

The role of language in therapy: The therapist's bilingualism in the countertransference experiences

A dissertation submitted

By

Mina Amiri

in partial fulfillment of the requirements for the degree of the Master of Psychotherapy

2021

Department of Counseling and psychotherapy/Clinical Sciences

Auckland University of Technology

Supervisor: Wiremu Woodard

Abstract

The prerequisite of psychodynamic psychotherapy is verbal interaction. Language is used as a tool, amongst others, for constructing an individual's world; and the meaning of our experiences is provided and structured by language—conceptualising ideas, building relationships, and expressing our feelings and emotions. Bilingualism is included in the history of early psychoanalytic practice; however, it has not been adequately explored in clinical practice. The ways in which the therapist's bilingualism can influence countertransference experiences is explored in this hermeneutic literature review.

Three main themes were identified from the research that suggest that bilingual therapists may experience a dual sense of self, feel inadequate, and feel connected regarding the linguistic experience. The importance of the role of language-related supervision for bilingual therapists is discussed and it is argued that the bilingual therapist can view bilingualism as a gift—not as a barrier—that empowers bilingual psychotherapists when working with their clients.

Table of Contents

ABSTRACT	I
TABLE OF CONTENTS.....	II
LIST OF FIGURES.....	IV
ATTESTATION OF AUTHORSHIP.....	ERROR! BOOKMARK NOT DEFINED.
ACKNOWLEDGEMENTS	VI
DEDICATION	VII
CHAPTER ONE: INTRODUCTION	1
THE RESEARCH QUESTION.....	2
AIM OF THE RESEARCH	3
OVERVIEW OF CHAPTERS	3
CHAPTER TWO: METHODOLOGY AND METHOD	5
METHODOLOGY	5
HERMENEUTICS	6
HERMENEUTICS AND PSYCHOANALYSIS	8
METHOD	9
HERMENEUTIC LITERATURE REVIEW PROCESS	11
CRITERIA FOR INCLUSION AND EXCLUSION	12
BIAS	13
CHAPTER SUMMARY	13
CHAPTER THREE: REVIEW OF LITERATURE	14
INTRODUCTION	14
BILINGUALISM AND MOTHER TONGUE	14
BILINGUALISM IN PSYCHOANALYTIC THEORY	16
DEFINING COUNTERTRANSFERENCE	18
HISTORICAL BACKGROUND OF COUNTERTRANSFERENCE	19
CHAPTER SUMMARY	23
CHAPTER FOUR: IDENTIFYING THEMES.....	24
INTRODUCTION	24
LANGUAGE-RELATED SELF EXPERIENCE.....	24
DUAL SENSE OF SELF	26
LANGUAGE-RELATED EMOTIONAL EXPERIENCE	29
INADEQUACY	32
CONNECTION	33
CHAPTER SUMMARY	34
CHAPTER FIVE: DISCUSSION	36
INTRODUCTION	36
STUDY FINDINGS.....	36
DUAL SENSE OF SELF	37
INADEQUACY	38
CONNECTION	40

LIMITATIONS.....	42
IMPLICATIONS FOR PRACTICE	43
FUTURE RESEARCH RECOMMENDATIONS	45
CONCLUSION	46
REFERENCES.....	47

List of Figures

FIGURE 1. A HERMENEUTIC FRAMEWORK FOR THE LITERATURE REVIEW IN THIS STUDY.**ERROR! BOOKMARK NOT DEFINED.**0

FIGURE 2. HERMENEUTIC CIRCLE OF REVIEWING LITERATURE AND AN OVERVIEW OF TECHNIQUES AND TOOLS FOR SEARCHING AND ACQUISITIONING OF THE LITERATURE (BOELL AND CECEZ-KECMANOVIC, 2014, P. 269) . **ERROR! BOOKMARK NOT DEFINED.**

Attestation of Authorship

I hereby declare that this submission 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.

Mina Amiri

13, May 2021

Acknowledgements

I believe that I am a product of everything I have been through and all the people who have accompanied me along the journey. I would like to acknowledge my family, friends, and lecturers who have supported me. I would first like to thank my supervisor, Wiremu Woodard, whose expertise was invaluable in guiding, challenging, and supporting my work. Thank you for holding me when I felt lost and expanding my emotional capacity. I have thoroughly enjoyed our work together.

I would like to thank Lyndon Moore, my mentor and clinical supervisor, who has nourished me in many ways.

Finally, I am especially grateful to Saeed Mallak, my loving husband, for his unconditional support, empathic listening, and clarity of thought. His love and endless patience helped me through the process of writing my dissertation and becoming a psychotherapist. I could not have completed this dissertation without him.

Dedication

To Gabriela Mercado who always listens to me.

Chapter one: Introduction

...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, 1938, p. 380)

Freud's quote has significant relevance to my personal experience of the loss of my mother tongue that I have been experiencing since I arrived in New Zealand. I immigrated to New Zealand in my late twenties and struggled with the sense of loss of my mother tongue, culture, and identity. Learning a new language, while experiencing the loss of my mother tongue, triggered my earliest childhood experiences which were embedded in my cognitive and emotional development. I had difficulty with expressing and perceiving my emotions in a new language. The loss of my mother tongue was tantamount to the loss of my object relations—parents, country, culture—which was a psychological crisis for me. It was a disconcerting and distressing experience that lead me to explore how language is determined by emotions and the mother tongue is tied to early emotional experiences.

Language is rooted in culture, history, ethnic, racial, and socioeconomic contexts which form an individual's identity, memories, fantasies, and experiences. Individual identity is conveyed differently depending on the language used (Clauss, 1998). Language is important in therapeutic work as therapists rely on it to establish therapeutic alliance, rapport, explore the inner worlds of clients, and make meaning of their emotional experiences in relation to their clients. Therefore, language mismatch may complicate the therapeutic relationship as the communication between therapist and client is a multifaceted interaction, not merely a simple linguistic exchange. As a therapist, it is vital to understand how language defines symbolic and concrete meanings and experiences.

This research emanates from my own personal experiences of bilingualism and aims to explore how language has affected my countertransference experiences through a hermeneutic literature review. As a bilingual psychotherapist, I conduct therapy in English with English-

speaking clients. Sometimes, the English vocabulary that I use in working with my clients has immediate meaning to them rather than me, and I struggle to make sense of my emotional experiences with my clients. I wonder whether this struggling emerges when my unconscious mind processes the English vocabulary in my mother tongue which makes me confused about my emotional experiences. I wonder what the impacts are of bilingualism on my countertransference experiences in the therapeutic relationship with my clients and the unconscious processes involved in a bilingual engagement.

The Research Question

My interest in this topic originates from my curiosity about my bilingual experiences in my personal and professional life. The research question that guides this study is: “How does a therapist’s bilingualism influence countertransference experiences?” In deciding on a research question, I drew upon my curiosity about my own bilingual experience and the way in which it impacts my countertransference experiences. The root of my interest in the therapist’s bilingualism and countertransference experiences is anchored in my own experience of being a bilingual therapist. My interest grew while studying in the AUT psychotherapy programme and working with clients at the AUT clinic and Auckland Sexual Health Services.

In my training towards becoming a psychotherapist I worked with English-speaking clients, and I have often wondered how my bilingualism affects my countertransference experiences. As a speaker of both Persian/Farsi and English languages, the experience of self-alter is palpable when I shift the language. Each linguistic self has its own history and socio-cultural positioning which feels different to me. Accordingly, it seems to me that my bilingualism influences my emotional experiences. Some emotional states are dominant when I speak and think in Persian/Farsi and others are present when I speak in English. This experience made me wonder how bilingualism might affect the therapist’s countertransference experiences in the therapeutic relationship. I was interested in exploring this different emotional sense of self with regards to language use and how the difference has impacted the therapeutic relationship. Thus, I decided to do this study in order to develop my understanding of the countertransference experiences of bilingual therapists.

