

Tales of travels across languages: Languages and their anti-languages

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This paper is a collaboration between an apprentice bilingual translator/narrative therapist (Marcela) and one of the originators of narrative therapy (David). Studies of translation and bilingualism offer interesting and useful contributions to the renewal of narrative therapy. As narrative ideas migrate cultures, these crossings can enrich, acculturate, and diversify narrative practices. At the same time, considerations of bilinguality or multilinguality can influence our practice *within* languages. The example of therapeutic practice that is offered illustrates how narrative therapeutic conversations can move between and across multiple namings of people's predicaments. In this process, understandings need not be ironed out, as often happens in monolingual conversations. Instead, multilinguality puts names in play as transitory constructions, susceptible to renewal or reinvention.

Keywords: bilingualism, narrative therapy, multilingualism, language, anti-language.

INTRODUCTION

Marcela met narrative ideas through a doctoral family therapy training program at Nova Southeastern University, Florida, around the time when I was at the point of feeling at home with English. I had migrated from my native country, Colombia, to the United States, when I was in my mid-twenties. I was apprenticing as a narrative family therapist in English and my practicum was also in English. By the third year of my training, when I was meeting with families whose preferred language was Spanish, to my surprise and dismay, I came to realise that English had become a kind of 'mother tongue' for me in speaking, thinking and practicing of narrative therapy, which relegated my native Spanish to the status of a 'foreign language'.

As puzzling as it might sound to you, and it certainly was to me, I concluded that I could not speak or know narrative therapy in terms of the language through which I had lived for most of my life. I was bilingual in some aspects but monolingual in terms of practicing as a narrative therapist. In January 2007, while attending a narrative conference in La Habana, Cuba, I had my first encounter with narrative ideas presented in my mother tongue of Spanish. For me this was akin to learning narrative therapy all over again, seemingly from scratch. At this same conference, in a conversation with Marta Campillo, a colleague from Mexico, and David Epston, I sought to 'confess' to them, with some embarrassment and considerable discomfort, that my narrative therapy practice was alien to my Spanish Colombian world. Later I came to understand that my discomfort was an expression of concern that I had somehow 'turned away' from my very Colombian-ness.

The day after this conversation, David approached me with a suggestion that initiated a most exciting, intriguing and rich experience. He asked me if I might be interested in approaching the matter of learning narrative therapy in my mother tongue autoethnographically – that is, to make the very learning of narrative therapy in Spanish the 'object' of enquiry, by means of my second language of English, in which I had already secured a knowledge of it. Does this sound strange to you? I know it did when I first considered David's proposal!

And yet, this prospect fascinated me and I began to wonder how my two language worlds – Spanish and English – had become so disengaged that they were obviously no longer in conversation with one another. I had to assume that they no longer informed each other. It was as if each language worked hard to have its own sovereignty. In this instance, my English had a monopoly over my narrative therapy practice and, in a manner of speaking, my Spanish knew nothing about this. I had learned English from the age of five by attending bilingual schools throughout my education in Colombia. My three sisters and I did so at the insistence of my mother. In turn, her insistence was shaped by the fact that for decades Colombia have been strongly influenced – politically, economically and socially – by the USA and other foreign countries. This history has positioned the English language as a 'lingua franca' and turned it into an educational requirement for those who can afford it.

David's proposal led me to studies of bilinguality (Burck, 2004; Hamers & Blanc, 2003; Makoni & Pennycook, 2007; Sommer, 2003, 2004), translation studies (Biguenet & Schulte, 1989; Budick & Iser, 1996; Eco, 2008; Scott, 2000, 2003; Venuti, 1998); and, at a very personal level, to the re-encountering of the meaning of Colombian-ness. I now had an autoethnographical vantage point from which to view and understand what seemed to me to be so confounding and even paradoxical.

