

LANGUAGES OF PSYCHOTHERAPY: THE THERAPIST'S
BILINGUALISM IN THE PSYCHOTHERAPEUTIC
PROCESS

TOMISLAV SKULIC

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Department of Psychotherapy
Auckland University of Technology

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ATTESTATION OF AUTHORSHIP

I hereby declare that this is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person or material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed: _____

Dated: _____

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Ethical approval has been given in general for dissertations of this type. The ethics approval number for Dissertation 588869 is 02/33. This dissertation was approved on 19 February 2007; approval number ST0184273.

DEDICATION

To Gaylene, my flying companion.

ABSTRACT

The ways in which the therapist's bilingualism can influence the process and practice of psychotherapy are explored in this study. While the majority of research in the field addresses bilingual clients' uses of dual languages to cope with difficult experiences in therapy, a proportionally small number of studies address similar dynamics relating to therapists' bilingualism in clinical practice (de Zulueta, 1990). However, available research indicates that therapists' bilingualism has significant implications for clinical practice and identifies a number of linguistic and cultural factors that can inhibit therapists from adequately attending to their clients and the therapeutic relationship.

The literature suggests that therapists who develop their bilingual self-awareness can utilise their linguistic differences and limitations in their work. Furthermore, it is argued that bilingual therapists need to be aware of the ways in which they perceive their linguistic and cultural positioning, their work and their clients, in order to provide effective psychotherapy to them. Lastly, it is concluded from available research that the therapists bilingualism can both enhance and bring unique advantages to the practice of psychotherapy.

CHAPTER ONE: Languages of Psychotherapy: Therapists’ Bilingualism in the Psychotherapeutic Process

Personal Statement

...the one point that the emigrant feels so particularly painfully is - one can only say - the loss of the language in which one had lived and thought and which one will never be able to replace with another for all one's efforts at empathy. (Freud, June 11, 1938; as quoted in Gay, 1988, p. 632)

The sense of loss Freud touched upon in the above quote speaks to my personal experience of the loss of my mother tongue. Reflected by my immersion into a foreign speaking context, which is an unrelenting (and at times arresting) experience, I am often reminded of this loss, and possibly will be for as long as I live.

The unspeakable experience that permeates the loss of my mother tongue – of which “one could only say”, as Freud subtly hinted – is to me a deeply felt recognition of the paradox that what becomes lost is the only language that could fully bear and give words to it. What remains is a new language through which something altogether different comes into being, but which can never replace the unique way of being-in-the-world afforded by the old language.

As a psychotherapist for whom English is a second language, I work routinely with English-speaking clients and provide interpretations, mirroring statements and other objects of communication to them. The English words that I use often have more immediate semantic representations to them than they do to me. At times when I find myself struggling to make sense of what I am experiencing with my clients, I wonder whether such difficulty arises when something in our encounter - be it an insight, a connection, or an old memory - is as yet not ready to be birthed and named or whether it comes from trying to reach the client in the new language. I am left wondering what the effects of my bilingualism are on various aspects of the therapeutic relationship that I establish with my clients.

Introduction

My interest in this topic originates from my curiosity about the bilingual phenomena that I observe in my clinical work and in my personal life. As a speaker of both Croatian and English languages, I notice that my experience of self alters, when I shift the

language in which I speak. Each of my linguistic selves is permeated with its own history, worldviews, socio-cultural positioning and as a result, each ultimately feels different to me.

It seems to me that my bilingualism further influences the vicissitudes of my emotional experience, where some emotional states are predominant when I think and speak in English and yet others are present when I think and speak in Croatian.

An interesting finding in the psychoanalytic literature on bilingualism mirrors my experience of different linguistic selves and suggests that bilingual individuals indeed possess a dual sense of self (Clauss, 1998; Foster, 1992; Marcos & Urcuyo, 1979). Each linguistic self within this dual self has idiomatic patterns of thought, emotion and perception that inform the meaning-making and from there, the manner of the individual's interaction with the world. It also appears that various emotional and cognitive experiences have strong associative ties to words of the language they were acquired and/or spoken in. Therefore, these experiences are stored and more easily accessed from within the language in which they were originally encoded (Alessi, 2000).

Bilingualism has important implications for the process of psychotherapy. Bradford and Munoz (1993) note that: "Language difference exerts a powerful influence on the techniques and effectiveness of psychotherapy" (p. 52) and further conclude that the degree of the therapist's familiarity with the client's language correlates with diagnosis, assessment of symptoms and the perception of mental illness. Similarly, when the therapist or client speaks in their second language in therapy, a risk of misdiagnosis and a decreased quality of service are noted (Sprowls, 2002). Conversely, research also suggests an overall improvement in the outcomes of psychotherapy when the client and therapist are matched in terms of ethnicity, culture and language (Sprowls, 2002).

Outline of Dissertation

This study aims to both review and contribute to the body of literature on bilingual therapists' who conduct psychotherapy in their second language or bilingually.

Following this introduction, Chapter Two outlines the methodology and clarifies the research question, method of inquiry, selection and synthesis of material as well as the criteria for exclusion and inclusion of literature in the study. Relevant terms found in the clinical literature on bilingualism are explained.

Chapter Three describes the historical developments of bilingualism, beginning with classical psychoanalytic literature on the choice of language used in bilingual psychotherapy, followed by contemporary research including findings from the fields of psycholinguistics and neuropsychology. The aim of this chapter is to outline the relevant developments in the field and to provide a theoretical background and foundation for the research that follows.

Chapter Four reviews the relevant research on the bilingual therapist's language related self-experience and its implications on the provision of bilingual psychotherapy. The development of the therapist's bilingual professional identity is also described.

Chapter Five discusses in greater detail technical, relational, and cultural problems that bilingual therapists can encounter in their work including how therapists' proficiency in the language used in therapy influences the therapeutic relationship¹ and the establishment of a therapeutic alliance. An exploration of possible clinical approaches to translation follows this. I then discuss how using a second language influences the style of verbal interventions, along with the implications that bilingual therapists' code switching (i.e. language-shifting) can have, as well as how it can disadvantage the therapeutic process. This chapter ends with inquiry into cross-cultural dynamics in psychotherapy pertaining to language differences between the therapist and client with an emphasis on collusive processes that can arise when therapist and client are matched ethnically and linguistically.

Potential advantages of the therapist's bilingualism are explored in Chapter Six. I discuss research findings that indicate how therapists' bilingualism can enhance the therapeutic process. Non-verbal aspects of bilingual therapy as well as the facilitative and creative uses of language and therapists' code switching are also discussed.

¹ While definitions of the therapeutic relationship vary, certain characteristics distinguish it from other ordinary social relationships (Clarkson, 1992). In this review, particular attention is given to the therapeutic alliance and the transference/counter-transference dimension of the therapeutic relationship.

Finally, Chapter Seven offers suggestions for further research as well as an integration of the findings of this review, concluding with final thoughts on the topic.

CHAPTER TWO: Methodology

Research Question

In deciding on a research question, I was guided by my curiosity about phenomena stemming from my own bilingual experience and the ways in which these manifested in my practice of psychotherapy. The guiding research question for this review is: How can the psychotherapist's bilingualism influence the therapeutic process? To answer this, I outline and discuss research on the advantages and problems related to practicing psychotherapy bilingually and in a second language.

Methods

The following study is a modified systematic review of the literature relating to the effects that the psychotherapist's bilingualism or multilingualism may have on the process and practice of psychodynamic psychotherapy. A systematic review gathers and assesses all available research evidence, the information from which can then be combined with clinical judgement to make decisions about how to deliver the best possible care to clients (Dickson, 1999).

This literature review has been modified from a standard systematic literature review in three respects. Firstly, in consideration of the relatively minor body of existing literature on this specific subject, one of the aims of this review is to extract and give shape to the current relevant research, with the intention that pieces of data found across articles and books will coalesce into a consolidated repository of current knowledge on the topic. As such, the present research question is intended to generate further questions, and not one singular answer.

Secondly, in this study I use vignettes in the form of constructed, illustrative examples to support theoretical observations found in literature. These case examples are intended for illustrative rather than evidential purposes, and are constructed through combinations of the elements of my personal experience and fictional material. In that, they do not refer to any other living individual or experience.

Thirdly, despite the focus of the review being on the therapist's bilingualism, the theme of the client's bilingualism or polylingualism, will be addressed in the study. The reason for this is that after reviewing the selection of material, it became evident that a

significant body of relevant information derived from case material of analytic work with bilingual clients. The literature addressing the experience of bilingual clients provides information on the phenomena that bilingual therapists (who may have once been bilingual clients) face in their own practice beyond their own therapeutic journey and training (Clauss, 1998).

Selection and Synthesis of Material

There is limited literature available that is applicable to the research question. I have searched all major electronic databases and library records including Academic Premier, ProQuest 5000 and Psychoanalytic Electronic Publishing (PEP) (see Appendix 1). Alongside these, I also searched through Auckland University of Technology (AUT) library records, other libraries accessible through AUT, as well as respected web engines such as Google Scholar. Another method for locating articles and books for this review was searching and extracting articles through the references and citations found in articles obtained through database searches.

Criteria for Inclusion and Exclusion

Argentieri and Canestri (1990) state that with regard to research into bilingual and multilingual phenomena in psychoanalysis, “most scholars are in agreement that problems related to multilingualism lie on the boundary-line between different disciplines: it is a field of research therefore, that for intrinsic theoretical and methodological reasons results from many intersections” (p. 569).

In accord with this comment, I found it difficult to designate clear criteria and put definitive limits on what material to consider for inclusion and exclusion. Many articles in this study were amalgams of information stemming from several research disciplines, and as such often contained sections both relevant and irrelevant to the research question. For instance, there are partial inclusions of non-psychotherapeutic studies, such as the ones from the fields of analytical psychology and family therapy, because such studies referred to the psychoanalytic literature on bilingualism (e.g., Burck, 2004; Connolly, 2000), and therefore offered relevant critical observations.

As an exploratory literature review, this study includes literature on the following material:

- 1) Cases in psychoanalytically-based therapies where therapist and client are bilingual and/or multilingual.
- 2) Material describing and discussing transference and counter-transference phenomena in bilingual and multilingual psychotherapeutically based contexts.
- 3) Literature relating therapists' accounts of their experience of working bilingually and in their second-language.
- 4) Book and article reviews discussing psychotherapy research into bilingualism and multilingualism.
- 5) Psychoanalytic literature on language independence phenomena and code-switching in bilingual and multilingual clients and analysts.