Aim of the Research

The rapid rise of immigration to New Zealand has resulted in a growth in the country's immigrant population and an increased demand for bilingual mental health services. In January 2018, more migrants arrived in New Zealand than left (Stats NZ, 2018), and it is anticipated that the number of migrants coming to New Zealand will continue to grow. In such a diverse society, people may use a second language to communicate. This communication might be in the first language of one person or it may be used as a mutual second language. National Health Services (2011) stated that psychotherapy is also known as "talking therapy." The prerequisite of counselling and psychotherapy is verbal interaction. So there are important implications when there is a language gap between the therapist and the client. This study aims to provoke reflection and thinking around these implications.

A further aim of the study is to expand psychoanalytic understanding of bilingualism, more specifically, the emotional experiences of being a bilingual therapist. This study explores the countertransference experience of the bilingual therapist. What are the emotional experiences that bilingual therapists might experience when conducting therapy in their second language? I believe that a hermeneutic literature review of the countertransference experience of bilingual therapists will provide important information for bilingual therapists who conduct therapy in their second language. The goal of this study is to bring new understanding of the bilingual therapist's emotional experiences. I hope this study will foster bilingual therapists' engagement with, and meaning making of, their emotions.

Overview of Chapters

In this chapter I have introduced the study, clarified the research question, and the study aim. Chapter Two considers the methodology and method that I applied to this study. The chapter offers an explanation of a hermeneutic literature review and the process of sourcing and selecting the literature, and explains the criteria for exclusion and inclusion of literature in the study.

Chapter Three explores the literature review. The chapter begins with classical psychoanalytic literature on bilingualism and countertransference, followed by contemporary literature.

Chapter Four presents themes from the literature, as well as telling my countertransference experiences as a bilingual therapist.

Chapter Five offers discussion and conclusion on the subject of bilingualism and countertransference experiences. The chapter considers the overall findings, themes, limitations, implications of this study, and future research recommendations.

Chapter Two: Methodology and Method

This chapter offers an explanation of methodology and my reasons for choosing it; alongside a description of hermeneutics and psychoanalysis. I also outline the method and steps by which the research was conducted.

Methodology

Hammond and Wellington (2012) noted that methodology provides the framework for the research and the methods indicate the ways for collecting data. Methodology “takes place in the middle of a hierarchy of considerations” (Hammond & Wellington, 2012, p. 109). As a researcher, it is necessary to adopt a theoretical position when choosing a methodological approach. At the beginning, epistemological assumptions need to be considered to understand how the research question is posed and formed. Understanding of the researcher’s ontological and epistemological positions can guide appropriate choices regarding methodology and methods (Ponterotto, 2005). Davidson and Tolich (2003) described ontology as “the philosophical study of the nature of being” and epistemology as “the philosophical study of nature of knowledge” (pp. 24-25). Ontology seeks to uncover what exists about reality; whereas, epistemology seeks to understand the limitations, nature, and justification of human knowledge (Marsh & Furlong, 2002). Hammond and Wellington defined epistemology as “what we believe about how we come to know and understand the world” (p. 57). In other words, how has our understanding of the world been influenced by our beliefs? In this study, my personal experience of being a bilingual therapist has greatly influenced my understanding of how bilingualism can impact my emotional responses in the therapeutic setting. As discussed in the introduction chapter, my personal experience of bilingualism can be used as a tool to explore the role of the therapist’s bilingualism in the countertransference experiences.

A researcher should determine their ontological and epistemological positions in order to choose an interpretive or a positivist paradigm (Davidson & Tolich, 2003). The purpose of interpretive research is to understand and interpret meaning subjectively instead of predicting cause and

effect (Neuman, 2000). In order to develop my understanding and exploration of the research question “How does a therapist’s bilingualism influence countertransference experiences?”, an interpretive approach was identified as appropriate as psychotherapy practice sits within an interpretive lens. Further, an interpretive paradigm fits well with my research question because it provides the ability to interpret meaning from literature through a subjective lens.

Therefore, the methodology of this dissertation is qualitative, situated within the interpretive paradigm (Grant & Giddings, 2002). I decided to choose the hermeneutic methodology, within an interpretive paradigm, as the key feature of this methodology is the interplay dialogue between literature and researcher. Further, a hermeneutic approach proposes a meaning pathway to engage with literature, interpret my research question, and incorporate my understanding of the literature in order to analyse literature deeply and subjectively.

Hermeneutics

Historically, hermeneutic methodology was used for interpreting biblical texts and wisdom literature (Orange, 2011). Modern hermeneutics emerged through the work of Schleiermacher, Dilthey, Heidegger, and his student Gadamer, in the 19th and 20th centuries (Boell & Cecez-Kecmanovic, 2010). Hermeneutics includes presuppositions, semiotics, and pre-understanding, as well as verbal and non-verbal communication (McNamara, 1994). Through the hermeneutic philosophical lens, the interpretation is “to produce a reading of the text that fits all important details into a consistent, coherent message, one that fits coherently into context” (Diesing, 1991, p. 110). However Schleiermacher and Dilthey viewed hermeneutics as reconstructing meaning, while Heidegger believed that the context of the texts is also important and interpretation is not just a meaning-making of the texts (Barrett et al., 2011).

Extending Heidegger’s philosophical hermeneutics, Gadamer (2004) believed that language is our instrument for understanding the world. He noted that “a dialogue between the reader and the text” is an important process in order to gain insight (Gadamer, 2004, p. 277). Therefore, Gadamer proposed a concept of “fusion of horizons” which is the process of understanding through the reader’s subjective experience of the text (Boell & Cecez-Kecmanovic, 2014). According to Gadamer (1975), the meaning of the text is found not in the intentions of the author,

nor in the subjective feelings of the interpreter, but is derived through the critical engagement of both the text and the reader. Furthermore, Gadamerian thought indicates that hermeneutics is “about what truth the reader makes of it and how the text comes alive for the interpreter” (Regan, 2012, p. 292).

Moreover, hermeneutics indicates that the researcher is able to have deeper understanding of the topic through a back and forth process between the body of literature and part of a text, and between explicit and implicit criteria (Boell & Cecez-Kecmanovic, 2010). Gadamer referred to this process of back and forth between the whole and parts as “play” which invites the researcher to “play, to respond to the unrest, and think again” (Smythe et al., 2008, p. 1391).

According to Boell and Cecez-Kecmanovic (2010), hermeneutics is not endeavouring to make a certain understanding from the literature; rather, it involves a process of interpretation for a profound understanding of the text. Additionally, Gadamer (2004) noted that the interpreter needs to be aware of any presuppositions that may recognise “one’s own fore-meanings” (p., 272). Thus, the researcher’s own presuppositions can be considered in the meaning of the text which helps to create novel understanding (Regan, 2012). Further, shared meaning emerges through contemplation of the literature and reflections on assumptions and presuppositions (Gadamer, 2004).

Finally, the aim of hermeneutics is not striving to obtain a conclusion and a final understanding of the literature, but to engage with the text through the process of re-interpretation and “saturation in understanding” (Boell & Cecez-Kecmanovic, 2014, p. 260). This process leads to a broad understanding of the literature (Boell & Cecez-Kecmanovic, 2010).

Schuster (2013) also indicated that “a hermeneutic way of being in the world is about making meaning of our lives. It is about trying to understand one’s self and others in a common world” (p. 197). This perspective aligns well to my research question which is about language, subjective and intimate experience, and hermeneutic methodology can help me to make meaning of this subjective experience of duality sense of self. Thus, the hermeneutic literature review fits my dissertation—it facilitates an understanding of the role of the subjective experience of language and its impact on the countertransference of the therapist.

Hermeneutics and Psychoanalysis

A brief search in literature has shown me that there are similarities between psychoanalysis and hermeneutics in the process of interpreting information. There are many debates on the topic of psychoanalysis and the intersubjectivity in hermeneutic methodology. According to Summers (2014), hermeneutical thought influenced psychoanalysis development. Friedman (2000) also noted that “the Freudian analyst might prefer to silently enlarge his or her understanding by mentally addressing imaginary questions to the patient, as a hermeneuticist does to a text” (p. 232). With regards to Freud’s idea of the unconscious, Ahumada (1996) indicated that hermeneutics is also interested in unconscious messages in the text.