This project became all the more relevant as I began to translate Michael White's book 'Maps of Narrative Practice' (2007) from English into Spanish. As I was translating this book, I came to realise that the process was transforming and renewing my relationship to my home culture. Through the 'research' of possible narrative Colombianised terms, I had to delve back into my Spanish language and culture. Standing now in the diaspora. I became aware that the Colombia into which I was seeking to introduce narrative ideas was not the same Colombia that I had migrated from years ago. Having lived for sometime within an Englished constructed world, this translation process (and taking an autoethnographical vantage point to my experience of this), renewed my sense of Colombian-ness. I felt refreshed. My understanding of Colombia as a place of

delinquency, kidnapping, drugs, poverty and violence was enriched and refreshed by the juxtaposed smell of Colombia's forests, the taste of its food, the rhythm of its music, the realities created by its literature writers, and its heartening ideologies of survival, hope and solidarity. In turn, this new understanding served as a source of inspiration for the flourishing of a narrative therapy vocabulary in Spanish, like a poet would draw from the raw material of life to write poetry.

LANGUAGES ACQUIRING NEW 'TASTES'

English has a legitimate monopoly over narrative therapy since, in a manner of speaking, it 'grew up' there. However, as narrative therapy and its respective texts are translated into another linguistic world – Spanish in my case – both the source and target languages' versions become legitimated.

Similar to my personal experiences of migration in which I have had to learn to live in two different language worlds, which at times has been very disagreeable to me, any translation of narrative therapy entails firstly a migration from one 'world' to 'another', secondly a settling into the new world to which one seeks to acculturate, and then at some time in the future it will seek to 'return home' again.

Since David's initial invitation, we have corresponded about our common interest in exploring the complexities of the translation of narrative therapy across languages/cultures but in particular its migration from English to Spanish, from English narrative therapy to Spanish *terapia narrativa*. Drawing from experiences during my travels across languages, I came to better comprehend the linguistic implications of bilinguality. I realised that aspects of any world constructed by certain vocabularies can be named and constructed differently in different languages. It was as if, for the first time, I fully understood how each language has a 'mind of its own'.

Bakhtin suggests that languages acquire particular 'tastes' according to the context in which they have lived:

... all words have the 'taste' of a profession, a genre, a tendency, a party, a particular work, a particular persona, a generation, an age group, the day and hour. Each word

tastes of the context and contexts in which it has lived its socially charged life, all words and forms are populated by intentions.
(Bakhtin, 1981, pp.293–294)

In translating narrative therapy into a new context – the Colombian culture – its vocabularies gain a new taste, therefore a new life. The English narrative therapy vocabulary, through its translation into Spanish, is Colombianised as words and concepts are marinated in the idiosyncrasy of the new culture.

Gadamer (1995) offered a similar opinion:

... the verbal constitution of the world is far from meaning that man's [and woman's] relationship with the world is imprisoned within a verbally schematized environment. On the contrary, wherever language and men [and woman] exist, there is not only a freedom from the pressure of the world, but this freedom from the environment is also freedom in relation to the names that we give things. (p.441)

We take this to mean that narrative therapy is not confined by the language in which it 'grew up' (i.e. Australian/New Zealand English). Rather, we consider that Spanish *terapia narrativa* can break free of any confinements as it acculturates in a new linguistic context of practice.

As an apprentice translator, I (Marcela) determined to situate myself in a place of linguistic in-between-ness – departing from the familiar English narrative therapy terms and gradually infusing them in the Colombian culture. Rather than undertaking a literal translation, this has involved a process of 'researching' other possible names that might better capture the 'spirit' of particular narrative practices. This is something we have mulled over and we are now joined in this process by other 'translators' (Kutuzova, Savelieva & Polanco, 2008).

MAKING UP NEW VOCABULARIES

Bilinguals have a long lasting tradition of engaging with the free and playful possibilities of languages by travelling forwards and backwards across their borderlines. In doing so, bilinguality

breaks out of the 'prison house of language' (Sommer, 2004) and escapes 'the guards' of colonial, scientific and expert discourses that claim a truthful objective knowledge of worlds over which they have assumed sovereignty. Standing in two or more culturally defined languages, each with their own grammar, rules and standards, bilinguality offers a chance to live beyond any particular monolinguality and instead to imagine and inhabit a world of polylinguality.