I have excluded (or partially excluded) the following material:

- 1) Literature from the fields of educational psychology, linguistics and philosophy. While this literature contained useful extra-psychotherapeutic information, it was excluded for the reasons of space restriction and the specific focus on the topic.
- 2) Other material from areas of non-psychoanalytic psychotherapy and counselling on the basis of their relevance to the topic.

Terminology Used in Psychoanalytic Research and Literature on Bilingualism

Bilingualism can be defined as the practice of using two or more languages (Weinreich, 1953; cited in de Zulueta, 1990). Therefore, the terms bilingual and multilingual denote individuals who speak two or more languages, respectively.

Beyond this simple categorization, Verdinelli (2006) reflects that bilingualism is difficult to define due to a wide variability in second language acquisition and proficiency, as well as in the context and mode in which languages are acquired and utilised (e.g. some bilinguals have oral but not written knowledge of the second language). Notwithstanding the complexities of finding exact definitions, there are several operational classifications in the literature; bilinguals can be broadly categorised into compound and coordinate (Weinrich, 1958; cited in Gutfreund, 1990). Compound bilinguals learn two languages simultaneously in a common context, whereas coordinate

bilinguals acquire their secondary language in separate environmental contexts (e.g. amongst foreigners in a foreign country), and usually at a later age (Foster, 1992).

The term subordinate bilinguals (Marcos, 1976) denotes individuals who are markedly less proficient in their second language than in their mother tongue and who use unitary linguistic structure for the production of the different languages. Balanced bilinguals or proficient coordinate bilinguals, on the other hand, are individuals who speak two languages proficiently and in their speech production use the linguistic structures native to each language (Foster, 1992). Most research on the topic of bilingualism in psychotherapy relates to coordinate proficient bilingualism.

Other terms a researcher might encounter while researching this topic include polyglottism, multilingualism, polylingualism and bilinguism. In a strict sense, polylingualism is a term used when an individual uses several languages proficiently and simultaneously from a very early age. Polyglottism, however, denotes the time difference between acquiring the first language (or mother tongue) and subsequently acquired languages (Amati-Mehler et al., 1990). Therefore, a polyglot therapist denotes therapists practising in their second language that was learned at a later stage in life. Finally, the terms multilingualism and polylingualism appear to be synonymous.

A note on the language used in this review.

I use the terms therapist and analyst interchangeably. The terms analyst/ psychoanalyst are used when referring to material from studies that are psychoanalytic in their subject or origin. The terms therapist/ psychotherapist are used in relation to all other psychotherapy-based studies. The term client is used uniformly throughout the text, for the sake of readability.

CHAPTER THREE: A Brief History of Bilingualism Research in Psychotherapy and Psychoanalysis

In this chapter, I will outline historical developments of psychoanalytic and psychotherapeutic research and theory on bilingualism to provide a historical and theoretical foundation for the following chapters.

Bilingualism in Classical Psychoanalytic Theory

While the field of psychoanalysis has concerned itself with bilingualism since its earliest days (Amati-Mehler, 1993), the subject did not receive sufficient attention from psychoanalytic theorists for decades; despite the fact that as émigrés, many theorists practised psychoanalysis in polyglot environments. The most notable contributions to the subject only appeared in the 1930s, when the rise of the Nazi regime caused many analysts of Jewish descent to immigrate to foreign destinations (Argentieri, & Canestri, 1990; Foster, 1992).

Akhtar (2006) noted that a possible reason for the lack of interest in the subject involved the strong theoretical focus of psychoanalytic thinkers on the individual's early intrapsychic processes, at the cost of neglecting extraneous historical, social and cultural factors. Akhtar further noted other possible reasons underlying the apparent lack of psychoanalytic interest in the topic of bilingualism. First, many of these analysts were exiles, not immigrants, and were therefore possibly motivated to distance themselves from traumatic events that many of them experienced in their countries of origin. Second, by neglecting to inquire into the psychological dimensions of their bilingualism, these analysts may have attempted to minimise the possibly painful cultural gaps that followed the adaptation to their new cultural environments.

One notable early writer on bilingualism phenomena in psychoanalysis was Szandor Ferenczi. In his paper "On obscene words", he observed that obscenities had a greater emotive force when uttered in the client's mother tongue (Ferenczi, 1911; as cited in Amati-Mehler et al., 1993). Conversely, Ferenczi postulated that when polylingual clients avoided obscene utterances in their mother-tongue, they distanced themselves from the language of their infantile sexuality. Ferenczi's observations helped shape the subsequent psychoanalytic thinking on the role of the bilingual client's use of languages.

In the 1950s, Buxbaum (1949), Greenson (1950) and Krapf (1955) published the three most influential psychoanalytic writings on bilingualism in psychoanalysis. Similar to Ferenczi's work, their writings were firmly rooted in the classical Freudian tradition, with an emphasis on oedipal conflicts and the dynamic interplay of id, ego and superego (Bowker & Richards, 2004). Their ideas concerned the relationship between these dynamic faculties of the mind and the bilingual client's use of their mother tongue and second language in psychoanalysis. These writers posited that language, particularly the second language, held a defensive function² in the psychic organisation of the bilingual client (Buxbaum, 1949; Greenson, 1950; Krapf, 1955).

The Role of Second Language in Psychoanalytic Treatment

It was thought at the time that the bilingual client's choice of language in analysis was motivated by the need to avoid anxiety (Krapf, 1955) as well as by the client's unconscious need to maintain repression of painful psychic material. Typically, this painful material was seen as being associated to a variety of repressed psychosexual conflicts with parental figures in early development (Buxbaum, 1949; Greenson, 1950). Therefore, in order to keep painful psychic material banished from consciousness, the language clients used in their analysis was seen as being regulated by the agency of their superego³ (Buxbaum, 1949; Krapf, 1955). In other words, clients could avoid experiencing painful memories and self-knowledge contained within the limits of their mother tongue by deciding not to speak it in their analysis. The choice however, was seen as being influenced by the client's unconscious and intrapsychically regulated by the superego (Buxbaum, 1949; Greenson, 1950; Krapf, 1955).

While the second language was seen as being primarily used as an instrument of psychic repression, researchers noted that it also offered an opportunity for the construal of a new, less conflicted identity from which clients could form a new relationship to their intrapsychic conflicts. Greenson (1950) discovered that the second language offered a chance for the "establishment of a new self-portrait" (p. 20), through adding

² The phenomenon of a second language serving as a psychic buffer is well documented anecdotally. Casement (1982) wrote about Samuel Beckett's learning French in order to distance himself from his overbearing mother. It was only in French that he could find the space needed for individuation. Similarly, the pain alleviating function of the second language is recognised in the writing and poetry of Jorge Luis Borges. "I am the poet of the Body and I am the poet of the Soul / The pleasures of heaven are with me and the pains of hell are with me / The first I graft and increase upon myself, the latter I translate into a new tongue" (Translation in Arrojo, 2004, p. 49).

³ Superego is the mental faculty that contains the prohibitive aspects of one's psyche, often experienced as "ego-alien" – over which an individual has no power (Horney, 1939).

another layer of repression to psychic conflicts. However, Buxbaum (1949) believed that the second language not only provided an “additional defense” (p. 285) from anxiety-provoking memories and fantasies, but also acted as a linguistic channel through which the traumatic material could be approached. Buxbaum stated:

A second language might be compared to the singing of silent children; both free the words of the emotional charge which burdens and inhibits the use of the native tongue. With the help of the new language, the superego was circumvented and its efficacy was weakened to some extent. (p. 286)

Mother Tongue

While the bilingual client’s use of their second language presented rich material for psychoanalytic investigations, it also highlighted the significance of the mother tongue in one’s psychological development (Greenson, 1950; Grinberg & Grinberg, 1984). The mother tongue was dubbed the language of the id (Krapf, 1955) as it served as an intrapsychic registry of sounds and words that encoded and could evoke the client’s early developmental experiences, primitive wishes, relational conflicts and memories stemming from as early as infancy (Buxbaum, 1948; Krapf, 1955; Greenson, 1950). Modern psychoanalytic research echoes these findings that the mother tongue both encodes and symbolises the developmental and relational vicissitudes of early life (Javier, 1989).

Both Buxbaum (1949) and Krapf (1955) asserted that clients’ use of their mother tongue and their experience of learning to speak it, was largely determined by their early relationship to their primary carers. Canestri and Reppen (2004) also cited research on the significance of the non-verbal, sonorous aspects of language in early development, such as the sound of the mother’s voice that calms and holds the infant. They discovered that when the relationship between mother and child was disturbed, the child’s learning of the mother tongue in a multilingual environment was also disturbed. In support of this argument, Foster (1992) suggested that the meaning that the word (and language) held for the client was characterised by his or her early relationships within which that language was learned. Similarly, Akhtar (1995) observed a common phenomenon of immigrants’ idealisation of the old language and devaluation of the new one. He suggested that such contrasting representations carry unconscious symbolic reference to the paternal and maternal images.

Contributions of Contemporary Research on the Effects of Language Independence Phenomenon and Code-Switching in Bilingual Clients

From the 1970s, psychoanalytic research on bilingualism expanded due to studies that combined advances in neuropsychology, information-processing theory and psycholinguistics with original psychoanalytic research (Foster, 1992, 1996; Javier, 1989; Marcos, 1976; Pitta, Marcos & Alpert, 1978).

Language independence phenomenon is an empirical development of the Sapir-Whorf theory, which stated that the basic categories of space and time differ between languages and that languages differentially represent and “cause” the world and their speaker’s social realities (Amati-Mehler et al., 1993). While the Sapir-Whorf theory attributed the above differences in linguistic representation to differences in grammatical structures of languages, psychoanalytic researchers applied themselves to the study of neurological and psycholinguistic phenomena that underlay and created a linguistic duality in bilinguals known as a language independence phenomenon (Madrid, 2001). This research was spearheaded by Marcos and colleagues (Marcos, 1976; Marcos et al., 1979; Pitta et al., 1978) and aimed to systematically examine the implications of the language independence phenomenon on bilinguals’ capacity to access primary emotions in their second language, as well as of their use of code-switching as a coping and defensive mechanism in psychotherapy.

Marcos’ research and subsequent research indicated that proficient coordinate bilinguals encode their first and second languages in different areas of the brain (Canestri & Reppen, 2000; Javier, 1989; Marcos et al., 1979; Walters & Zattore, 1978).