In accordance with the intersubjectivity of hermeneutics, Friedman (2000) indicated that interpretation of the text is an intersubjective process in which the interpreter brings their subjectivity. Redder (1998) commented that “psychoanalytic experience rests upon the unique human” where we influence and act upon one another without having a knowledge of each other (p. 65).

As psychoanalysis explores an individual’s unconscious experiences, hermeneutic explores unspoken and unconscious experiences in the text. A psychoanalytic concept that helped me to understand the similarity between psychoanalysis and hermeneutics is Bion’s (1962) concept of contained and container. Bion proposed that the mother can help her infant to bear, digest, and make sense of their experiences by containing and processing her infant’s unbearable experiences. The process of containing needs the mother’s capacity of reverie in order to bring the unbearable unconscious experiences into consciousness. This process is similar to the process of making meaning in the hermeneutic methodology. Hermeneutics, like Bion’s concept of contained and container, is a way to explore the unspoken messages from the unconscious mind of the writer, and make meaning of the hidden materials behind the text.

As a psychotherapist, I interpret the literature through a psychoanalytic lens and the similarities between psychoanalytic thought and hermeneutic philosophy lead me to choose a hermeneutic methodology for this study. I consider hermeneutics as, inevitably, an intersubjective process in which the intersubjective of the researcher impacts the interpretation process. Overlapping with

intersubjectivity in psychoanalysis, communication between the therapist and the client should be considered contextually as mutually impacting each other (Stolorow & Atwood, 1984).

Method

To explore my research question “How does a therapist’s bilingualism influence countertransference experiences?”, I employed the method of a hermeneutic literature review (Smythe & Spence, 2012). I followed a hermeneutic method, allowing my reading of the literature to guide me into new or unexpected data/information sources. In order to develop my understanding of the whole, I used the hermeneutic circle and re-read previous literature to achieve a fusion of horizons (Gadamer, 1982). This process developed my understanding of the relationship between being a bilingual therapist and the countertransference that occurs during the therapeutic process.

Boell and Cecez-Kecmanovic (2010, 2014) explained hermeneutic circles for reviewing literature (see Figure 1). These hermeneutic circles describe the recurring movement between whole and part texts (Grondin, 1997). As Figure 1 shows, the first circle describes the process of searching and acquisition and the second circle relates to the analysis and interpretation process.

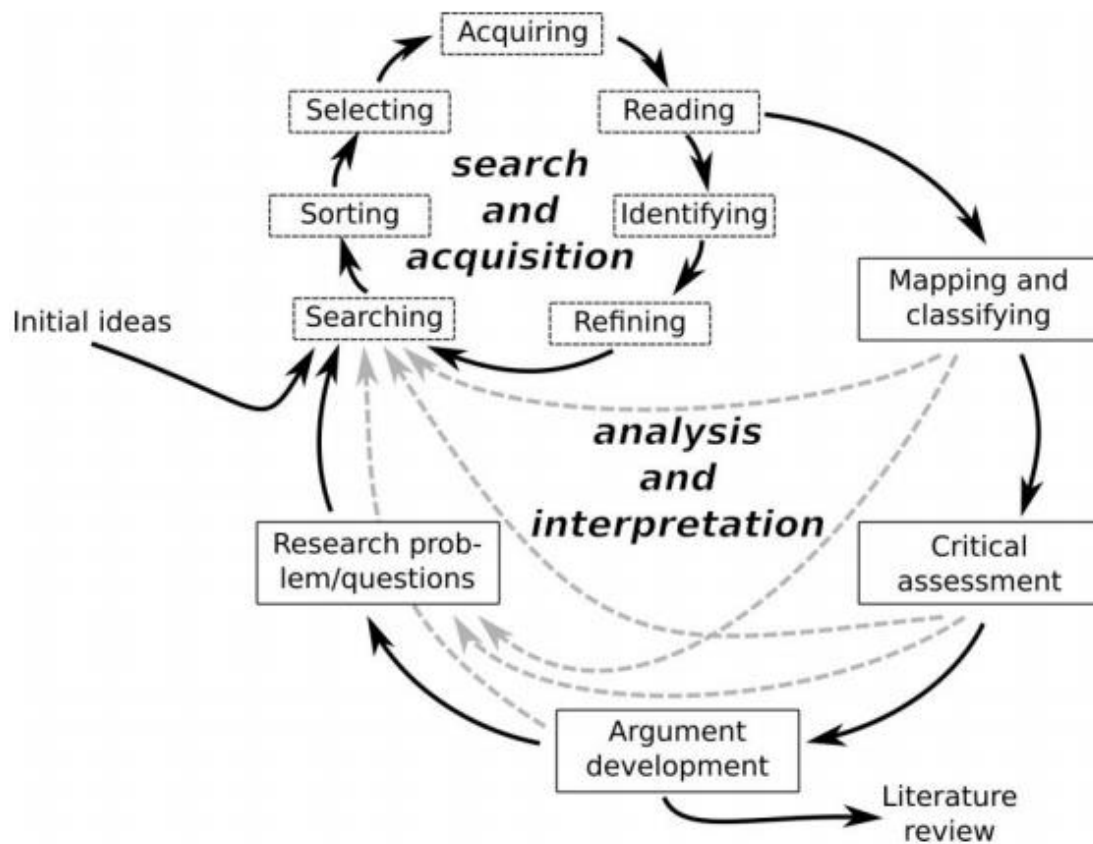


Figure 1. A hermeneutic framework for the literature review in this study.

Boell, S., & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the Association for Information Systems*, 34, 257-286.

Boell and Cecez-Kecmanovic (2014) further demonstrated an interpretation and analysis circle as shown in Figure 2. These seven progressive steps of a hermeneutic framework are an ongoing process of searching and acquisition. In the following paragraphs, I will outline how this process works, including the data collection stage and the inclusion and exclusion criteria.



Figure 2. Hermeneutic circle of reviewing literature and an overview of techniques and tools for searching and acquisition of the literature (Boell & Cecez-Kecmanovic, 2014, p. 269)

Hermeneutic Literature Review Process

According to Hart (1998), the hermeneutic literature review is aimed at providing context and provoking thinking. Boell and Cecez-Kecmanovic (2010) indicated that the process of the hermeneutic literature review is a constant re-interpretation in order to reach deeper understanding instead of finding a final understanding. The hermeneutic literature review is to “provide context and provoke thinking” (Smythe & Spence, 2012, p. 12). The hermeneutic process is an iterative and dialectical enactment of the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010; Smythe & Spence, 2012).

The seven progressive steps I took in the hermeneutic literature review included searching, sorting, selecting, acquiring, reading, Identifying, and refining (Boell & Cecez-Kecmanovic, 2010, 2014). The first step was identifying the key concepts in my research question: bilingualism and countertransference. I started to search on Auckland University of Technology (AUT) library databases which included PEP, Google Scholar, PsychINFO, and Scopus for psychoanalytic literature; Google search engine for available books and literature relating to other bilingual

therapist experiences; and AUT library for books. My initial database search included the keywords: 'bilingualism', 'countertransference', 'therapist's bilingualism', 'mother tongue', 'client's bilingualism', 'bilingualism and psychotherapy', and 'bilingualism and psychoanalysis'. In the second step, I sorted more relevant literature by publication dates and authors which enabled me to look at the initial articles for my topic. After sorting the articles, I selected some publications by reading the abstracts of the literature. Although this process was not straightforward, it helped me to decide which articles to include or discard.

After selecting articles for reading, full texts needed to be acquired (Boell & Cecez-Kecmanovic, 2010). As an AUT student, I was able to access most of the articles free at the AUT library. However, there were some articles that I found on the Google search engine and some books which had to be requested. The process of reading articles deepened my understanding of the countertransference experience of the bilingual therapist. This process also allowed me to identify the main themes relating to my topic which was an ongoing process of reflection. Once I had a clear understanding of my subject, I was able to identify my themes in order to interpret and analyse the information from the literature.