Sommer (2004) writes:

When more than one word points to a familiar thing, the excess shows that no one word can own or be that thing ... Words are not proper and don't stay put. They wander into adjacent language fields, get lost in translation, pick up tics from foreign interference, and so can't quite mean what they say. (p.XIX)

Bilinguality offers playful approaches to language by heightening the multiplicity of possible meanings that exist within words. For bilinguals, events or things are not solely named by words on paper – dictionary words. Instead, we take the liberty to renew them or reinvent them according to how we experience them. We make up new names through mixing languages and by borrowing accents and grammar rules from one another. For instance, within what has come to be known as Spanglish, *lunchear* is used to mean having lunch instead of the Spanish *almorzar*, *carpeta* is used to indicate carpet instead of *tapete*, *letra* is letter instead of *carta*. At the same time, we routinely take the liberty to construct new words within 'English'. For example, if things cut, they become cutters (rather than knives), if they make holes they become hole-makers (rather than hole-punchers), if food is not organic it becomes fake-food (rather than processed food).

Bilingual speakers also become adept at bridging the gaps that open up in dialogues between different language speakers. As Sommer (2004) remarks, we '... [listen] for surprises as one language interrupts another' (p.XI). What's more, as languages are juxtaposed they 'play games with one another' (p.69). As we constantly experience these surprises and games, bilinguality invites us to take

words seriously so that we can play with them. Strong (2006) uses the term 'wordsmithing' to point out how 'words can be used in creative ways not already nailed down in tight prescriptive meanings' (p.252). This means we can invite speakers 'to make words serve their purposes and not those simply taken up in prior usages or meanings' (p.252).

The experience of bilinguality often involves going in search of new words that can better depict cultural values. The process of this search, and the experience of living in two languages, can lead to significant renewal and reinvention. In this way, bilinguality is a clear illustration of dialogical relationships between languages. This relationship between languages (all of which are 'culture soaked' [Burck, 2004]) delivers double-entendres to double-talkers (Sommer, 2004).

BILINGUALITY WITHIN ONE LANGUAGE: LANGUAGES AND ANTI-LANGUAGES

These explorations and concepts of bilinguality have been significant to us in relation to translation projects, and how narrative therapy practices can migrate between cultures. Interestingly, they are also assisting us to consider the ways we use language when we are working in only one language (English or Spanish).

Considering how languages relate to each other, and how bilingual people relate to language, has drawn us to consider the concept of 'anti-languages' (Halliday, 1975) and how these are formed. An anti-language is the language of a particular social group which develops as a means of preventing people from outside the group understanding it. It may use the same vocabulary and grammar, but in an unorthodox 'relexicalised' fashion. These are languages reinvented with the purpose of better depicting people's intentions for their lives. An anti-language is a 'language-within-a-language' (Lock, et al. 2005, p.322) which consists of a counter-cultural set of discursive practices (Epston, 2008). When considering anti-languages, it becomes possible to describe bilinguality within one language.

This vantage point of bilinguality within one language has been adopted in work with sufferers of anorexia and bulimia. Maisel et al. (2004) and Epston (2008) formed a new manner of speaking

about anorexia through an anti-a/b (anti-anorexia and bulimia) language in conversations that – in their case – take place only in English:

In a nutshell, anti-a/b is constituted by beliefs, values and practices that oppose or resist a/b or provide for a way of living in the world that a/b would oppose and seek to undermine. An anti-a/b language and practice encourage people to question the values, promises, threats, and rules of a/b and to bring their lives more into harmony with their own values and preferences.
(Maisel et al. p.76)

The ways in which people describe the predicaments that they bring to therapy can be seen as a monolingual cultural set of vocabularies with their own rules and grammar. From a 'bilingual vantage point', an anti-language – foreign at first – can be gradually drawn by acknowledging people's resistance to the effects of the predicament and by building new vocabularies in an alternate culture with its own values, beliefs, practices, traditions, and so on. Seen this way, narrative therapy itself enters into a 'bilingual' territory. By travelling back and forth from the 'language of the predicament' and the 'language of the anti-predicament', the person can learn new things about their preferred world and their preferred sense of identity.