Furthermore, research indicated that coordinate bilinguals tend to develop different linguistic organisations and categories for events in their two languages, where conceptually identical words activate different chains of associations, meanings and affective experiences (Foster, 1996; Javier, 1989; Katsavdakis, Sayed, Bram, & Bartlett, 2001). In addition to this, the use of two languages was shown to affect the bilingual’s recall of personal experience differentially (Javier, Barosso, & Muñoz, 1993), along with perception, comprehension, memory (Amati-Mehler, 1993) and self-experience (Burck, 2004). Madrid (2001) also noted that clients’ bilingualism usually influenced how they narrate their life stories. This is highlighted by Foster (1996), who noted the effects of language independence in coordinate bilinguals:

These are people who possess two language codes with which they can think about themselves, be themselves, express ideas, and interact with the people in their lives. This duality is a unique characteristic of bilinguals and a fundamental factor affecting their lives. Not only must it affect how they go about narrating their life story in the treatment process; but, also, at a more fundamental level, a multiplicity of symbolic codes may in fact offer multiple opportunities for experiencing themselves. (p. 99)

Perhaps most importantly, research confirmed early findings that bilingual clients were in a unique position to render part of their emotional and subjective experiences unavailable to therapy by using their second language. Bilingual clients could also split-off emotional components of their experience or express them in the language most distant from their experience (Marcos, 1976; de Zulueta, 1990).

The research undertaken on bilinguals' dual use of language spawned the debate on the effectiveness of psychotherapy treatment in a client's second language and in clinical situations when the therapist and the client are linguistically diverse (Cheng & Ho, 1999; Marcos et al., 1976; Myers, 1999). For instance, after reviewing psychosocial, psychotherapeutic and neuropsychological evidence on the interplay of phenomena associated to memory, cognition and emotion within bilingual therapy, de Zulueta (1990) concluded that, ideally both therapist and clients should engage in the therapeutic process in their first language. Similarly, Myers (1999) echoed that clients undergoing psychotherapy in their second language faced significant obstacles in expressing themselves. However, there is also evidence in the literature that demonstrates the utility of the second language in enabling clients to access emotionally charged material (Burck, 2004; Madrid, 2001). In consideration of the many unexplored topics in the field, Javier (1989) identified that further research was needed to address the psychotherapeutic implications of the client's bilingualism in relation to "the processes such as the working alliance, empathy, transference⁴ and working through it" (p. 89).

It was only recently that researchers focused on the vicissitudes of bilingualism in relation to transference and counter-transference phenomena (Bowker & Richards,

⁴ Transference is defined as a process of actualisation of unconscious wishes, involving a displacement of affect where the client transfers unconscious ideas on to the person of the therapist (Laplanche & Pontalis, 1973). In the current review, the concept of transference is used to denote the client's transfer of past wishes onto the person of the therapist.

2004; Foster, 1996) and particularly situations where therapists work bilingually with polyglot clients (Bowker & Richards, 2004) or in their second language (Jimenez, 2004; Kitron, 1992).

Summary

Buxbaum (1949), Krapf (1955), and Greenson (1950) offered the first systematic descriptions of the nature of clients' use of their second language in psychoanalysis. Their findings indicated that firstly, the mother tongue acts as a container for repressed psychic material that clients were resistant to access during their analysis as this material contained references to infantile sexual wishes or incestuous fantasies as well as other painful psychic content. Secondly, the clients choice of language in their treatment is driven by the need to avoid anxiety (Krapf, 1955) and enables them to both distance themselves from and access painful intrapsychic material (Buxbaum 1949, Greenson, 1950). Finally, both contemporary and historical research suggests that the learning of and intrapsychic significance of the mother language correlates strongly with the quality of early nurturing relationships in which the language is learned, additionally emphasising the implications of the clients' choice of language in psychotherapy.

More recent neuropsychological and psycholinguistic evidence expanded the field of inquiry and raised further questions. The significance of clients undergoing therapy in their second language was examined in relation to the use of code switching as a coping or defensive strategy aimed to alleviate anxiety (Marcos, 1976; Krapf, 1955). From this, a view that language can act as an emotional barrier was proposed (Marcos et al., 1979). Similarly, research on the use of code-switching highlighted implications for self-disclosure, affective distance and oscillations in transference and counter-transference⁵ dynamics (Foster, 1996). Furthermore, research suggests that in some cases, therapy in the client's second language can be counter-indicated, however, in some cases the linguistic detachments of the second language can assist clients in accessing difficult emotional material (Burck, 2004). Over the last two decades, researchers also explored bilingual therapists' language related self-experience (Sella, 2006; Sprowls, 2002;

⁵ Counter-transference is defined as the whole of the analyst's unconscious reactions to the individual client, especially to the client's own transference. As the counter-transference is recognised as an authentic reaction to the client's unconscious communication, interpretation can be guided by it (Laplanche & Pontalis, 1973).

Verdinelli, 2006), the impact of their linguistic proficiency, as well as how their second language impacts on their therapeutic work (Kitron, 1992).

In conclusion, there is a growing recognition that bilingualism and multilingualism of therapists and clients have important and far-reaching implications for psychotherapeutic work. This is evident in the increasingly diverse topics being investigated within the field in recent decades. Since the phenomena observed in bilingual clients, such as defensive code switching can be observed in bilingual therapists as well, there has been increasing interest of the ways in which bilingual therapists approach and manage their bilingualism in their clinical work. Some of that research is discussed in the following chapter.

CHAPTER FOUR: The Bilingual Therapist's Language Related Self-Experience in the Practice of Psychotherapy

In this chapter, literature on the topic of psychotherapists' language related self-experience in bilingual psychotherapy is reviewed and discussed as an emerging area of qualitative research. Recent research emerging from studies that primarily deal with the psychological and subjective vicissitudes of bilingual clients' self-experience will be discussed, along with relevant research on the self-experience of bilingual therapists working between languages (Sella, 2006).

The development of bilingual therapists' professional and cultural identity and how this contributes to their working with cross-cultural competence will be explored, along with other relevant contributing factors such as the impact of the passage of time that underlies the polyglot therapist's language acquisition.

Professional Identity Development of Bilingual Psychotherapists through the Practice of Bilingual therapy

In relation to the process of learning a new language and the development of the bilingual therapist's cultural and professional identity, studies undertaken by Burck (2004) and Alessi (2000) highlight parallels between the two processes. Alessi carried out a structural analysis of her self-experience after being asked by a client: "How is it that you speak English so well?" (p. 254). In her research, Alessi offered an extensive account of the identity development process of a bilingual therapist that closely corresponded to the description of the process of hybridisation⁶ of a bilingual's dual linguistic selves offered by Burck several years later. According to Alessi and echoed by Burck, the successful conclusion of identity development in a bilingual/bicultural individual/therapist is where "...the acceptance and integration of an individual's culture and ethnicity are considered self-affirming, positive and influential in improving one's self-esteem and personal regard" (p. 85).

The bilingual therapist's self-experience of working between languages follows a developmental trajectory, similar to that which bilingual individuals pass through when adapting to new linguistic environments. The successful completion of this process

⁶ The bilingual's "doubleness", with its contrasting self-representations underlies the bilingual's attempts toward a sense of personal coherence. Successful attempts culminate in the state of 'hybridisation' (Burck, 2004), that is, in bilinguals' acceptance and integration of their multiple selves; in this process "even their relationship to their language becomes changed" (p. 332).

enables the development of a more complex, integrated and professional identity for the bilingual therapist (Burck, 2004).

Research indicates that the development of an integrated professional identity by the therapist is associated to better outcomes in cross-linguistic and cross-cultural psychotherapy. For example, in a study on bilingual clinicians' experiences in living and working across languages, Verdinelli (2006) researched the experience of Spanish-English bilingual counsellors in order to examine their experiences in acquiring two languages, working and training as bilingual therapists and how the process of therapy was affected by their use of two languages. Most participants identified struggling with learning a new language and participants' self-reports tended to focus on the difficulties associated with this task. Furthermore, Verdinelli identified that clinicians reported feelings of isolation and disconnection in their work because of the linguistic barrier and that the pace of sessions was adversely affected due to the process of translating their communications to clients.

Verdinelli (2006) further reported that participants felt self-conscious about their language skills when working in their second language. Confusion in communication between the therapist and the client as well as the increased possibility of misinterpretation were identified as arising in relation to participants' increased self-consciousness. Moreover, difficulties with the flow of the sessions, feelings of stuckness, difficulties related to pronunciation and speaking with an accent and non-intended meanings were named as obstacles to therapy by these clinicians. Finally, Verdinelli reported that the lack of confidence in speaking in the client's language sometimes precluded therapists from delivering their interventions altogether. Therefore, Verdinelli concluded, that therapists' overt awareness of the difficulties arising in their second language may lead to less than optimal developments in their therapeutic relationships.

It appears that the bilingual therapist's negative self-talk generated by their feelings of inadequacy, limited not only the range of possible verbal responses but more importantly non-verbal responses. In other words, therapists' capacity to be empathically attuned to clients seemed to be diminished due to therapists' preoccupation with feelings and cognitions associated to their own language related self-experience.

Sprowls' (2002) study focussed on the language-related self-experience of nine bilingual psychotherapists both coordinate and compound speakers, who were interviewed in relation to their experience of working bilingually in Spanish and English. Sprowls identified eight major themes permeating the data. These were: Translation, Culture and Connection, Confidence, Boundaries, Language Switching, Identity, Expectations and Therapeutic Relationship.

Similar to Verdinelli's findings (2006), Sprowls' (2002) central finding was that therapists in the study found bilingual work difficult, predominantly due to language barriers. The energy consuming aspect of translation, the non-translative meaning of certain words and the increased effort needed to convey sometimes simple ideas in another language were identified as underlying sources of cross-linguistic difficulties. Work in the second language required the shifting of cadence between languages and having to work between languages brought up therapists' lack of confidence in their ability to provide adequate therapy for their clients (Sprowls, 2002). Lastly, this study identified that therapists' ability to adapt to each culture through knowing the culture and their role boundaries, as well as successfully managing their cultural identities advantaged their cross-cultural work.

In the third major study which focused on therapists' self-experiences, Sella (2006) studied immigrant therapists working in their second language with children. Her study, perhaps the most psychoanalytically informed of those cited in this review, aimed to investigate the thoughts and feelings of polyglot child-therapists to determine the effect that their work in the second language had on the therapeutic process. Sella (2006) attempted to understand the countertransferential phenomena and empathic experience accompanying therapists' work in their second language with specific consideration given to therapists' own immigration experiences and the therapist's experience of the client's ethnic and cultural background.