I also found it helpful to re-read texts that I found in my initial search. This process gave me insights into my themes and allowed me to identify contradictory propositions. I then combined the themes that arose in the process of re-reading texts and the previous themes. Boell and Cecez-Kecmanovic (2014) noted that understanding of literature improves during the process of the hermeneutic circle of literature searching. The process of refining brought new insights to my research and I engaged in the process of re-interpretation. This process stopped when 'saturation in understanding' had been gained and the findings became clearer and less chaotic.

Criteria for Inclusion and Exclusion

This study includes psychoanalytically-based literature where therapist and client are bilingual, material describing countertransference and transference, books and articles discussing psychotherapy research into bilingualism, and psychoanalytic literature on language in bilingual analysts and clients. I have excluded literature from the field of linguistics and educational psychology.

Bias

As previously explained, it is essential to consider the context for interpreting the text in the process of hermeneutic research (Barrett, 2011). Gadamer (1982) indicated that “tradition” (p. 293) and the researcher’s history and background are important in the process of research. He also emphasised the researcher’s bias and “hermeneutic consciousness” (p. 219) which provides context to the research process. Bentz and Shapiro (1998) proposed that “hermeneutics is founded in the belief that researchers are embedded in a context of explanation that intrudes into the context of the data. You cannot get away from being involved” (p. 112). Therefore, reflecting on the researcher’s cultural and personal perceptions, values, and beliefs, is an inevitable part of the research. In the following paragraphs, my background and preconceptions are explained.

This study was brought forth by my own experience of bilingualism. I am originally from Iran and I immigrated to New Zealand eight years ago with limited knowledge of the English language. I had trouble with expressing who I am due to language barriers which made me frustrated. It was from this place—the beginning of my migration to New Zealand—that I began my bilingualism explorations. As a native speaker of Farsi, having learned English as an adult, Farsi should have been an accessible language for me. Yet, I sometimes feel more attached to English for expressing my emotions and thoughts. With this in my mind, I could not ignore my own beliefs and biases regarding my own bilingualism experiences. I endeavoured to stay open and be aware of my feelings in order to work with them carefully for achieving a deeper level of interpretation. The purpose of this study is not to argue for or against the positivity or negativity of bilingualism; rather, to explore its impact and implications on the countertransference experiences.

Chapter Summary

In this chapter, I have introduced the research methodology, hermeneutic thought, and my rationale for choosing this methodology. The existing bias in this study is discussed. I also outlined the method for collecting data and the hermeneutic process of the literature review relevant to the research question. In the next chapter, I provide a literature review that explores the key concepts of bilingualism and countertransference.

Chapter Three: Review of Literature

Introduction

This chapter contains a review of the literature on the developments of psychoanalytic theory on bilingualism and countertransference. These terms have been described through the available literature on bilingualism and countertransference.

Bilingualism and Mother Tongue

The notions of 'langue' (language) and 'parole' (word) have been distinguished by Humboldt (1999). The specific utterances of speech have been posited as 'parole'; whereas an abstract phenomenon has been described as 'langue' (Humboldt, 1999). Language is used as a tool, amongst others, for constructing an individual's world (Vygotsky, 1978). The meaning of our experiences is provided and structured by language to conceptualise ideas, make a relationship, and express our feelings and emotions (Imberti, 2007; Lyons, 1981). Wittgenstein (1958) declared that "to imagine a language is to imagine a form of life" (p. 37). Later, Humboldt, who was influenced by Wittgenstein, described language as an "outer appearance of the spirit of a people; the language is their spirit and the spirit their language; we can never think of them sufficiently as identical" (p. 29).

Language shapes the relationship between self and others. The way of communication is influenced by language, which is a reflection of social and cultural norms to regulate communities and individuals (Costa, 2010). Social interaction and people's vision of the world have been influenced by language, which is a complex system. McGill (1987) believed that feeling and the construction of personal reality have been influenced by thinking behind a language. Thus, an individual who is not able to speak his language may experience a sense of loss and inadequacy to communicate with others (Costa, 2010). Marcos (1976) also noted that communication in the second language needs more elaboration than communication in the first language.

Buxbaum (1949) noted that childhood memories and mother tongue are linked together. She proposed that childhood memories and fantasies may be inaccessible when therapy is conducted in the client's non-mother tongue. In addition, Greenson (1950) noted that

important childhood emotional conflicts are processed in mother tongue, whereas the second language works as a defence mechanism against childhood conflicts. Foster (1998) also pointed out that using the second language in bilingual clients may help them “to ward off painful language-related segments of previous and current experience” (p. 262).

Regarding the relationship between language and emotions, Stern (1985) proposed that the mother tongue develops primary emotional organisation and intersubjective understanding. Language and the physical tone of the early caregiving environment, as exchanged between the infant and the caregiver, can soothe, scare, excite, and shape the meaning of the infant’s world (Hill, 2008; Perez-Foster, 1996; Schrauf, 2000). The infant’s earliest experience of self (i.e., anxiety, anger, safety, love, and frustration) are associated with the caregiver’s words and encoded as an important part of the infant’s experience (Iannaco, 2009; Mitchell, 1991).

Furthermore, bilingualism is an indispensable part of an individual’s functioning and identity, and it may strengthen cognitive skills such as adaption, creativity, personal strengths, and conceptual and intellectual elasticity (Javier, 2007; Lee & Kim, 2010). In fact, there has been debate that the individual who is bilingual develops different organisational systems in order to accommodate each language (Javier, 2007; King, 2012; Kroll et al., 2008). Therefore, bilingual people constantly engage in a dual process in which they feel, think, dream, and cope in two languages (Kokaliari, 2011; Panayiotou, 2002). Akhtar (1999) noted that language operates on the level of meaning and association and is hardly translatable; however, although translation from one language to another is automatic, it is not an easy or simple process (Iannaco, 2009). Iannaco (2009) pointed out that translating from the mother tongue to the second language challenges early attachment relationship between the infant and the caregiver which may lead to unconscious internal conflicts of the past and the present. Perez-Foster (1992) also suggested that “object relations are uniquely revived in the language in which they are lived” (p. 61). Schrauf (2000) pointed out that translating an individual’s emotional experience from the mother tongue to new language results in lack of vibrancy and fewer details. Thus, bilingual people may experience a lack of compatibility in their experience between two languages (Burck, 2002).

Language has been an important concern in psychotherapy (Gulina & Dobrolioubova, 2018). Vygotsky (1978) proposed that signs, as a psychological tool, are instruments for the conversation to transfer content from one to another. Also, Bakhtin (1930, as cited in Vygotsky 1978) indicated that knowledge-seeking and communication are the purposes of human communication. The verbalisations that individuals reveal are creating a space for clinicians to respond to and analyse clients (Clauss, 1998; Javier, 1995). Clauss (1998) noted that the human's perception of the world is influenced by language and culture which has an impact on the therapeutic relationship of a therapist or being a patient. Language is a representation of the cultural context. The psychotherapist needs to consider the language space from which clients communicate to understand the impact of culture on self-experience (Clauss, 1998). Marcos (1976) explained that communication in the second language needs more elaboration than communication in the first language.

Bilingualism in Psychoanalytic Theory

While early psychoanalytic practice is included in the history of bilingualism (Amati-Mehler et al., 1993; Clauss, 1998), for decades, the subject did not get much attention from psychoanalytic theories. In the 1930s, after the rise of the Nazi regime, exploration of the topic of bilingualism began when many Jewish analysts immigrated to different countries (Amati-Mehler et al., 1990; Foster, 1992). Akhtar (2006) explained two possible reasons for the lack of interest in the topic of bilingualism. First, he noted that many of the analysts who moved to other countries were exiles who experienced traumatic events in their countries of origins; therefore, they were motivated to distance themselves from their countries. Second, these analysts attempted to decrease the cultural gaps in following the new cultural environment and neglecting the psychological aspects of their bilingualism.

