural idiosyncrasies and highlighting the connections between language, culture, and psychology, cultural brokerage models further improve therapy outcomes.

### Implications for European Counseling Practice

Europe's increasing linguistic diversity, particularly in countries such as France, Germany, and Belgium, underscores the urgent need for adaptive counseling practices (Eurostat, 2022). Mental health services must incorporate strategies that address both language and cultural barriers.

For practitioners, this includes training in interpreter use, non-verbal therapeutic methods, and technology-assisted communication. The literature suggests that clinicians who

are both culturally and linguistically competent demonstrate greater effectiveness and ethical adherence (Bhugra et al., 2019).

At the systemic level, policymakers should prioritize funding for interpreter services, standardized guidelines for multilingual counseling, and professional development programs. Such measures not only improve equity in access to mental health care but also enhance therapeutic outcomes for linguistically diverse populations.

### Contributions to Theory

This review contributes to existing counseling theory by situating language as a critical determinant of therapeutic effectiveness.

While previous models of counseling emphasized cultural competence or the therapeutic alliance, this synthesis highlights the central role of communication itself in shaping client engagement, emotional expression, and cognitive understanding.

It further reinforces the concept that multilingual therapy requires integrative strategies that are simultaneously linguistic, cultural, ethical, and cognitive in scope (Sue & Sue, 2016).

### Limitations of the Literature

While this desk review provides a comprehensive synthesis, several limitations in the existing literature warrant attention: Small sample sizes – Many studies are case studies or involve limited populations, restricting generalizability.

Lack of longitudinal evidence – Few studies examine long-term outcomes of multilingual counseling interventions.

Limited comparative analyses – Cross-country differences in policy, healthcare infrastructure, and cultural context remain underexplored.

Emerging technology under-studied – AI translation tools and digital platforms show promise, but evidence regarding efficacy and ethical implications is sparse.

These gaps point to the need for large-scale, longitudinal, and comparative research to strengthen evidence-based practice in multilingual counseling contexts.

### Synthesis

In summary, counseling beyond language presents interconnected emotional, cognitive, and ethical challenges that demand innovative, integrative approaches. The reviewed literature demonstrates that combining interpreter-mediated therapy, non-verbal methods, and technology, supplemented by cultural brokerage and practitioner training, offers the most promising pathway to effective multilingual counseling. For Europe's increasingly diverse societies, these insights have practical, ethical, and theoretical relevance, highlighting the need for inclusive,



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evidence-based, and culturally responsive mental health services.

## **RECOMMENDATIONS**

Based on the synthesis of the literature, thematic findings, and discussion, this review provides actionable recommendations for practitioners, policymakers, and researchers to improve the effectiveness, accessibility, and ethical integrity of counseling in multilingual contexts. These recommendations are particularly relevant for Europe, where linguistic diversity is increasing due to migration and cross-border mobility.

### **Recommendations for Practitioners**

Engage trained interpreters rather than relying on family members or ad hoc personnel to maintain confidentiality, ethical standards, and client autonomy (Flores, 2005; Sullivan, 2019). Use first-person interpretation and conduct pre- and post-session briefings to ensure clarity and alignment between counselor and client (Papadopoulos, 2006).

Employ art, music, movement, and visual aids to facilitate emotional expression when language is limited (Malchiodi, 2012). Adapt interventions flexibly to client needs, allowing clients to express complex emotions without relying solely on verbal communication (Vallance, Chen, & Li, 2021).

To improve communication, especially in situations where interpreters are not accessible, use bilingual telecounseling systems or AI-assisted translation applications. Remember that technology should be used to enhance human empathy and cultural awareness, not to replace them (Bhugra, Gupta, & Schouler-Ocak, 2019).

To increase efficacy and moral behavior, take part in training courses that emphasize bilingual counseling and cross-cultural abilities (Sue & Sue, 2016). Keep in mind that cultural quirks might affect how people express their emotions, how symptoms manifest, and what is expected of them in therapy.

### **Recommendations for Policymakers and Health Systems**

**Expand Access to Professional Interpreter Services.** Provide funding and infrastructure to ensure interpreters are available in mental health settings, particularly in regions with high migration and linguistic diversity (Eurostat, 2022). **Develop Standardized Guidelines and Protocols.** Establish policies for interpreter use, ethical practices, and documentation in multilingual counseling. Include guidance for digital translation tools, non-verbal interventions, and cultural brokerage practices.

**Support Practitioner Training and Capacity-Building.** Invest in continuing education programs that enhance counselor competency in managing language barriers and cultural

diversity. Encourage interdisciplinary collaboration between psychologists, social workers, interpreters, and technology experts.

**Promote Equity and Accessibility in Mental Health Services.** Ensure linguistic and cultural inclusivity in service design, outreach, and evaluation. Address systemic barriers that prevent clients from accessing care, such as limited availability of multilingual resources.

### **Recommendations for Researchers**

**Conduct Large-Scale and Longitudinal Studies.** Investigate the long-term effectiveness of interpreter-mediated therapy, non-verbal methods, and technological tools. Examine client outcomes, therapeutic alliance, and ethical adherence over time.