In contrast to Verdinelli (2006) and Sprowls' (2002) findings, Sella (2006) concluded that working in the second language did not present a significant obstacle to the establishment of an effective therapeutic relationship. Furthermore, therapists reported an increase in confidence about their linguistic competence over time and that language related difficulties in communication could be used to enrich the therapeutic

relationship. Therapists' conscious use of their bi-linguistic selves (e.g. accent, self-disclosure and code switching) was a significant part of therapeutic intervention and differences in ethnicity and culture did not interfere with the therapeutic process, rather when the therapist and client had a shared immigration experience, it reflected positively on the empathic capacity of the therapist. Perhaps most significantly, Sella noted that "the passage of time was found to have a positive and decisive effect on the clinician's level of comfort with the polyglot language" (p. 261).

Summary

The research indicates that the process of an individual's bilingual identity development may reflect the development of bilingual psychotherapists' professional identity as they learn to practice in their second language (Alessi, 2000; Burck, 2004). Underlying the successful development of the bilingual therapist's competence is the internal process of integration of their dual linguistic selves, which appears to be a necessary requirement to their provision of successful cross-lingual psychotherapy, especially when practicing in their clients' first language (Burck, 2004).

The research findings identify that for many bilingual therapists, issues related to translation are an obstacle, between not only languages, but also dialects and slang words. Translation affects the timing of interventions in the session, energy levels and the overall pace of sessions, and contributes to the development of negative self-cognitions in the therapist that can be detrimental to the therapeutic relationship and maintenance of empathic attunement (Sprowls, 2002; Verdinelli, 2006). These findings highlight the importance of bilingual therapists' ability to apply their clinical skills across languages and cultures, and again, this ability seems to derive from a successfully integrated bilingual identity. In addition, the research indicated that the passage of time usually brings an improvement in therapists' ability to manage their own language-related issues as well as improvements in overall linguistic competence which is further reflected in their clinical work (Sella, 2006). However, it is emphasised that therapists' pro-active relationship with the new culture and language is fundamental to their becoming skilled in the provision of bilingual therapy (Verdinelli, 2006).

In the following chapter, I will discuss in greater detail the implications that the therapists' bilingualism related self-experiences have for the technical, relational and cultural dimensions of the psychotherapeutic process.

CHAPTER FIVE: Technical, Relational and Cultural Phenomena in Bilingual Psychotherapy

In this chapter, I will review and discuss literature on therapists from a minority culture working in their second language with clients from the majority culture. In addition, I will discuss phenomena relating to non-understanding, misunderstanding and misinterpretation (Akhtar, 2006); translation and the ways in which bilingual therapists engage it (Jimenez, 2004); verbal interventions in the polyglot language; therapists' use of code switching (Marcos et al., 1979); as well as therapists' linguistic and cultural identity issues as areas of counter-transferential enactments (Antinucci, 2004).

The Effects of Misinterpretation and Misunderstanding on the Therapeutic Relationship
Flegenheimer (1989) stated that the problems of polyglottism in psychoanalysis are similar to the fundamental problems of any analysis, where the analyst aims to both understand the client and to be understood by him or her - a seemingly straightforward task. If we were to set aside the function that the second language itself may perform in facilitating or disabling self-expression, I propose that the basic technical challenge to polyglot therapy remains in the possibility of misinterpretation and misunderstanding between the client and the therapist.

Firstly, researchers identified the negative effect that the therapist's lack of linguistic proficiency in the client's language has on the client's level of trust, the level of therapeutic rapport, as well as the working alliance (Lijtmaer, 1999). Additionally, Myers (1999) noted heightened drop-out rates of Hispanic clients in the United States due to linguistic barriers in their psychotherapy. Myers argued that linguistic barriers (e.g. misinterpretation, as well as therapists missing and misunderstanding the client's paralinguistic cues) contributed to a decline in the therapeutic rapport.

Secondly, beyond the problems that a therapist's lack of proficiency in their client's language can pose to the establishment of the therapeutic rapport, richer and more nuanced material can be lost to the therapist who does not fully understand the language of their client. This is especially significant in the domain of psychoanalytic work where it has been observed that analysts who lack idiomatic fluency in their clients language "might occasionally miss puns, double-entendres, metaphors and allusions" (Akhtar, 2006, p. 31). Moreover, on an interpersonal level, Lijtmaer (1999) noted that the

“analyst’s bilingual proficiencies affect the timing of the interpretation: more time spent in wording the interpretation leaves less time to listen to the dynamics, which include the client’s address of transference issues” (p. 617).

Therefore, therapists’ lack of proficiency in their client’s language may contribute to clients’ sense of not being understood and further develop resistance in the form of the unconscious assessment of the analyst’s ability to understand them and therefore successfully treat them (Stengel, 1939). Jimenez (2004) reported a case example of his work with a German-speaking client where the client’s defence against narcissistic injury had become immediately mobilised upon realising the analyst’s lack of proficiency in German. Therefore, Stengel (1939) argued that for analysis to be successful when the analyst is not versed in the client’s language, the client must know that the analyst understands them, implying however, that this understanding is not necessarily demonstrated by the therapist’s knowledge of the client’s language.

In relation to the above statement, one could ask whether it is advisable for the therapist to ask for clarification of unknown words. Akhtar (2006) stated that the polyglot analyst who intervenes to ask for clarification should do so, but not too frequently or with undue inhibition. Furthermore, Ali (2004) argued that the therapist asking for clarification or explanation when a word is not understood can positively influence the therapeutic process by slowing down the pace of the session and offering an example to clients to ask questions. In addition to this, Akhtar encouraged not only asking for clarification, but also inquiring beyond unfamiliar words and phrases and paying attention to sudden pauses in the client’s speech. Akhtar argued that inquiring about such events may uncover attendant anxieties that relate to the analyst’s ethnicity and point to deeper transference dynamics that are operating in the session.

Therapists’ capacity to tolerate their feelings around their lack of proficiency in their client’s language can also positively affect the therapeutic alliance and the overall therapeutic process (Jimenez, 2004). This finding is supported by Verdinelli (2006) who also found that a risk to the therapeutic alliance is present in situations where therapists become hyper-vigilant or preoccupied with negative self-cognitions around their linguistic proficiency, a process that can significantly diminish their verbal and non-verbal responsiveness to clients. I would argue that to be in a position to better orient

themselves to their clients in the session, therapists must have developed awareness and internal strategies to manage their negative feelings around their linguistic proficiency.

In summary, the research indicates that the therapist's level of proficiency in the client's native language can significantly influence the process of psychotherapy. These findings partly support the research stating that the therapist and the client should ideally be linguistically matched (Marcos et al., 1976; de Zulueta 1990). It is noted that the client's sense that they are understood by their therapist positively influences the process of therapy. Therefore, therapists' lack of bilingual proficiency can diminish their understanding of their client's communication and adversely affect the establishment of a therapeutic alliance. Furthermore, even when a solid alliance is established, a lack of proficiency can create additional resistances in the client that can impede their working on presenting issues. However, research also suggests that therapy can be successful, despite a lack of linguistic proficiency between the therapist and the client, if the therapist is able to manage his or her own feelings about not understanding the client and find a channel to communicate effectively with the client.

Translation and Interpretation in Bilingual Psychotherapy

Misunderstanding and misinterpretation relate intimately to a failure in translation. The reality of translation between languages is summed up in Derrida's statement that "translation is both possible and impossible" (1985; as quoted in Burck, 2004, p. 330).

Mahoney (2001) highlighted multiple meanings of 'translation' in psychoanalysis, beginning with Freud's writings on the concept of transposition - a derivative of the German *Übersetzung* (*translation*). In Freud's usage, transposition was a term closely associated with the task of interpretation. According to Freud, in healthy individual development, "transposition" is the process that takes place at the threshold of major life periods (or epochs), where existing subjective-affective idioms of an individual are revised and incorporated into newly emerging psychic configurations (Mahoney, 2001). Freud further argued that the material unsuccessfully transposed due to "pathological reaction", such as a traumatic event, became repressed (Mahoney 2001, p. 345). The function of the analyst is therefore that of an auxiliary translator of the client's repressed material. In the words of Mahoney, "...by means of translations the analyst effects a transposition of what is unconscious into consciousness" (p. 837). In this statement, it seems that Mahoney's meaning of translation closely relates to interpretation.

It appears that the function of the therapist who practices in their second language is made more difficult as they are required to attend to the additional task of translating, while simultaneously seeking to attend to the unconscious communication of the client. In such a situation, bilingual therapists face the dilemma of what to translate and how to approach the translation to successfully negotiate the dual tasks of word-translation and attunement/interpretation.

With regard to word translation in psychotherapy, researchers commonly report specific difficulties that therapists encounter when focused on the translation of the actual words of the client. Sprowls (2002) identified that for bilingual therapists working in their second language, the translation process takes more time, requires greater mental effort and is therefore more difficult. Verdinelli (2006) similarly reported the increased effort required to translate delayed therapists' responses to their clients. Verdinelli also argued that the focus on what was being said required the polyglot therapist to disengage from the psychotherapeutic process in order to ascertain the content of the client's message. From my own experience, I propose that the awareness of one's own type of bilingualism can help the therapist think about this, since not everyone translates between languages in the same way. As Middelman (1969) noted, co-ordinate bilinguals can at times be overly aware of the difficulty involved in the translation of concepts from one language to another, while compound bilinguals are more likely to use literal translations that can result in distortions of meaning.

This raises the question of whether good word-translation ability on the part of the therapist, at least to a degree where the client can feel understood, is necessary for effective psychotherapy. Jimenez (2004) posited that interpretation and translation are closely related creative processes, but distinguishes that the translation of text, for instance and that of a client's communication denote rather distinct tasks. To Jimenez, in the translation of a client's verbal communication, the analyst has creative freedom to interpret, and not merely translate, using his or her own fantasy that appears in the form of counter-transference.

Jimenez (2004) offers an interesting example of this in his work with a German-speaking client, whose language he could apparently understand only in a most basic way. Here, the analyst centred on tolerating his anxiety caused by incomprehension

while allowing a fantasy to emerge in relation to it. It appears that in his effort not to word-translate the client's overt, conscious communication, the analyst allowed interpretations to emerge in relation to a less verbally mediated and more emotion-based aspect of the therapeutic container (or of the corresponding parts of the analyst's self). In writing on his successful practice of psychoanalysis in a second language, despite linguistic shortcomings, Jimenez (2004) demonstrated how his refusal to consciously manoeuvre himself out of his anxiety created from not understanding his client's language, eventually resulted in experiences of "translinguistic communication" (p. 1368).