Szandor Ferenczi (1911), in his paper "On obscene words", pointed out the importance of bilingualism phenomena in psychoanalysis. He demonstrated that bilingual clients distance themselves from the language of infantile sexuality by avoiding obscene utterances in their mother tongue. His observation helped psychoanalytic thinking to reflect on the role of language among bilingual clients.

In the 1950s, psychoanalysts began to write about bilingualism in psychoanalysis and their difficulties with treating bilingual patients (Buxbaum, 1949; Greenson, 1950; Krapf, 1955). Their writings originated in the Freudian concepts which include oedipal conflicts and id, ego, and superego dynamic interplay (Bowker & Richards, 2004). They explained the second language as a defensive function of the bilingual patient (Buxbaum, 1949; Greenson, 1950; Krapf, 1955). For instance, Greenson (1950) explained that the second language is a defence mechanism which might decrease anxiety among bilingual patients.

Psychoanalytic literature on bilingualism indicates that the bilingual individual experiences a dual sense of self (Clauss, 1998; Foster, 1992; Marcos & Urcuyo, 1979). Each linguistic self has different emotions, perception, and thought patterns that interact with the world. Thus, there are different cognitive and emotional experiences associated with the words of the language as spoken or acquired (Alessi, 2000). For instance, Greenson (1950) illustrated that self is organised by language; therefore, bilingual patients might experience different self-representations. For instance, patients who speak German and English describe themselves as a dirty child in German and an anxious woman in English (Greenson, 1950). Despite Greenson's work, the role of language was overlooked until the 1970s (Clauss, 1998). Marcos and Alpert (1976) explored the importance of the language barrier in psychotherapy. Marcos and his colleagues (Marcos & Alpert, 1976; Marcos et al., 1973) pointed out that bilingual clients who try to speak in their second language might be more concerned with correct grammar and proper pronunciation rather than conveying experience.

Afterwards, Foster (1992) discussed the relationship between different language systems and different self-experiences, which were influenced by Greenson's (1950) view. Foster argued that the bilingual individual's world is organised by duality and two sets of verbal symbols. Therefore, bilingual persons are able to think, feel, and experience themselves in dual ways which may not be so available to people who have a monolingual organisational structure (Foster, 1996).

Moreover, Wilson (2008) examined the differences in a felt sense of the self in people who are bilingual when they switch their language. Her analysis revealed that participants who have an introverted personality were more likely to feel a different sense of self when they switched

language. Furthermore, Ozanska-Ponikwia (2011) explored the different ways of emotional expression in different languages. She believed that, compared to others, bilingual people with higher levels of emotional intelligence have a different feeling when they are using their second language.

Costa and Dewaele (2012) believed that the concept of splitting in psychoanalysis has relevance for bilingual people. Splitting refers to the process of separation between self and difficult emotions. Costa and Dewaele explained that splitting “can serve a protective function or it can result in a distorted view and disconnection from the self and others” (p. 20). Regarding bilingualism, Amati-Mehler et al. (1993) explained that “splitting processes lean on and in a certain way exploit the different linguistic registers as a means for organising and expressing themselves” (p. 264). For bilingual people, the way of experience and emotional reaction is more complex (Costa & Dewaele, 2012). Splitting and creating new selves is one of the ways that bilingual people cope. Pavlenko (2006) also explored bilingual people’s feelings as to whether they feel that they become a different person when they talk in a second language, and also how bilingual people make sense of these perceptions. She analysed 1039 bilingual people’s response to a question about “feeling different in a foreign language” and found that two-thirds of participants reported feeling different when using their second language (Pavlenko, 2006). In Pavlenko’s study, the researcher reported following the steps logically which were a balanced critical analysis of bilingualism. Four causes are linked to the participants’ perceptions of different selves: “(1) linguistic and cultural differences; (2) distinct learning contexts; (3) different levels of language emotionality; (4) different levels of language proficiency” (Pavlenko, 2006, p. 10).

Defining Countertransference

Freud (1910) developed the concepts of transference and countertransference. The term countertransference refers to the therapist’s counterpart of the transference which the client exerts upon them (Roth, 1990). In the process of countertransference, the therapist’s unconscious emotions shift from present and past experiences onto the image of the patient (Roth, 1990). The term transference comprises the client’s unconscious and conscious experience of the therapist. This experience is shaped by the client’s early life experiences within the therapeutic relationship (Auchincloss & Samberg, 2012). In the early 1900s, the notion of

transference was explained as the patient's emotions, behaviours, and reactions towards the analyst (Maroda, 2004; Rycroft, 1995; Samuels, 1985). The term transference first appeared in *Studies on Hysteria* (Breuer & Freud, 1892–1895, as cited in Makari, 1992), but an actual formulation of transference is found in *Fragment of an Analysis of a Case of Hysteria* (Freud, 1950, as cited in Makari, 1992). In his early writings, Freud considered transference as an obstacle in the analytic process. However, as he developed psychoanalytic techniques, he suggested that the identification and interpretation of the client's transference is an essential part of the therapeutic relationship (Gait, 2017). Later, Freud considered transference as a trigger for the therapist's unresolved conflicts which affected the therapist's understanding of the client (Gelso & Hayes, 2007). Thus, to Freud, the influence of the analyst's unconscious emotions in response to the patient was clear. Consequently, Freud (1910) proposed the term countertransference which comes from the therapist's unresolved dynamic. From this perspective, countertransference can be understood as a phenomenon which is an obstacle in the analytical treatment (Freud, 1910).

Historical Background of Countertransference

Despite the huge amount of clinical interest in the concept of countertransference, there has been sparse empirical research in this area (Hayes, 2004). Some researchers have identified a lack of engagement between scientists and practitioners in psychoanalysis (Fauth, 2006; Gelso & Hayes, 2007; Hayes, 2004). The notion of countertransference has changed over the course of history. Freud (1910) mentioned the concept of countertransference in his essays on psychoanalysis, stating that:

We have become aware of the countertransference which arises in the physician as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize his countertransference in himself and overcome it. (p. 144).

Accordingly, Freud (1910) viewed countertransference as a hindrance in the therapeutic treatment, similar to his initial response to transference, and the therapist's countertransference response was considered as an obstacle for many years and regarded as the same as the patient's resistance (Abend, 1989; Little, 1951; Michell, 1995; Sandler, 1976;

Smith, 2000). Analysts should be a neutral observer and not allow their countertransference to distract them (Mitchell & Black, 1995).

Within the British psychoanalytical tradition, Ferenczi (1919) developed the theory of countertransference. Hinshelwood (1999) believed that Ferenczi has had an important influence on the theorisation of countertransference. In contrast to Freud, Ferenczi's concern was about the clinical theory and consulting room technique (Holmes, 2014). Furthermore, Ferenczi (1919, cited in Holmes, 2014) explained three stages of countertransference: countertransference denial; countertransference resistance and denial; and countertransference acknowledgement and control. He believed that it is essential to understand countertransference rather than overcome it (Holmes, 2014). Ferenczi also suggested that understanding and awareness of the analyst's emotional responses are important to find efficient ways to understand the patient's feelings (Holmes, 2014). Despite Ferenczi's view about countertransference, Melanie Klein (1920) aligned with Freud's perspective of countertransference. She viewed countertransference therapeutically counterproductive and as a way of shifting the analyst's responsibility for their emotions onto the patient (Spillius, 1988).