From the perspective of translation studies, it's possible to view the practices of narrative therapy as standing in the borderlands between languages. Such borderlands are places where conventional rules and regulations are not as adhered to as they are in the heartlands. The following section of this paper will seek to illustrate how I (Marcela), in collaboration with David, have adapted this perspective as a narrative therapist practicing as a Staff Counsellor at the Student Counseling Center at Nova Southeastern University, Florida.

NARRATIVE PRACTICE: BILINGUALISING AND TRANSLATING KNOWLEDGE

As I listen to a description of what has brought a person to schedule an appointment with me, I recognise that this is a monolingual account

susceptible to diversification into bilingual or even multilingual accounts. From the vantage point of bilinguality, I listen to the initial account as implicitly containing double-entendres. These double-entendres allow me to introduce questions to exoticise the existing vocabulary and enable its translation into its anti-vocabulary. This process begins through queries about the very naming of their predicaments:

- Since you consulted our psychiatrist, you came to understand that your predicament can be named Bipolar (or any other diagnostic term). Is that the name that you prefer to use in our conversation today?
- If you were to consider re-baptising it, what other names come to mind? Do you mind sharing the mental picture that comes to mind as you consider the new name?
- Did you call it by a different name before meeting with the psychiatrist? Do you remember how you used to describe it?
- Do you remember the circumstances or events at the time when you started calling it by that word?
- Was there someone in particular who volunteered that word? Was it something you read? A conversation you had with someone else? Maybe something you might have heard on TV or the news?
- Do you have any guesses about what that person might have had in mind when he or she used that word? Or did you have any idea about what the person meant by that word?
- Of all the names you are familiar with, what do you think is the most suitable way to describe it? Or, do you think now that it needs a name of its very own?

These sorts of questions create a sense of estrangement from any taken-for-granted or habitual vocabulary. On the basis of such an estrangement, we can become inquisitive about the naming of the predicament and this process evokes bilingual or polylingual possibilities. Further questions, such as those below, can make it possible to articulate how the predicament was

initially named and then to re-articulate an 'anti-name':

- As you explained your experience to others, did you catch yourself using different words, expressions or names to describe or re-baptise the original naming?
- Did you catch yourself avoiding certain names (designation/label/description) that you think might carry a meaning you didn't like the implication of?
- If you were to consider your personal preference of what name, among all these possible names, fits better with how you live the experience, which one would you choose?
- Do you have a sense why you prefer this name?
- What is your take on how this preferred name would express to others what you are experiencing?
- Do you think that they would get a more intimate understanding of what you are going through than if you were to use any of those other names?
- What difference do you suspect your preferred name might make to those who relate to the other name?
- Do you think that they might learn something different if you were to share your preferred name with them?
- If you were to adopt this preferred name, do you believe that it could have an effect on how you have come to know or understand your experience?
- Would it change anything at all to call it by such a different name?
- Do you think that, by adopting this preferred name, this could have some kind of an influence on how you see yourself in relationship with this experience?

These kinds of conversations open a special opportunity for those to whom psychiatric terminology or other totalising names had been offered to comprehend their predicaments. It is not uncommon for people to adopt words like 'anxiety', 'depression', 'OCD' or 'bipolar' as monolingual truths about themselves. By entering into a 'game'

of naming, these words are renewed or re-invented. New vocabularies are developed that better depict the person's values and aspirations and that resist totalising descriptions. This renaming is often tentative, no commitment is required to this new naming, instead the possibility remains that the problem or predicament may yet be renamed again.