Aligning with Jimenez's findings (2004), earlier research undertaken by Amati-Mehler et al. (1993) stated that the not-understanding between therapist and client does not necessarily need to be bridged and that not-understanding is part of the important maturational task where "...the processes of separation, individuation and differentiation are endured at a mental level" (p. 81).

Thus, I propose that translation and its management within the bilingual therapeutic session can be approached and understood in several ways. The first is translation of words and terms on the lexical level, that is, between the word forms in respective languages which is the process that bilingual therapists find difficult when they are not proficient in their client's language (Verdinelli, 2006). The second type of translation resonates with Freud's idea of transposition (Mahoney, 2001), which is more specific to psychoanalytically-based psychotherapies where the state of linguistic non-understanding can be combined with analysts' own counter-transferential material and as such used for interpretation of the clients' unconscious communication (Jimenez, 2004). Following on from the concept of translation, its effect on interpretation and verbal interventions is discussed in the following section.

Therapists' Verbal Interventions in Polyglot Therapy

The language in which therapists practice can influence how they formulate verbal interventions as well as how they use language to interpret the client's material. Flegenheimer (1989) wrote that the analyst practising in their second language loses "the élan, beauty and poetry and the possibility of stylistic choice in interpretation..." (p. 381). Flegenheimer added that practicing in a second language also places demands on therapists addressing their own counter-transference, who for reasons of linguistic

economy imposed by the polyglot language are often "...compelled to hone their instruments, to focus more on the dynamics of the sessions and to make careful use of their countertransference" (p. 381).

The language used in therapy also influences the style of the bilingual therapist's verbal interventions (Clauss, 1998). Clauss noted that the use of English phrases such as "I'm wondering if", "it seems like" and "I guess that" for example, do not have the same intended effect translated in another language (e.g. Spanish) and therefore "fail to reach the same level of uncertainty" (p. 194). Clauss' study (1998) also implied that the therapist's degree of sensitivity to the paralinguistic dimensions of words and terms within a second language effect how they formulate and deliver interpretations and verbal interventions to clients.

Defensive Uses of Therapists' Code-Switching

Marcos et al. (1979) identified code switching or transitioning from one language to another in the course of the analytic session as a defensive strategy that can weaken the therapeutic process by establishing 'escape routes' for the client wishing to avoid painful affects particular to the language that he or she is using. In relation to the therapist, his or her language choice can have a distancing effect when seeking to discuss uncomfortable topics (Movahedi, 1996).

Conducting analysis in a second language could at times be compared to the objectification, depersonalization and desexualization rituals of pelvic examination by a male physician (Henslin, 1971). That is, a second language, similar to medical language, may help to reframe and neutralize a potentially arousing and sexually charged encounter. (Movahedi, 1996, p. 858)

One of the first instances of a therapist's defensive use of language switching was documented in Freud's famous analysis of Dora, where he distanced himself from intense counter-transferential feelings by using words in French - her analysis was being carried out in German (Mohavedi, 1996). This appears to testify to defensive code-switching being a reality on the part of the analyst. We can presume that a linguistically matched therapist-client pair can establish code switching in their work as an interactional norm. The particular risk for the treatment emerges in cases where the therapist has undeveloped awareness of the meanings and uses of language switching and of the ways in which this strategy may be used as a psychic shield from difficult

counter-transferential feelings. Not unlike the doctor who uses a Latin term for a common disease, the therapist may switch between languages, or even within the same language, in order to avoid counter-transference that contains painful affect.

Dual Languages and Cross-Cultural Dynamics of Psychotherapy

When a monolingual therapist and client form a match culturally and linguistically, it is possible that issues of cultural identity are not extensively addressed in therapy. In contrast, for the bilingual therapist-client pair, the language difference entails pronounced issues of cultural difference, as language not only "...transmits but also constitutes the person's culture" (Ali, 2004, p. 342). Thus, with the foreign therapist, the linguistic and cultural otherness is an unavoidable aspect of his or her presence. This 'otherness' can supply refraction to transference and counter-transference dynamics within the therapeutic encounter (Akhtar, 2006). Researchers have identified several areas in which linguistic and cultural processes overlap and influence the process of bilingual/bicultural psychotherapy, as well as some pertinent technical and transferential issues for immigrant polyglot therapists working with clients from the majority culture.

Firstly, Ticho (1971) wrote that differing cultural and racial backgrounds in the minority therapist-mainstream client pair were complicating factors, as the therapist was perceived as less neutral by the client. The task of distinguishing transference from cultural stereotypes then becomes imposed on the therapeutic work and the immigrant therapist's cultural stereotyping also requires consideration. I would add that clients' perceptions of therapists' cultural biases may be accurate as immigrant therapists can potentially misattribute their unconscious attitudes toward the new cultural environment to their client's transference. In relation to this, Akhtar (1995) identified that in the process of immigration, split views of the old and the new life abide and are often exemplified with the immigrant's idealisation of the old identity structure along with concurrent devaluation of the new cultural identity.

Secondly, therapists who are not fluent in their client's language might experience discomfort with their cultural identity (Lijtmaer, 1999). Stemming from that, the therapist may experience undue guilt, anger and aggression from having to invest more effort in communicating with clients, shame at being asked to repeat interpretations and fear that lack of proficiency in the second language will hinder the therapeutic process (Lijtmaer, 1999). In addition, the therapist may have to bear feelings of guilt and

aggression surrounding his or her own sense of inadequacy around wider issues of belonging, authority and integration - those aspects of cultural identity to which native clients and therapists are naturally privileged (Gorkin, 1987; cited in Kitron, 1992). To this, I would add the possibility of the therapist feeling envy towards a fellow immigrant or native client using the second language with greater proficiency than themselves.

Bowker and Richards (2004) also found that therapists can feel less able to empathise with clients whose language or culture is less familiar. Consequently, in such situations, therapists can become cautious in their interpretations, focused on their language, and give less attention to client's communications (Verdinelli, 2006).

Alternatively, the therapist's neutrality may also be compromised by his or her curiosity about the client's language or culture that stems from the desire to learn that language better, or by the tendency to minimise or trivialise the sense of "otherness" incumbent in the therapist's and client's identifications with their respective cultures (Gorkin; cited in Kitron, 1992).

Stengel (1939) stated that learning a new language is experienced by the learner as an "infantile situation" displaced in time. He added that the process of learning a new language can be accompanied by feelings of inferiority and inadequacy and a resultant sense of shame. I agree and suggest that to appreciate Stengel's observation, we need to imagine the vulnerability that the language-learner is faced with when attempting their first steps in the new language. In light of this, it is not surprising that such vulnerability in the therapist may lead to counter-transferential enactments such as identifying with the client and seeking to minimise the sense of linguistic and cultural difference by not adequately addressing it with their clients⁷.

Illustration.

The immigrant therapist introduced herself to the client at the outset of a short introductory conversation on the phone. In confirmation, the client flatly repeated the therapist's name, however, in its English version. The therapist, thinking the client had misheard her name the first time, instinctively repeated it again, to which the client

⁷ Amati-Mehler et al. (1993) highlight the danger of mistaking knowing the same language as a means of achieving a "deluded" state of total understanding. Amati-Mehler et al. suggest that such a tendency in psychoanalysis denotes a wish for return to a symbiotic state of union between an infant and the maternal figure and carries the risk of being enacted between the client and analyst.

quickly responded by again pronouncing the name in its English version. The therapist noticed herself becoming slightly irritated with the client and memories of the early days of her immigration surfaced in her mind. She felt a strong desire to demand that the client get her name right. Immediately, she became aware that this desire could stem from a possible counter-transference reaction to the client. After a moment's contemplation, she decided to wait. In preparation for the initial interview, she asked herself how she could use the interaction to understand this client better. In the session, the client disclosed that he often had an experience of having his boundaries being ignored by women in his life, in whose demands he would first disappear and then reappear as a perpetual giver. The therapist recognised that her desire to demand that the client learn her name was indeed a countertransferential response to the client's unconscious communication about the significant relationships with women in his life.

Commentary.

The above illustration elucidates how the complex and painful experience of immigration can be provoked in the therapist via linguistic difference to the client and poses a risk for enactment within the therapeutic relationship. The therapist's containment of her desire to teach the client her name enabled the client to retrieve, rather than further repress, his experience in the therapeutic session. Verdinelli (2006) stressed the importance of self-awareness for bilingual therapists working cross-culturally, as a way in which counter-transferential enactments could be more effectively attended to before posing greater risk to the therapeutic relationship.

Collusion in the Linguistically and Ethnically Matched Therapist - Client Dyad

Antinucci (2004), in her article on the role of shared cultural identity in analysis of the émigré analyst-client couple, cited an example where linguistic and cultural familiarity led to an early termination of treatment. Therapy was terminated as a result of the client's apparent inability to tolerate the analyst's familiarity with his language and culture. The analyst's familiarity evoked the client's fears of psychological immersion into what their shared cultural-historical context represented intrapsychically for him (e.g. the relationship with the boundless, mad mother). Antinucci concluded that over-identifying in the counter-transference and re-engaging her own cultural history through her client's story had compelled the client to terminate analysis. Antinucci added that the presence of the analyst's enthusiasm for the language and culture she shared with

the client might have invoked a risky opening of the repressed incestuous material in the transference/counter-transference matrix.

From this, Antinucci (2004) proposed that common language and cultural identity can become part of a collusive process and potentially form a silent, undifferentiated container of the archaic elements abiding in the client-analyst dyad. To avoid this, Antinucci stated it is therapists' task to address their cultural identity and fantasies that surround the desire to collude.

Similarly, Akhtar (2006) used the term nostalgic collusion to denote a kindred clinical situation where the client's defensive mourning over the lost, idealised culture is not adequately addressed, possibly due to analyst's own unresolved grief over certain aspects of his or her lost cultural history. An analyst's identification with the client's grief makes the exploration of the issue of loss untenable, and the analyst and the client therefore collude in their tacit mutual avoidance of the topic. The following vignette illustrates an unusual bi-lingual situation in a couple's therapy session, and an emergent tendency toward nostalgic collusion on the therapist's part.

Illustration.