After World War II the old psychoanalysis beliefs and ways of thinking were challenged and revised under a new light (Abend, 1989). The critique of the analyst's role in the therapeutic setting increased in the 1940s, and the notion of countertransference was defined beyond the neurotic aspects (Heimann, 1950; Winnicott, 1949); wherein the analyst's affective responses were an important part of the countertransference concept (Heimann, 1950; King, 1978). Within this context, Heimann (1950) proposed a different understanding of countertransference. She pointed out that the therapist should 'recognise and overcome' their countertransference (Heimann, 1950). This point of view presented a contrast to Freud's definition of countertransference as an obstacle. Eventually, countertransference was recognised as an essential part of treatment. Heimann (1950) noted that the therapist's emotional responses to the patient are one of the most important tools within analytical work. Heimann believed that "the analyst's counter-transference is an instrument of research into the patient's unconscious" (p. 81). Heimann emphasised that countertransference is the therapist's emotions towards their patient. She considered that both analyst and patient create the therapeutic relationship and the

analyst's emotions have to be considered (Heimann, 1950). She demonstrated that whilst the patient's feelings are important to express and explore, the analyst has to hold those emotional responses in order to use them for analytic mirroring the patient's feelings. Heimann suggested that the therapist can compare their emotional response to the patient's association in order to truly understand the patient's emotions.

Margaret Little (1951) developed Heimann's work on the conceptualisation of countertransference. She agreed with the importance of analysing countertransference as an important tool to access the patient's unconscious (Little, 1951). In her view, the therapist's paranoid or phobic reaction towards the "subjective feelings" (Little, 1951, p. 37) constitutes a danger. She illustrated the therapist's state of unconscious avoidance and denial in response to the patient's feelings when the therapist ignores their feelings of hate, rage, love, etc., towards their patients.

Little (1951) proposed countertransference as an important interpretation in the analytic treatment. She explored the evolution of transference from being considered as an obstacle to becoming an important part of the analytic work. She remarked that the process of countertransference development is similar to transference, and the therapist should control, observe, and use their countertransference instead of avoiding it.

Racker (1957) agreed with Heimann's conceptualisation of countertransference and emphasised that countertransference should be considered an important tool to be used by the analyst. He proposed that countertransference is both the analyst's id and ego, and their identification with the patient's internal objects. Racker (1968) explained the specific characteristics of countertransference reactions and introduced the terms complementary and concordant countertransference. Complementary relates to the experience of an analyst about what the patient is disidentifying with, while concordant countertransference relates to the identification of the analyst with the patient's experience.

The idea that countertransference is an essential part of therapy in order to explore the patient's unconscious was developed by Sandler (1976). He suggested that unconscious communication between the analyst and patient is important to develop the therapeutic relationship. He

proposed that free-floating attention allows the therapist to access thoughts, daydreams, and associations (Sandler, 1976). Moreover, he suggested holding “free-floating responsiveness” (Sandler, 1976, p. 45) which includes the therapist’s behaviours and attitudes as well as their feelings. In this light, greeting the patient, the way of setting the therapy room, and the therapist’s tone of voice are demonstrations of therapist role responsiveness (Sadler, 1976). Sandler considered that therapist role responsiveness is a combination of the therapist’s own propensities or tendencies and the patient’s projections onto the therapist. Regarding this view, countertransference is created with both the patient’s and analyst’s unconscious materials in a shared construction within a therapeutic relationship (Abend, 1986; Sandler, 1976).

In the contemporary context, countertransference continues to develop different meanings which have led to confusion (Carpy, 1989; Mendelsohn et al., 1992; Mitchel & Black, 1995; McWilliams, 2004). However, Kernberg (1965) distinguished these views by categorising them into totalistic and classical schools of thoughts. Whilst some analysts with the classicist view continue to define countertransference as an obstacle, analysts with the totalist view (relational analysts) believe that the countertransference experience needs to be considered by the analyst (Bienenfeld, 2006; Carpy, 1989; Mendelsohn et al., 1992; Mitchel & Black, 1995; McWilliams, 2004). For instance, Mitchell and Black (1995) hold an interpersonal perspective and noted that “the very idea that the therapist might be free of the interactional mix itself is a problem because it blinds the analyst to his own involvement and requires the patient to collude in that denial” (p. 82).

Kohut (1971), as an originator of self-psychology, emphasised the analyst’s awareness of his emotions in relation to the patient as an essential tool to understand the inner experience of the patient. Furthermore, Stolorow et al. (1987), as second-generation self-psychologists, considered countertransference as a piece of valuable information about the patient’s transference. Some authors of the 1980s, such as Abend (1980) and Silverman (1985), pointed out that although countertransference could be important to understand the patient’s dynamic, it could also lead to enactments and be seen as an excuse for the analyst focusing too much attention on their emotional responses instead of the patient's feelings.

Ogden (1994) had a significant contribution to the development of the countertransference concept. He furthered Sandler's (1976) concept of the interactional dynamic between the analyst and the patient which Ogden (1994) referred to as "the analytic third". He explained the analytic thirds as "the interplay of the analysts' subjective experience, the subjective experience of the analysand and the intersubjective-generated experience of the analytic pair" (Ogden, 1994, p. 3). He proposed that countertransference is not just the analyst's thoughts, feelings, and bodily sensations; rather, the patient's subjective experiences of the analyst within the intersubjective therapeutic interaction (Ogden, 1982, 1992, 1994).

Chapter Summary

This chapter started by describing the two main concepts of this research: bilingualism and countertransference. The literature suggests that there is a relationship between the mother tongue and emotions. Mother tongue develops primary emotional organisation and intersubjective understanding (Hill, 2008; Perez-Foster, 1996; Schrauf, 2000). The history of bilingualism in psychoanalytic theory was also explored. Psychoanalytic literature on bilingualism describes a dual sense of self in bilingual people (Clauss, 1998; Foster, 1992; Marcos & Urcuyo, 1979). The literature also suggests that each linguistic self has different emotions, perceptions, and patterns of thought that interact with the world based on the language the patient speaks (Alessi, 2000).

Finally, the definition of countertransference was presented. The concept of countertransference has grown from being understood as an obstacle in the therapeutic relationship to being considered as a necessary tool for exploring the client's unconscious (Abend, 1986; Benjamin, 2004; Heimann, 1950; Little, 1951; Maroda, 2004; Sandler, 1976). In the following chapter, the themes that emerge from a hermeneutic review of literature about bilingualism and countertransference are explored.

Chapter Four: Identifying Themes

“Speak a new language so that the world will be a new world.” (Rumi)

Introduction

This chapter presents the themes that emerged from a hermeneutic review of literature about bilingualism and countertransference. Although countertransference is an important aspect of the therapeutic relationship, there is a gap in the literature about countertransference experiences of bilingual therapists in conducting therapy in their second language. In this chapter, I concentrate on the literature that has been presented in the previous chapter. In the next few paragraphs, I will explain the themes which emerged from reviewing literature hermeneutically to address the research question “How does a therapist’s bilingualism influence countertransference experiences?” The themes that emerged from the literature are the dual sense of self, inadequacy and connection.

Language-Related Self Experience

In the 1970s, Luis Marcos and colleagues expanded understandings about language systems based on the ideas on linguistic work by Whorf (1956) and Sapir (1921). They stated that “people who speak different languages live in different worlds, not in the same world with different labels attached” (Marcos et al., 1973) and identified themes such as language barrier (Marcos, 1976) and language independence (Marcos & Alpert, 1976). Language barrier refers to problems when a bilingual person communicates in a non-dominant language as speaking a second language can lead to a form of emotional “splitting” wherein expressing feelings may become difficult (Marcos, 1976). This barrier may disrupt affect integration which could distort client-therapist communication (Marcos & Urcuyo, 1979). I can relate to the theme—language barrier—as speaking in my second language is a form of splitting for me and it is sometimes hard for me to express exactly what I am experiencing at the time. The second theme is language independence which describes two independent systems of language in bilingual speakers. Each language has a language-specific sense of self, associated different object relations, and different language code (Marcos & Alpert, 1976). Comparable to Whorf and Sapir’s explanation, my experience of being

a bilingual therapist is identifying myself as two different persons dependent on the language I speak.

Moreover, understanding a person's cultural background is necessary in order to understand the language-related self-experience of bilingual therapists. Cultural factors can shape a therapist's countertransference experiences such as empathy, guilt, shame, and even aggression (Comas-Díaz & Jacobsen, 1991; Frie, 2013; Gorkin, 1986). When the client is a cultural minority and the therapist is of the dominant culture, the therapist may need to excessively concentrate on understanding the client's culture. In this situation, therapy needs extra works and the therapist might feel burdened as a result of linguistic differences and challenges (Lijtmaer, 1999). In contrast, when there is similarity between the therapist and clients in terms of coming from minority cultural backgrounds, the over identification (us vs. them), over protection, and over caring are commonly used by the therapist due to similar connections and experiences (De Medeiros-Ducharme, 2000; Panayiotou, 2002).