By putting into question the authority of the original name, the person's experience is no longer confined by monolinguality. The coining of other possible names makes possible the emergence of anti-languages with new vocabularies. When the original monolingual account has been translated into a multilingual account, new worlds are opened up. The new naming helps to bring forward a 'root-stock' upon which to craft other lines of inquiry. These are inquiries in relation to how people can reclaim their preferred lives from the effects of problems. An account of my conversation with a young woman in her early twenties, Sandra, will illustrate this.

Sandra

Sandra came to the centre seeking a referral to meet with our psychiatrist to help her manage her medication. She had been taking Ritalin to better concentrate and remain focused. During Sandra's first visit, she spoke about having 'had many traumas' in her life so far. She referred to having been raped and mugged when she was a young girl. She also spoke about having endured other difficulties in her life that she had overcome such as drug addiction. While she believed that some residual effects of these experiences of her life were still affecting her, she thought that she had dealt with all of this quite successfully and didn't want to talk about it.

I helped Sandra to arrange an appointment with our psychiatrist, and it was not until two months later that I heard from her again. I received a call from Sandra while she was on campus on her way to class to present a mid-term exam. She was in the company of a friend and sounded clearly agitated. She told me that she had just been in a car accident and felt like a 'wreck'. She told me she didn't know how to continue with her life. Sandra insisted on sitting her exam but agreed to return immediately afterwards to speak with me, and she arrived a couple of hours later. As it turned out,

Sandra had been unable to complete her exam, so she absented herself and walked over to the counselling centre. She told me she was looking for help because she didn't know what else to do with her life: 'My life is very shitty ... It is against me'.

Sandra was deeply concerned about what was going to happen to her life if she was to leave the room. She said that while she didn't own a gun, she was certain that it would be possible for her to acquire one. While this was the first time that Sandra had experienced such profound existential fatalism, she was unafraid, because, as she said: 'I no longer care about my life'. Given all this, in the course of the conversation, Sandra decided that admitting herself to the hospital was the best option for her at the moment. Even though she was concerned about how it would affect her professional development, Sandra thought that being in the hospital would give her some time to take a break from school and other personal responsibilities, and instead to take care of herself (an expression that contradicted her claims of helplessness). With collaboration from the team at the centre, we made arrangements for Sandra to be driven to the hospital.

Two weeks after Sandra's discharge from the hospital, we met again. Sandra described her hospital experience as both life-changing and liberating. What made this experience so significant for her was hearing from the doctors that she was suffering from a 'depressive disorder not otherwise specified'. At first, she couldn't quite explain how this diagnosis made a difference for her, but as a consequence she noticed herself feeling relaxed and calmer. I became intrigued about how the naming of suffering as 'depressive disorder' was life-changing and liberating and therefore having a calming and relaxing effect in her life. Not to my surprise, it seemed that Sandra had gained access to a new language for her predicament with liberating effects, probably one that carried within it an anti-language to her previous monolingual account of 'a life that was against me'.

Practicing some of the questions presented above, and seeking to bilingualise her account to heighten Sandra's resistance to an existential fatalism, I asked Sandra if she had spoken to any of her friends or relatives about her experience at the hospital. I particularly asked if she had shared with

others the naming of her suffering as depression. Sandra said that 'depressive disorder' was not the term she used with her friends or relatives. Instead she used the term 'break down'. In explaining this, she thought that the idea of disorder would put her under a bad light as if there was something wrong with her. This suggested to me that Sandra believed that the idea of 'something wrong with her' was not fitting, yet when the doctors named the suffering she felt liberated. This was puzzling. Further, I learned that it was the actual naming of her suffering that was liberating. It had been highly significant to her that her suffering was named as something tangible and comprehensible. This was what was affecting her life. She explained that the naming of the problem helped her to 'see it' and made it possible for her to 'put it in a box' where she could 'keep an eye on it'. Most importantly, by seeing it, Sandra became aware that this meant that she could also 'see' herself, and this was a 'wake-up call'. Sandra was awakening to the idea that depression had been running her life. Her awakening seemed to me an opportunity for the forming of an alternative vocabulary that might better describe her preferred ways of living.