An English woman and her Czech husband presented for an assessment session with a therapist. The brief referral information obtained by the therapist indicated that the husband was depressed. Upon arrival to the session, it quickly became apparent to the therapist that the husband could barely speak English and that the wife spoke no Czech which meant they could only communicate in a lopsided and often gesticulative way. The therapist was Czech and in a unique position of being able to speak and understand both languages fluently.

The session commenced with the woman stating the problem was that her husband had moved out of their marriage, and was now living away from home. She wanted him to come back. Her husband stated that he loved and cared for his wife, but struggled to understand his own motives in wanting to be away. As the therapist spoke to him, he attempted to find out how his experience of immigration affected him. It became clear that he was grappling with strong and unresolved grief and loss around his immigration experience, which the therapist identified with from his own experience as an immigrant.

When the therapist translated to the wife what the husband was experiencing, she coldly dismissed the message and stated that he should “just get over it”. The therapist noticed his irritation with her as the tri-logue ensued, where the therapist assumed the dual task of translation between the couple and of interpretation of their messages to each other. The therapist noticed the desire to establish a shared ground for communication between them, along with frustration at the tendency of his own linguistic selves that seemed to impede his effort at equidistance and objectivity. The therapist could empathise with both clients as he followed each in their language, but whenever he switched languages, he noticed the distorting identifications that eventually left him with an exasperated feeling that he was trying to achieve something nearly impossible.

Commentary.

Due to the therapist’s shared experience of immigration and a shared first language, his dominant identification was with the husband. Throughout the session, this identification interfered with the therapist’s attempts toward therapeutic neutrality. Were it not for the therapist’s conscious effort to empathise with the wife, his identification with the husband may have lead to the development of nostalgic collusion, which would have made it difficult to address the issue of the husband’s depression, among their other presenting issues.

Summary

In this chapter, research on the technical and relational phenomena that emerge when analysts practise in their second language with monolingual and polyglot clients has been discussed. The research clearly indicates that the therapist’s lack of linguistic proficiency can have an adverse and profound effect on the levels of therapeutic rapport, the therapeutic alliance, therapeutic outcomes, as well as therapists’ empathic availability (Jimenez, 2004). However, psychotherapists who manage their own feelings related to their lack of linguistic proficiency are more able to attend to the client’s process and can better preserve and facilitate the establishment of a therapeutic alliance (Stengel, 1938).

Research suggests that the significant problem of translation can be approached on several levels. Psychoanalytically oriented literature (Amati-Mehler et al., 1993), discusses the possibility that the state of linguistic not-understanding can form a viable

basis for interpretation (e.g. interpretation-as-translation), without necessary emphasis on lexical translation of the clients language. I believe that such clinical situations require analysts' linguistic competence to the extent that the client can sense the analyst understands him or her.

Furthermore, it appears that to be effective, therapists' verbal interventions and interpretations in a second language need to accommodate relational particularities of that language, as well as be informed by therapists' awareness of the non-verbal vicissitudes of the language.

In the context of psychotherapy where the therapist and client are matched bilingually, research indicates that bilingual therapists can use code switching defensively (Marcos et al., 1979). In addition to this, I suggest the possibility that therapists' code switching be used as a means of avoiding difficult counter-transferential material and that knowledge of the uses of code switching may help assist in avoiding counter-transferential enactments.

Finally, the language difference between the therapist and client can highlight differences in cultural identity and positioning, which can have significant implications to the power dynamics in the therapeutic session and on the therapist's neutrality. Both the client and therapist can hold unconscious cultural stereotypes. The potential for the latter to be mistakenly attributed by the therapist to the client's transference was also discussed. The risk of therapists' wishes to avoid difficult self-experiences related to being in a minority culture is that it can lead to the enactment of becoming "less different" to the client by showing an inordinate interest in the client's culture and language. Conversely, in matched bilingual/bicultural therapist-client couples, the risk of nostalgic collusion can leave areas of therapist-client subjectivity unaddressed (Akhtar, 2006). Finally, I am in agreement with both Verdinelli (2006) and Antinucci (2004) who posit that effective psychotherapy in the second language requires the bilingual therapist's ongoing self-reflection around phenomena related to language, but also around their experiences of cultural identity, immigration and work in the second language.

I have discussed the problems that can arise when therapists are practising bilingually and in a second language. Following on from this, I will outline and discuss some of the

ways in which the therapist's bilingualism can enhance the process of psychotherapy in the next chapter.

CHAPTER SIX: Facilitative Uses of the Therapist's Bilingualism in Psychotherapy

In this chapter, I discuss the ways in which the therapist's bilingualism may assist the process of psychotherapy, including how it may facilitate the understanding of the nuances of the universal language of the unconscious that clients present with (Rodriguez de la Sierra, 1995). Research indicates that bilingual therapists' possess greater flexibility in the uses of language in psychotherapy (Burck, 2004) and an exploration into the various ways in which these can be applied will be covered in this chapter. The potential therapeutic uses of code switching and affective attunement as a mode of empathic holding (Stern, 1985) are also explored.

The Gift of Learning a New Language

Connolly (2002) posited that in not understanding a foreign language, one can feel alienated from one's cultural context and that in the state of not-understanding and being unable to communicate, a 'destruction' of identity arises. Connolly explained that identity destruction forms a part of the psychotic experiences of de-personalisation and de-realisation. This concept is supported by Jimenez (2004), who compared the experience of not understanding his foreign-speaking client with his earlier analyses of schizophrenic clients - an experience that enabled him to tolerate the discomfort he experienced of not-knowing in the present. His case example demonstrated the analyst's capacity to tolerate the 'strangeness' of this, at times terrifying and primal experience of not-understanding, facilitates the process of analysis.

Similarly, a relationship between psychotic and bilingual experiences is found in Amati-Mehler's work (cited in Connolly, 2002). As a polyglot analyst conducting analyses in the second language learned as an adult, Amati-Mehler (2002) stated that her comprehension of the seemingly non-sensical material of a child or a psychotic client is facilitated by her polylinguistic experience. Therefore, it appears that the experience of learning a second language can subjectively resemble the experience of psychosis. For the therapist who has worked through this experience, this is a valuable tool of understanding and insight.

De Groot and Kroll (1997; as cited in Goldin-Meadow, 1998, p. 486) found that learning a foreign language increased metalinguistic awareness and cognitive flexibility.

However, research also suggests that bilingual therapists' level of familiarity and comfort with metalinguistic aspects of their bilingualism seems to be the key to effective use in psychotherapy (Connolly, 2002; Jimenez, 2004). Finally, and perhaps most significantly, research indicates that the reward for working through the difficult process of learning a new language in a new environment is the expansion and enrichment of the psyche (Connolly, 2002).

Psychotherapy Beyond (or Before) Words

When a therapist conducts therapy in their second language, the reliance on the non-verbal aspects of communication becomes an increasingly important feature of the therapeutic encounter (Jimenez, 2004). Connolly (2002) concurred and further argued that "one of the advantages of speaking more than one language is that it forces one to become acutely aware of language as a poetic, sonorous experience rather than just as an experience of meaning" (p. 368). Writing on his own experience as a foreign analyst working with German speaking clients, Jimenez (2004) introduced the idea that analysis across linguistic barriers can be successful even though the analyst's linguistic proficiency may be lacking. He argued that as a result of verbal communication being diminished in a linguistically unmatched pair, the non-verbal process of the sharing of emotional states between the client and analyst, known as affective attunement, becomes the binding process of the therapeutic relationship.

Unlike empathy, affective attunement does not require the capacity for symbolic verbalisation or fantasy. It is a primary form of communication, developed in the communicative matrix of the mother-infant dyad (Stern, 1985). Stern (1985) called the unbroken subjective states that reside in any behaviour "vitality affects" (p. 157) and stated that "tracking and attuning with vitality affects permits one human to "be with" another in the sense of sharing inner experiences on an almost continuous basis" (p. 157). Therefore, the bilingual therapist's attunement to the deeper pre-verbal and affective processes of the client, while necessitated by non-understanding, provides a form of proto-empathic holding, where the client can experience the therapist is present and available.

Similarly, Sella (2006) proposed the very presence of the therapist as the medium of empathy, and identified the therapist's stance of "just being" with Winnicott's (1971) concept of the therapist as an environmental object providing empathic holding. Here,

Sella noted that “the clinician’s empathic state is her containment of the child” [n.b. or the client] (p. 276). This research has important implications as it suggests that despite the lack of a therapist’s bilingual proficiency, a therapeutic relationship can be effectively established non-verbally rather than verbally via the therapist’s affective attunement to the client, and therefore an empathic holding environment for the client can be provided.

Uses of the Therapist’s Bilingual Self-Experience in Transference and Counter-Transference

Alessi (2000) noted that bilingual analysts may be in an advantageous position in their work with bilingual clients due to their enhanced cultural sensitivity and in-depth, unique understanding of intrapsychic aspects of the bilingual experience. Ali (2004) identified this sensitivity to bilingual experience as one manifesting in the enhanced attunement of the bilingual therapist to the subtle non-verbal cues offered by the bilingual client, especially when the client has difficulties in finding words to describe a highly charged emotional experience.

Transferential and counter-transferential phenomena include what Jimenez (2004) identified as the (linguistic) foreignness of the analyst as one possible factor in the emergence of transference of the alien, rejected parts of the psyche that have been pushed far away. These observations echo those of Williams (1999), who stated that the ‘strangeness’ of the therapist facilitates and makes possible “...the truthful apprehension of psychic reality which leads to mental growth” (p. 14).

The following vignette illustrates how noticing the underlying difference in language and of the therapist’s otherness, becomes a springboard for the client’s exploration.

Illustration.

During a lively session, the therapist asked the client how the word “bouquet” was pronounced, in the middle of commenting on a client’s dream. After helpfully answering the therapist, the client added: “I never heard you mispronounce a word before, I am sure this will be your last time”, followed by an enigmatic cackle.

Questions formed in the therapist's mind: "Is he afraid of losing me, his familiar English-speaking therapist? What does he face in himself when I mispronounce words?"

The therapist asked the client how it was for him when he made mistakes with words. The client immediately responded, "Most of my childhood friends were from other countries and cultures, including my best friends." He then recounted how his mother criticised him when he invited a Chinese friend over to play. From there, a deep exploration was facilitated, as the client related to the therapist's error in a creative and meaningful way.