Burck (2004) and Alessi (2000) explained the parallel processes between learning a new language and the development of the cultural and professional identity of the bilingual therapist. Alessi analysed her self-experience after her client asked: "How is it that you speak English so well?" (p. 254). She suggested the identity development of a bilingual therapist closely corresponded to the bilingual's dual selves. Several years later, Burck developed her idea and noted that the identity of the bilingual therapist developed when "...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). Therefore, the self-experience of working between two languages in the bilingual therapist accompanies a developmental course, and the bilingual therapist's identity becomes more integrated, complex, and professional by the completion of this process (Burck, 2004).

Research suggests that development of the therapist's identity is associated with better outcomes in cross-cultural psychotherapy. For instance, Verdinelli (2006) examined the experience of bilingual counsellors who speak Spanish and English in order to explore their experience in training and working as bilingual counsellors and how using two languages affected

the process of therapy. Most participants reported the difficulties to learn and use new language in therapy which made them feel disconnected and isolated because of the language barriers. Verdinelli identified the sense of self-consciousness in participants when they are using their second language. The increased level of self-consciousness may lead to miscommunication and misinterpretation between the client and the therapist. Furthermore, struggling with feeling stuck related to speaking with an accent, unintended meanings, and pronunciation were recognised as obstacles in the therapeutic relationship. Finally, Verdinelli noted that the lack of the therapist's self-confidence in speaking the language of the client prevented therapists from expressing their intentions and delivering interpretations. In other words, the therapist's self-consciousness in using the second language may impact the therapeutic relationship. From the above literature, a dual sense of self as a function of language related self-experience has been identified as the first theme which will be explored below.

Dual Sense of Self

The exploration of the relationship between language and self-states in western psychoanalysis began in the 1950s. Buxbaum (1949) demonstrated her work by focusing on the ego and the superego of bilingual patients who spoke German and English in relation to language use. Buxbaum proposed that her patients preferred to speak in the language that would allow the distance from the painful emotional content that was being exposed. She identified this as a connection between the emotional repressions, control of the superego, and the language used in the therapeutic work. Later, Greenson (1950) began to explore the role of language and the experience of self in psychoanalysis. He demonstrated the role of language in psychotherapy by using a personal case study. Fostering Buxbaum's idea, Greenson explored the role of language in the therapeutic context. He analysed a bilingual patient who spoke English and German. His patient reported that "In German, I am a scared, dirty child; in English, I am a nervous, refined woman" (Greenson, 1950, p. 18). According to this statement, and that of other patients', Greenson suggested the idea of a different sense of self formed by language. He started to explore how language can impact an individual's sense of self.

Brown and Lenneberg (1954) expanded Greenson's (1950) idea of how language influences an individual's understanding of the sense of self. They discussed how the language used shapes the different experience and perception of the world. Further, Krapf (1955) developed Buxbaum's idea of emotional repressions and language usage as a defense mechanism when working with polyglot patients. He proposed that language switching is a positive defense mechanism which patients use to reduce their anxiety.

Greenson's (1950) study was developed further by Marcos and Urcuyo (1979). In their study, clients reported that they hear themselves differently according to the language they use. As a result, Marcos and Urcuyo proposed that bilingual people may perceive themselves differently depending on the language they spoke and heard. Similarly, Foster (1992) explored the relationship between languages and self-states. She observed that her client, Anna, a 20-year-old Chilean student, when switching to her (Anna's) mother tongue regressed her from an independent and strong woman into a dependent and frightened child. Thus, Foster concluded that the bilingual's experience of the inner worlds is language-specific.

Several years later, Hakuta (1986) agreed with Brown and Lenneberg (1954), and added cultural aspects of language. He described language is not just a collection of words and symbols but a template people used to organise their cultural environment. Brown and Lenneberg and Hakuta suggested a new way of understanding language and cultural context. They illustrated how cultural context, which includes language, can influence the patient's construction of reality.

In "*The bilingual and self: Duet in two voices*" Foster (1996) explained that bilingual people may experience the world and themselves differently as each linguistic self has its own functional ego operation, psychic identification, and structures. She stated, "We possess dual templates through which we shape and organise our world, as well as two sets of verbal symbols that can codify our experiences and give voice to their expression" (Foster, 2004, p. 99). Foster supported her hypotheses by describing her work with a 40-year-old women client Yulie. Foster explained that Yulie began to address the therapist informally when the client shifted the language to her mother tongue which triggered a point of transference, as a result of which Yulie was late and cancelled several sessions and a process of countertransference was facilitated. Foster stated

that her client “successfully transform[ed] me into a hacking Caribbean bird who wants nothing more than to squawk at her, keep her in line, and make her behave” (Foster, 1996, p. 110). Szekacs-Weisz (2004), also as a bilingual analyst, offered an example of her journey to conduct therapy in her second language. She reported that, in short, “I am: a psychologist with one brain and two minds” (Szekacs-Weisz, 2004, p. 28).

Hill (2008) described her interest in bilingualism based on her personal experience of conducting therapy. She noticed the multiplicity of her own self-states when working with a French-English bilingual client (Claudine). She stated, “[I was] able to use language as a distinct lens through which to observe Claudine’s and my own multiple language-specific self-state coming into focus” (Hill, 2008, p. 440). Further, Hill reported her self-states shift between French and English-speaking with regard to alteration from an adult therapist into a 3-year-old toddler: “one spontaneous and conscious association to Mati [Hill’s African caregiver] that surfaced in this treatment was a feeling I had of being soothed at times when Claudine spoke to me in French” (Hill, 2008, p. 452). She described feeling that “Claudine and I also had a great capacity to play together in French, calling up a joyful time of girlhood in Paris...” (Hill, 2008, p. 453).

It is also necessary to pay attention to the shift in the therapist’s emotional experiences and sense of self that arises through transferential/countertransferential experiences. For instance, Grossman (1996) illustrated his experience of an internal linguistic shift when working with an English speaking Jewish client. He explained his client’s decision to speak Yiddish as an unconscious desire to alienate the therapist which triggered him and made him feel like an outsider. He stated that

when I started to speak, I was about to use the Hebrew word ‘mespochech’ instead of ‘family’, without knowing why I changed it at the last moment. In retrospect, it was clear to me that I wanted to use the Hebrew word to prove I knew it, compete with him in Yiddish knowledge [...] I was going to prove I was family. (Grossman, 1996, p. 372)

The word ‘mespochech’ was a trigger for Grossman to return to his childhood memories of his brother.

The above case studies all propose that bilingual therapists experience a dual sense of self depending on the language employed within the therapy. In addition, the literature in bilingualism suggests that the language shift can facilitate an experience of the dual self and develop a new identity. Further, as a bilingual person myself, my experience of self shifts depending on the language used. Similar to Grossman's (1996) experience, I feel "more myself" when speaking my childhood language which is my mother tongue. Different aspects of my thinking patterns and personality are prominent depending on my choice of language. I am thinking, behaving, and perceiving differently in two languages. For example, I usually identify myself as "shy" and "introverted" and "feel younger" when I speak English; whereas I am more "confident" and "extraverted" and "mature" when I speak Farsi. I believe that as I am more familiar with myself and my cultural background in Farsi, I can feel more myself when I speak Farsi. However, there is some personality aspect that emerges when I speak English which enables me to express certain thoughts that I am not able to express in Farsi.