Considering how important it had been for Sandra to have her predicament named, and how this enabled her to better understand the problem and herself in relation to it, we continued our conversation in search for possible names that would more accurately describe her experience of suffering. Later, we also searched for names that would reference how she had responded to the problem in her efforts to continue with her education and her life in general.

While Sandra had used the name 'break down', after further consideration she chose to re-name the predicament as 'Mood'. Sandra described how the Mood 'made me live a fast life without thinking about it'. Now, however, she realised that this was not the type of life she preferred to 'see' herself living. Sandra had been stripping in a club since she arrived to Florida a year ago as a way to pay her bills. She now understood that she made such a decision under the influence of the powers of the Mood as she knew that she could find other means for her financial support. Holding this new knowledge, Sandra experienced significant relief. Now she believed she could take her life back from

Mood, which implied taking back responsibility for her own life. Taking back this responsibility meant for Sandra that she could now make decisions in harmony with what was important for her in her life such as school, friends, and her relationship with her mother.

During a following meeting, Sandra spoke about initiatives of taking back responsibility of her life. These initiatives were contradicting the actions of Mood. As we continued learning about the effects that Mood had been having, taking away responsibility for her life, I asked Sandra if Mood was still an apt name. Upon reflection, Sandra thought that it could better be named as 'Id'. Although she borrowed this name from her previous knowledge of psychoanalytic literature, which suggests a tone of internalising problems, I pursued my inquiry, linguistically shifting it from an internalising notion to an externalising one. I asked her: 'Sandra, why do you think the name 'Id' has a better fit to describe that which has taken responsibility for your life away from you?' Sandra responded that Id was a good name for a negative force that makes her do things that are not in tune with who she is or what she believes in and holds as valuable in her life: 'It is something bad that makes me do bad things'.

Id, as a negative force, was telling Sandra that she was not worthy of living a good life. Instead, Id informed her that she was to live a 'shitty' and 'unhealthy' life by drinking, being reckless towards her life, and isolating herself from others. For Sandra, this idea of life being offered by Id was supported by evidence of what she described as traumatic past events – her experiences of being raped, mugged, and maltreated. In speaking about this, Sandra came to the conclusion that Id was determined that she lead her life as a 'loony'. At this time, Sandra then mentioned to me that, in between meetings, she had been arrested for driving under the influence of alcohol. She'd had two drinks after work and was stopped for driving over the speed limit. Sandra thought at first that she would have added this event to Id's conclusions of her living a 'shitty' life. Instead, she agreed to the reasons for the arrest, called a friend to bail her out, and took steps to take responsibility for her actions. These actions, she agreed, didn't come from the world of Id.

We met again two weeks later. This was the sixth and final time Sandra and I met. Sandra told me that things had been 'going well' for her and so we reviewed the circumstances of her sense of wellness. Sandra described how she was continuing to feel relaxed and calmer and that her desire to connect with other people was back. She had been talking more to her classmates with the purpose of 'enlarging my support network' and this was making a difference for her. By enlarging her support network, she was counteracting Id's rules of isolation. I became curious about what this said regarding what she was standing up for. For Sandra, it was clear that she was standing up for her life. I asked her if this initiative was part of her taking responsibility back from the powers of Id and she thought so. It seemed clear that Sandra was recruiting allies who would support her endeavour of taking back responsibility for her life. I thought this initiative merited its own vocabulary. In order to breathe new life into an anti-Id language, hence bilingualising her knowledge, we began searching for words for Sandra's skills or knowledges that supported her initiatives to stand up for her life.

Sandra knew that having been raped, mugged, mistreated, and having overcome anorexia, there must have been a history of her standing up for her life that had enabled her to now be in school (her schooling was of significant value to her). While traversing backwards in time to learn about how Sandra had endured these difficulties, Id gained yet another name: 'Trauma'.