The therapist's 'otherness' further signalled the possibility of the psychic shelter in the second language for this client, who applied himself to learning a new language in the later part of his treatment. For him, the promise of living in another language held the symbolic allure of a new start in life.

Commentary.

For this client, the therapist's cultural and linguistic difference had signified fertile grounds for the development of such "far away" transference (Jimenez, 2004). However, the difference was an embracing one, as everything that was of his mother tongue and his native culture was deeply traumatic and imbued with loss. Thus, one of the ways in which he sought to re-create himself and escape his feelings of shame and rejection was to seek out and live with people and in places that were foreign to him.

From my own experience, I agree with Foster's (1996) observation that the shift of language is accompanied by the shift in the sense of the self and of the object to whom the communication is directed. I further propose that the very existence of the therapist's cultural and linguistic otherness, including his or her unspoken language, can evoke similar shifts in the client's transference reactions. This is illustrated in the above vignette. Here, the therapist self-disclosed his cultural otherness through a pronunciation error in the client's first language, which the client unconsciously registered and eventually responded to with his own set of associations.

Further Applications of the Therapist's Bilingualism

It has been noted that polyglottism enables therapists to follow clients not only between languages and discourses but also through multiple realms of associations and meanings (Amati-Mehler in Connolly, 2002). Furthermore, when the analyst is able to traverse different linguistic domains following the client's presentation, the facility and flow of association was further enabled (Connolly, 2002). Conversely, research suggests limitations in the bilingual analytic encounter where the analyst and client shared only one language and the analyst's associative thread became discontinuous (Connolly, 2002). Therefore, it appears that the value in the bilingual/multilingual analyst's ability to follow the client through several languages is in being able to patch together strands of the client's primitive splits - first in the analyst's mind, and then by way of interpretation (Amati-Mehler et al., 1990).

In contrast the task of moving across languages is seen as disruptive to the flow of association by Y Del Rio (1982) who identified his personal difficulty in following clients through different languages. Y Del Rio illustrated this with an example of his temporary incomprehension of a word, otherwise known to him, when it was spoken in a language different from that in which the active discourse took place. Y Del Rio explained that every verbalisation follows a path from the preconscious to the conscious, and is thereby guided by the grammatical and syntactic rules of its carrier language. Following from this, Y Del Rio proposed that grammar and syntax are the protocols of language production within which a word is embedded and comprises a network of meaning within which foreign words can be lost to comprehension, such as in his example. Y Del Rio further argued that the inability to comprehend is associated with the immersive aspect of analytic attention in the session known in analytic literature as "listening with a third ear" (Reik, 1948).

Playing with Language

One of the positive aspects of speaking in a second language is that it promotes experimentation, as well as brings into sharper focus the important aspects of communication (Burck, 2004; Flegenheimer, 1989). Research also notes that the polyglot therapist's second language requires more deliberate effort as it is focused more on the denotative and less on the connotative aspects of word meanings which are less regulated by the superego (Cheng et al., 1991). This therefore enables the polyglot therapist to be less defensive in his or her use of language and to question assumptions

inherent in the language. In other words, the therapist's flexibility in the use of language influences the client's own linguistic reflexivity and his or her way of assessing reality. Such naïve questioning on the part of the therapist, stimulated by genuinely not-knowing, appears to be less counteracted with the client's resistances (Cheng et al., 1991).

Facilitative Uses of the Therapist's Code Switching:

When thinking about language switching by the therapist, and the ways in which it can be used to facilitate the psychotherapeutic process, it is useful to remember the following remark: "An analyst can change languages on the condition that he or she does not change discourse" (Bennani; cited in Amati-Mehler et al., 1993, p. 58). Provided the therapist approaches his or her code switching self-reflectively, it appears that he or she may use this capacity effectively in bilingually-matched clinical situations. Research indicates that the bilingual therapist has a unique technical advantage in the ability to use code switching as a strategy to engage with the two-language system of the client (Marcos et al., 1976). Similarly, Verdinelli (2006) reported that therapists in her study used code switching as a therapeutic tool, to communicate something to the client more effectively and facilitate the therapeutic process.

Research also indicates that when a shift in language occurs in a bilingually and ethnically matched therapist-client pair, it is followed with a parallel shift in the subjective sense of formality and informality of the session (Clauss, 1998). Other researchers have noted that transference and counter-transference shifts occurred when the language of treatment is changed (Foster, 1996). Furthermore, in consideration of the above findings, I propose that there may be a unique advantage in the bilingual therapist's ability to use code switching in finding 'optimal working distance' (Havens, 1986) with the client.

Illustration.

A personal observation that seems particularly relevant to this discussion, was when I respond internally with a silent 'da' (n.b. Croatian for 'yes') to an English-speaking client. Such an act has a very strong and almost dramatic effect on my sense of the relationship with the client. For me, it often brings forward a greater sense of closeness

as well as a different sense of empathic attention to the client's communication. In those moments, I feel that the client's expression is received more immediately, vibrantly and without a linguistic buffer and can signal to me the wish to be closer and more intimately attuned to the client. This wish, of course, can offer rich material for interpretation when considered as a counter-transference response⁸. I am also left to wonder about the effects of internal code switching on my empathic attunement to the client, as well as about its possible technical uses in my psychotherapeutic practice.

Summary

In this chapter, I discussed how the process of learning another language can benefit the practice of polyglot psychotherapy through nurturing a greater appreciation of the metalinguistic and sonorous aspects of language (Connolly, 2002). The experience of learning a new language can also enhance the therapist's understanding of the experience of children and psychotic clients (Burck, 2004) The enhancement of cognitive and linguistic abilities were also noted (Connolly, 2002).

Potential uses of a therapist's bilingualism were discussed, such as encouraging naïve exploration of the client's worldview (Cheng et al., 1991) and allowing greater experimentation with language (Jimenez, 2004). Research indicates that the effectiveness of the polyglot therapist appears to depend on his or her ability to tolerate sometimes acute anxieties that appear in the face of incomprehension of the client's speech (Connolly, 2002). In these clinical situations, the focus on non-verbal aspects of the therapeutic relationship is more pronounced. This was explored along with how non-verbal aspects influence therapeutic containment as well as provide material for therapists' interventions (Clauss, 1998). When therapist is faced with not being able to reach the clients verbally, it is suggested that the use of affective attunement by a polyglot therapist can successfully provide clients with an experience of a holding empathic environment (Jimenez, 2004).

Research also highlights how language shifts in the therapeutic session can be accompanied by transference and counter-transference shifts in the client and analyst

⁶ A comment on the analyst's desire to intervene in their mother-tongue is made by Akhtar (in Kadyrov, 2002) who suggested that such a desire may point to the analyst's unresolved grief, and therefore, that self-restraint on his or her part should be exercised. The analyst should examine their wish to speak in their mother-tongue, including examination of their motive in response to the client's communication and the impact that it would have on the client.

(Foster, 1996) Here, I propose that transference may develop in relation to the therapist's unspoken language, partly through its involuntarily self-disclosed aspects such as an accent and through the sense of cultural otherness that it conveys within the therapeutic container. In addition, code switching in bilingually and culturally matched therapist-client dyads can be therapeutically used as a method of enhancing clients' processing of their material (Burck, 2004) and as I suggest, a potential method of finding optimal working distance with bilingual clients.

An important finding in this chapter is that the bilingual therapist's self-awareness and ongoing attention to their linguistic positioning is the key factor in the provision of effective bilingual psychotherapy (Verdinelli, 2006). Additionally, therapists' conscious and sensitive use of their bilingualism, along with their attentiveness to its limitations as well as their own, can successfully facilitate and enhance the process of psychotherapy with both monolingual and bilingual clients (Antinucci, 2004).

I have described and discussed both therapeutic problems and advantages associated with therapists biligualism, as well as associated phenomena that arise in relation to it, in this and previous chapters. In the following chapter I will discuss and bring together main findings of this study and offer suggestions for further research.

CHAPTER SEVEN: Conclusion

In this chapter, I discuss the main findings of this study and note its limitations. Finally I offer suggestions for further research.

Study Findings

This dissertation started by outlining the historical developments of psychoanalytic theory on the intrapsychic and developmental vicissitudes of bilingualism in the therapeutic context. Observations in early psychoanalytic writings on the client's choice of language in treatment, have retained their importance and validity in contemporary clinical literature. Recent research from the fields of neuropsychology and psycholinguistics introduced the additional concept of language independence to this body of knowledge. This construct has assumed a central position in our present understanding of the language-related intrapsychic processes of bilingual clients. The effect that language independence phenomenon has on the retrieval and processing of emotional material in the first language has raised questions of whether psychotherapy can be effective in the bilingual client's second language. For me, another question that naturally followed from this was whether a bilingual therapist can successfully conduct psychotherapy in their second language. I would argue that the answer to this question is yes, however, not without further qualification.

In this review, I have proposed that the unfolding of the therapist's bilingual identity proceeds through a developmental process similar to those that bilingual individuals pass through when learning to live between languages and/or cultures. In agreement with the available research, I further suggested that the bilingual therapist's successful achievement of an integrated bilingual identity is favourably reflected in the therapeutic process, in terms of greater freedom in their work and the intentional use of their bilingualism therapeutically. Bringing together the findings of this research further, I propose that the process of bilingual therapists' identity consolidation results in a positive sense of linguistic and cultural duality, an enhanced ability to manage anxieties related to their linguistic proficiency and therefore a greater capacity to therapeutically 'hold' linguistically diverse clients.

Furthermore, it is noted that an experience of learning a new language can endow the bilingual therapist with a greater linguistic and cognitive flexibility, a better

understanding of diverse client groups and promote the creative use of vocabulary in therapeutic work. Linguistic flexibility can also allow experimentation with language that can model new ways of thinking to clients.

Similarly, a different kind of linguistic flexibility, afforded by code switching, can have unique uses for the bilingual therapist. Code switching allows the therapist to follow the client through different languages, and thus provide a richer experience of understanding them. Additionally, the use of code switching as a treatment intervention has been proposed in the literature. I additionally propose a possible adaptation of the therapist's code switching to Havens' (1987) idea of finding - through the use of performative language - an 'optimal working distance' to the client.

On the other hand, it is noted that code switching can hinder the therapeutic process if the therapist uses it defensively to escape counter-transferential feelings. As stated earlier, self-awareness around the uses of code switching can help prevent this as well as assist the bilingual therapist in understanding its occurrences in relation to the client's transferential material, that is, as an indication of the client's unconscious communication.