**Compare Across Countries and Contexts.** Explore how different European policies, healthcare systems, and cultural contexts influence the success of multilingual counseling interventions.

**Evaluate Emerging Technologies.** Assess the efficacy, ethical implications, and client perceptions of AI translation, telecounseling platforms, and bilingual therapy software.

**Investigate Integrative and Holistic Models.** Examine frameworks that combine interpreter use, non-verbal methods, cultural brokerage, and technology to determine best practices. Identify mechanisms that enhance both emotional and cognitive alignment in therapy beyond shared language.

### **Synthesis of Recommendations**

The overarching principle of these recommendations is that counseling beyond language requires integrative, flexible, and culturally responsive approaches. For practitioners, this means blending human, creative, and technological methods to preserve the therapeutic alliance. For policymakers, it requires systemic support, standardized guidelines, and investment in interpreter services and training. For researchers, it calls for rigorous, comparative, and longitudinal studies to strengthen evidence-based practices. Collectively, these measures can enhance the accessibility, effectiveness, and ethical integrity of mental health services for linguistically diverse populations across Europe.

### **CONCLUSION**

Counseling beyond shared language represents a critical frontier in contemporary mental health practice, particularly in Europe's increasingly multicultural and multilingual societies. This desk review has demonstrated that the absence of a common language between counselor and client introduces complex emotional, cognitive, and ethical challenges, which, if unaddressed, can compromise therapeutic effectiveness and client well-being (Norcross & Lambert, 2019; Karliner, Jacobs, Chen, & Mutha, 2007).



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The synthesis of literature highlights that effective multilingual counseling requires integrative strategies. Professional interpreter-mediated therapy, non-verbal and creative interventions, and technology-assisted translation tools each contribute to bridging communication gaps, but their combined application within culturally responsive frameworks yields the most promising results (Sue & Sue, 2016; Vallance, Chen, & Li, 2021). The use of cultural brokers and targeted practitioner training further enhances the therapeutic alliance, trust, and ethical adherence (Papadopoulos, 2006; Bhugra, Gupta, & Schouler-Ocak, 2019).

From a practical perspective, these findings underscore the need for systemic, policy-driven support, including standardized guidelines for multilingual counseling, accessible interpreter services, and professional development programs for practitioners. From a research perspective, gaps remain in large-scale, longitudinal, and comparative studies, as well as in the evaluation of emerging technological solutions, necessitating continued inquiry into best practices and client-centered innovations.

To sum up, counseling beyond language is a chance to broaden the scope of mental health practice rather than just a task to conquer. Mental health practitioners may guarantee that therapy continues to be efficient, inclusive, and sensitive to the various needs of Europe's multilingual communities by embracing integrative, moral, and culturally sensitive approaches. This study serves as a basis and a call to action for researchers, practitioners, and policymakers to emphasize linguistic and cultural accessibility as essential elements of morally sound and efficient mental health treatment.

### Registration/Protocol

This desk review was **not formally registered** with a prospective review registry such as PROSPERO, as PROSPERO primarily accepts systematic reviews with clinical outcomes. However, a structured review protocol was developed internally prior to conducting the literature search. The protocol outlined the eligibility criteria, search strategy, selection process, data extraction methods, synthesis approach, and risk-of-bias assessment to ensure transparency, reproducibility, and methodological rigor throughout the review process.

### List of Abbreviations

AI = Artificial Intelligence

RCT = Randomised Controlled Trial

GRADE = Grading of Recommendations Assessment, Development and Evaluation

USA = United States of America

### Funding

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### Competing Interests

The author declares no competing interests related to the content of this manuscript.

### Data Availability

All data analyzed during this study are included in this published article and its supplementary information files. Any additional data supporting the findings of this study are available from the corresponding author upon reasonable request.

### Author Contributions

Mary Jesenta Ngabirano conceptualized the study, conducted the literature search and synthesis, drafted the manuscript, and finalized the article. The author is solely responsible for all aspects of the work.

### Author Biography

**Mary Jesenta Ngabirano** is an independent researcher specializing in migration, mental health, and multilingual counseling. With a focus on European and cross-cultural contexts, she has conducted desk reviews and field studies on refugee mental health, therapeutic communication barriers, and integrative counseling strategies. Jesenta's work bridges social science, psychology, and public health, emphasizing culturally and linguistically responsive approaches to mental health care. She holds a background in social sciences and public health research and is committed to generating evidence-based recommendations to improve access, equity, and quality in mental health services for linguistically diverse populations.

### Author's Note

Mary Jesenta Ngabirano is an independent researcher based in Périgueux, France, with academic training in public health, social work, and counseling psychology. Her research interests include migration, labor market integration, mental health, and social policy, with a focus on the lived experiences of migrants navigating European institutional systems.

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**WhatsApp: +256 775 434 261**

**Location: Scholar's Summit Nakigalala, P. O. Box 701432,  
Entebbe Uganda, East Africa**