Sandra thought that Trauma was an apt name for her past suffering, and at this point she came to know herself as a 'survivor' who had counteracted the intentions that Trauma had planned for her life. Sandra told me that she must have been a survivor to have made it to graduate school. Searching through her past, Sandra concluded that she had fought Trauma back for the sake of her life. She recalled times filled with joy as a young girl playing with other children, which spoke about her refusal against Trauma: 'maybe I knew I was worthy of something better'. Sandra named her initiatives against Trauma as 'Survivor'. It was 'Survivor' that led Sandra's life into education after she seriously committed to the idea of making a difference in this world. Even during times of hardship, she had not given up school. This helped us better understand

why, when Sandra called me weeks ago in distress, she had chosen to sit her exam instead of coming to the centre at that moment. Survivor had also led Sandra to develop strong friendships with people who had always been there for her.

Standing now at a bilingual vantage point as a 'Survivor' (anti-name for Mood/Id/Trauma), Sandra gained a 'different perspective for life'. 'Survivor' represents a territory of identity other than being 'shitty' and 'unhealthy'. Like a bilingual, Sandra could now travel forwards and backwards from one languaged life (Mood/Id/Trauma) to the other (Survivor), and she could also stand in between. When I asked Sandra how it would be for her to stand in between the understanding of a life of Mood and one of Survivor, she told me that she will be able to 'check in' with her life and 'assess' to what degree her actions were being influenced by each one. She thought this would allow her to take responsible action for her life towards her aspiration of making a difference in the community. Sandra planned to rely on her friends for this checking-in since she had informed them about her aspirations for her education and they could, kindly and respectfully, join her in this assessment and provide her with 'feedback'.

Since this last meeting, Sandra has continued to attend meetings at the centre with our staff psychiatrist who has been managing her medication. She also came back a year after our last meeting for a hypnosis session with one of our counsellors to assist her to sleep better at night. When I caught up with her she said 'I have keeping myself on track'. She also described how she has significantly improved her relationship with her mother.

COMMENTARIES

Much has been written about the 'heartlands' of narrative therapy, starting with the 'cartographers' who originated it, Michael White and David Epston (1990). And yet these heartlands are so immense that it is impossible to exhaust all possible excursions. Narrative therapy is always on the move. Its transitory practices and understandings constantly open up new territories in which diverse practices can be explored. This paper records some of the tales of our travels as we have been crossing the borders of bilingualism, translation and narrative practice.

Studies of translation and bilingualism offer interesting and useful contributions to the renewal of narrative therapy. As narrative ideas migrate cultures, rather than seeking literal translations, we can instead hope for, acknowledge, and create, dialogical relations between narrative therapy (English) and terapia narrativa (Spanish), and so on. Through these crossings, the heartlands of narrative practices can be enriched, acculturated, and diversified.

At the same time, considerations of bilinguality or multilinguality can influence our practice *within* languages. In the example offered within this paper, narrative therapeutic conversations moved between and across namings such as depression, mood, Id, trauma, etc. In this process, understandings were not ironed out, as often happens in monolingual conversations. Instead, multilinguality puts names in play as transitory constructions, susceptible to renewal or reinvention.

We hope we have emphasised here that the perspective of translation is relevant not only to traditional bilinguals (those who speak languages called Spanish, English, French, etc.), but also for monolinguals who choose to play the games of polylinguality. While much may be lost in translation, much more can be found. It is through translation that we have found profound richness and refreshment.

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International Summer School in Toronto Canada July 2010

We're very pleased to announce that from 7th-9th July 2010, Toronto, Canada, will be the venue for a vibrant International Summer School of Narrative Practice. This event is being co-hosted by Dulwich Centre, The Narrative Therapy Centre of Toronto, and Oolagen Community Services (a Children's Mental Health Centre).

As well as featuring a range of international presenters, this event will showcase the diversity of multi-cultural Toronto by having a special focus on culturally diverse forms of narrative therapy and community work. We are also interested in links between narrative therapy and the creative arts. Toronto seems a great place for such explorations!

We hope to see you in Toronto in July next year.

**For more information see www.dulwichcentre.com.au
or <http://www.narrativetherapycentre.com/>**