Therapists Bilingual Proficiencies and the Therapeutic Relationship

The researchers have argued that the lack of therapists' bilingual proficiency can detrimentally affect the establishment of the therapeutic alliance, as it contributes to frequent misunderstandings and misinterpretations between the therapist and client. However, some studies suggest other therapeutic factors that can counteract the effects of the therapists' lack of bilingual proficiency and be conducive to the achievement of positive therapeutic outcomes. For instance, research indicated that the bilingual therapist's proficiency in the second language usually improves over time, along with their cross-linguistic and cross-cultural competencies.

In addition, some psychoanalytic studies argue that the problem of linguistic incomprehension can be curbed when the therapist tolerates their anxieties that accompany an experience of not-understanding. In such clinical situations, a therapist can facilitate the client's process by approaching the experience of not-understanding with neutrality and by using interpretations that are based on the less verbally-mediated

aspects of the therapeutic encounter. Such use of interpretation is however, only demonstrated in one study in this review (Jimenez, 2004). Nonetheless, his study, which is firmly rooted in psychoanalytic theory, makes a compelling case for clinical uses of affective attunement in bilingual therapy when the verbal communication of empathy is not entirely possible. It also adds a new meaning to Stengel's observation (1938) that the client needs to feel understood by the therapist in the therapeutic process - an idea I found restated in a variety of ways throughout many research studies included in this review.

Language, Culture and Transference Shifts in Bilingual Psychotherapy

Language and culture are closely related entities as one's culture is incorporated in one's language. Relevant research suggests that when language shifts occur in bilingual/bicultural therapy, they are followed by shifts in the therapist's and client's transference and counter-transference relationship and in their cultural identities. These shifts of cultural identity have an important effect on the relational matrix of therapy, as they fundamentally influence how bilingual therapists position themselves and interact with their clients when the language changes.

The literature suggests that for clients, transference shifts can also occur in relation to their therapists' culture, which can be involuntarily disclosed through paralinguistic aspects of the therapist's first language, such as their accent. From this, I proposed that even the unspoken presence of the therapist's other language (as a sign of cultural 'otherness') can influence transference and thus provide the client with a transference object.

Furthermore, when working with clients from the dominant culture, immigrant therapists may experience being culturally stereotyped, perceived as less neutral, as well as assessed on their ability to provide effective treatment by their clients. For immigrant therapists, life in a new language can involve an experience of re-living their early infantile struggles for autonomy and control. In the context of their work, practising in a new language can also bring with it issues around therapeutic authority and belonging. When practicing psychotherapy, especially with clients who are more fluent than they are in the language used in the treatment, or are members of the cultural majority, it is noted that these therapists often experience intense feelings of shame,

guilt and aggression. Additionally, it was observed that immigrant therapists can at times attempt to minimise linguistic and cultural difference with their clients. It is speculated that this wish may originate in the therapist's unconscious response to the client's desire for entering the state of symbiotic union characteristic to the mother-infant dyad. A therapist's counter-transferential enactment of this may be an attempt to cope with anxieties around their cultural minority status in a new socio-cultural context.

On the other hand, literature suggests that bilingual therapists' immigration experience can endow them with a unique ability to understand and empathise with minority culture clients; it is noted that they can respond with particular sensitivity to the difficulties that clients encounter while attempting to emotionally express themselves in a second language. Furthermore, the bilingual therapist's cultural and lingual difference can also facilitate the client's disclosure and due to detachments provided by the second language, enhance the sense that the therapist can withstand it.

Finally, when the therapist and the client share the same language and/or ethnicity, researchers have noted the risk of nostalgic collusion (Akhtar, 2006). Nostalgic collusion appears to occur when the therapist has unresolved conflicts or grief around their own immigration and cultural history. When these conflicts are activated through ethnic and linguistic identifications with the client, they can prevent the therapist from adequately facilitating the exploration of client's experiences.

The implications of the research suggest that in order to manage their own culture related experiences in bilingual therapy, therapists ideally needs to be aware of their own cultural positioning, stereotypes and language related issues. Having a forum in which to address these, for example in their own therapy or supervision, or in a group of other bilingual practitioners, is essential.

Summary

The research identifies that a therapist's bilingualism can both promote or adversely affect the therapeutic process. It is argued that bilingual therapists need to be aware of the ways in which their own bilingualism and cultural positioning influence the way they perceive themselves, their work and their clients in order to effectively conduct psychotherapy across languages and cultures. There are factors that can inhibit the

therapist from adequately attending to their clients that clearly relate to their linguistic and cultural struggles. However, literature strongly suggests that therapists can also develop a capacity to withstand, understand and creatively use the complexities of their linguistic experience in bilingual therapy, thus supporting the thesis that therapists' bilingualism can enhance and bring unique advantages to the therapeutic process.

Limitations of the Current Study

The material in this review is limited to the studies published in English, which meant I could not utilise relevant articles by Fadda and Muller (1976) and Caruso and Duque (1964) that were published in French and German. These may have provided alternative perspectives on therapists' bilingualism in the psychotherapeutic process. While I attempted to provide a comprehensive overview of the topic, space constraints have only allowed for a certain depth of discussion. In that respect, each chapter could potentially comprise a study on its own.

Suggestions for Further Research

In this review, I have summarised and discussed the available research on the topic of the facilitative and counter-therapeutic effects therapists' bilingualism can have on the practice of psychotherapy. Research on the interpersonal, intrapsychic, transferential and counter-transferential processes that occur in the various combinations of bilingual and multilingual therapy could be expanded to enrich the current body of knowledge on this topic. Increased comprehensive data obtained via the undertaking of such studies would perhaps facilitate the development of an integrated and coherent theoretical view of the nature and role of the therapist's bilingualism in the clinical context.

Both language independence phenomenon and the processes involved with language switching, as well as the effects and relevance to the bilingual psychotherapist's clinical practice remain largely unexplored. In agreement with Clauss' (1998) observation, I suggest that there is unique potential for the bilingual therapist to utilise code switching as a method of achieving optimal distance (or closeness) to the client and therefore suggest this phenomenon as a viable avenue for further exploratory research.

On a broader level, relatively little is written on bilingualism in relation to such fundamental processes as the therapeutic alliance, transference and counter-transference

and empathy. There is growing evidence that suggests bilingualism and multilingualism of the psychotherapist have significant import to the therapeutic process (de Zulueta, 1990). While this study addresses the theme of the therapist's work in the second language, I propose that further research in this area could explore specific aspects of this theme such as the level of the therapist's linguistic competence in their second language and the impact of and influence on the outcomes and effectiveness of psychotherapeutic work.

The dearth of research is especially evident in relation to transference and counter-transference phenomena associated with language shifts in the course of therapy, particularly in relation to the therapist's bilingualism. Further research would potentially help to distinguish and define these processes from those operational in monolingual therapeutic dyads and would provide specialised clinical knowledge that could be applied in linguistically diverse psychotherapy.

In the context of Aotearoa/New Zealand, the commitment to biculturalism and fair bicultural practices has the strong support of mental health and psychotherapeutic communities. Continued research on the implications of bilingualism on cross-cultural aspects of psychotherapy could inform the development of best-practice guidelines for the provision of culturally safe and effective psychotherapy for culturally and linguistically diverse client groups, including the indigenous Maori population.

Research on psychotherapy training being undertaken in a second language and the consequences of this on therapeutic work are sparse. This includes the impact of psychotherapists' own personal psychotherapy along with supervision being undertaken in their second language as a component of their clinical training.

Lastly, in an astute observation on the positioning of bilingualism within psychoanalytic literature, Ali (2004) stated that the psychoanalytic view of bilingualism focuses on the uses of primary or second language as a means of coping with 'painful and traumatic experiences' and therefore contributes to the "pathologising discourse around bi- and multi-lingualism" (p. 344). This pathologising view seems to have been established by a long line of psychoanalytic research. Thus, research evaluating the discursive positioning of the theme of bilingualism would create the vehicle for greater integration of the theoretical and clinical material between various psychotherapeutic disciplines,

and therefore toward a more balanced and integrated view of bilingualism in present-day research.

Final Thoughts

In the last days of writing this review, I was offered an opportunity to conduct therapy with a client who spoke my first language, Croatian. With some disappointment, I wished that this opportunity had arrived earlier in the year, so that I could have used some of our clinical material for this study. Then, almost in the same breath, I realised that for having written this literature review, I knew so much more about how I would approach this client, both linguistically and personally, than I would have at any earlier point in the year. Suddenly, I felt deeply satisfied that he may enjoy the benefits of my newfound knowledge. I was not left empty-handed either, as the client's gift to me was the rare opportunity to embark on a therapeutic journey in my mother tongue.

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APPENDIX ONE.

Table 1: Results of Electronic Database Search.

Electronic Database	Search Terms	Results
Academic Search Premier	Psychotherapy and Bilingual?	15
	Bilingualism AND Psychotherapy	7
	Bilingual* AND psychother* (Psychology and Behavioural Sciences Collection)	13
	Psycholinguistic AND psychotherapy	12
Proquest 5000	Psychother* AND bilingual*	322
OVID (Full Text Journals)	Psychotherapy AND Bilingualism	20
PsycExtra	Psychotherapy AND Bilingual?	2
	bilingual\$ AND psychotherapy	73
	bilingual\$ AND psychoanal\$	37
Psychoanalytic Electronic Publishing	Psychoanalysts Bilingual	13
	Transference AND Bilingual	11
	“Bilingual analyst”	10
	Bilingual and psychoanalyst	2
	Multi-lingual	4
	Polyglottism	8
	Transference AND Multilingual	2
	Psychoanalysis and Bilingual	13
Project Muse	bilingual AND psychotherapist OR bilingual AND psychoanal*	151
	multi-lingual* AND psychother* in OR multilingual* AND psychother*	9
	Psychotherapy and bilingual*	23
	Psychoanal* And Bilingual*	13
SAGE Full Text Collection	psychother* OR psychoanal* OR psychodyna* AND bilingual	18
Science Direct	Bilingual* or multilingual* and psychoanal* or Psychother* or psychodyna*	90

Some of the databases yielded more articles depending on the nuances in wording of the search terms. All relevant terms are included in such cases. The most parsimonious search strategy is included for all other databases. All of the above search terms have been used in all databases, and are not included when they produced zero hits, or when they produced results that were otherwise present in searches with primary search terms (such as “bilingual” and “psychotherapy” or “psychoanalysis”). Symbols such as \$, ? are the asterisks used to produce searches with all the variance of the search term given the common root.