Language-Related Emotional Experience

In this section, I explore how bilingual therapists process and perceive emotional experiences differently when working in their first or second language. Freud reported language switching to French when he was exploring emotionally laden sexual material while working with Dora (Lijtmaer, 1999; Sella, 2006). Hill (2008) addressed this topic more directly. She noted her emotional experiences of shifting between languages in working with Claudine. She noticed that she was less emotionally fraught when she was working in her second language: "I was able to take more psychic refuge while working in French" (Hill, 2008, p. 451). Szekacs-Weisz (2004) reported a similar theme of a sense of detachment from the content when working in her second language. She experienced a feeling of detachment from what was being said during the session which helped her to work with borderline clients.

The above experiences suggest that therapists' experience their mother tongue more emotionally charged than their second language. There are some challenges that therapists faced in using their second language. Gay (1988) noted that Freud reported some of the frustrations in working with his second language. Freud wrote a letter to his nephew and stated that "I am anxious about my English [...] I listen and talk to Englishers 4-5 hours a day, but I will never learn

their d****d language correctly” (Gay, 1988, p. 388). The letter explained that the most obvious concerns faced by the therapist are understanding the patient and feeling understood by the patient. He indicated that a lack of profound competence in language can hinder the process of therapy.

Lijtmaer (1999) indicated that feelings of humiliation may be triggered when the client asks for repeating an intervention, as well as feelings of anger for additional effort in communication with the client. Lack of language skills, accent, and slower pace are other challenges that bilingual therapists faced. As a consequence, therapists may focus on their own language difficulties and worry about feeling understood by the client. This may disconnect them from the client and the therapeutic process (Lijtmaer, 1999). I also experienced some sort of anxiety regarding my accent and my language skills at the beginning of my study. My mind was preoccupied with whether I would feel understood by my client and I questioned my skills and abilities which sometimes led me to concentrate on my own emotions rather than my clients’ emotions.

Despite the challenges in working with the second language, the literature demonstrates that as therapists become proficient in their language, these problems disappear (Sella, 2006; Skulic, 2007; Sprowls, 2002). For instance, as opposed to the above findings, Szekacs-Weisz (2004) noted that fluency in the second language can make the therapist feel safe, capable, and comfortable. Nevertheless, she believed that these feelings are destroyed on the arrival of a client who speaks the therapist’s mother tongue. Szekacs-Weisz stated:

I tasted words and phrases like long forgotten delicacies, enjoyed the poetics, syntax, the plasticity and creative potential of Hungarian grammar; in one word, I was really in my element! At the same time, with my next patient in English I was less than pleased to realise that my English was gone. The grammar went upside down, I was searching for the appropriate phrases, became hesitant and insecure and was translating in my head yet again, something I had given up long ago, at the time when I began not only to speak but to think and dream in English. (p. 26)

Therefore, the therapist continuously makes some effort to develop confidence for communication skills in their second language and eventually, feels comfortable with their second language until the next client who speaks the therapist's first language.

Furthermore, Amati-Mehler (2004) noted that understanding of a word may vary depending on context, and the translation of a word is not enough for a full understanding of meaning. For instance, she explained the word "white" may have a different meaning for an Inuit and French speaker depending on their cultural backgrounds. Each language has different shades of white in his vocabulary. In support of this observation, Altarriba (2002) pointed out that there is no word-equivalent in English for the Spanish word "Carino" to reflect nuances; "liking" is just a possible translation for this word.

With regards to the understanding of the cultural nuance of translation, Szekacs-Weisz (2004) noted that two similar words in two different languages do not necessarily have the same meaning. She explored the use of and meaning of the two words of "love"—an important concept in psychoanalysis—in English and Hungarian. She explained the use of the word "love" as easy and day to day in Hungary; but, in England, it is considered as an unspoken word. Other works of literature also demonstrate that some concepts are impossible to translate in some languages (Heelas, 1986; Levy, 1984; Pavlenko, 2002). Similar to Szekacs-Weisz' finding, I experience that in Farsi we have many words that do not have the same meaning in English. Sometimes, this nuance of translation makes me confused when working with my clients and trying to find the right word in the right situation.

Literature suggests that it is not uncommon for bilingual therapists who conduct therapy in their second language to encounter challenges (Amati-Mehler, 2004; Lijtmaer, 1999). In my experience, also as a bilingual therapist, sometimes I am confronted with some challenges regarding expressing myself. These challenges include searching for an appropriate word in a specific context, translating terms and concepts, and making meaning of metaphors that may have a specific meaning in my client's culture. As a consequence of these challenges, I feel that I might be getting it wrong in communicating with my clients which makes me feel inadequate.

From analysis of the above literature and my personal experiences, I have presented another theme; that of the inadequacy bilingual therapists may experience when working in the second language

Inadequacy

Kitron (1992) proposed that the countertransference experience relates to culture and language as a compound of aggression and guilt, “When [the therapist is] expected to represent or embody the sense of control, belonging and integration inherent in living in one’s native country and mastering its language” (p. 236). Similar to what Kitron described, my experience of aggression and guilt generated a feeling of inadequacy in me which impacted the interpretations and exploration of my client’s feelings.

Research indicates that the negative self-talk in the bilingual therapist develops the feeling of inadequacy in a verbal and non-verbal response (Sprowls, 2002; Verdinelli, 2006). In other words, the therapist’s overt awareness of their cognitions and feelings related to the second language diminish their capacity to empathically attune to clients. For instance, Verdinelli (2006) identified that self-consciousness in bilingual therapists, about their language skills, can lead to confusion and misinterpretation in communication between the client and the therapist. I can relate to what Sprowls (2002) and Verdinelli explained regarding the therapist’s overt awareness which was a disconcerting experience for me. At times I found myself feeling inadequate while I was in the process of writing my dissertation. I questioned my abilities and skills.

Sprowls (2002) also researched the self-experience of nine bilingual psychotherapists in relation to their perception and experience of working in English and Spanish. Sprowls identified eight themes including confidence, translation, connection and culture, language switching, expectations and therapeutic relationship, and identity. Sprowls’ findings were similar to Verdinelli’s (2006) findings that bilingual therapists reported cross-linguistic difficulties in working on the second language because of the language barriers. These underlying cross-linguistic difficulties include the time and energy consumption needed for translation and to convey simple ideas in the second language (Sprowls, 2002). Finally, Sprowls suggested that the therapist knowing their cultural identity and ability to adapt to each culture helps when working

cross-culturally. Exploring my own cultural identity helped me to foster understanding about myself and my client's cultural background. Further awareness of my own cultural values and recognising biases and limitations helped me to expand my skills to the understanding of the cultural differences between me and my clients.

In contrast to the challenges of bilingualism, there are advantages to being a bilingual therapist. Literature has explored how knowing two languages can foster communication with clients and facilitate the understanding of the client's emotional experiences (Amati-Mehler, 2004; Connolly, 2002; Sella, 2006). Working in my second language provides me an opportunity to be more curious and inquisitive about myself and my clients. This curiosity is a helpful tool for me to ask for more clarification within the therapeutic encounter. For instance, when I do not understand a word that my client used or what they mean, I ask them what that means for them, which shows that I am engaged with them and exploring rather than assuming or settling on a hypotheses. This encounter makes me feel more connected and engaged to my clients. Thus, with regards to my own experiences and literature, I have identified connection as another function of language-related emotional experience.

Connection

Connolly (2002) revealed how knowing another language and having the skills of listening and translating at the same time helped her "bilingualism facilitates the rapidity and liquidity of the analyst's associations, and at the same time sharpens his or her awareness of how the sound of the word can subtly change its meaning" (p. 359). She demonstrated that bilingualism allowed a deep understanding of countertransference and transference by making multiple associations and links and finding conflictual material. Similar to Connolly's finding, I experience that my bilingualism encourages me to develop a sense of words, rhythms, and sounds instead of meaning which prevents me from the interpretation and facilitates an environment for my clients to regress to a pre-verbal state. Connolly stated that

Normally when we hear a word, we hear it both effectively through the sounds and the rhythms of the word and mentally by recognising the content of the word, and these two different levels reverberate together to increase the significance. (p. 376)

In support of Connolly findings, Amati-Mehler (2004) explained that bilingual organisation develops multiple associations as in many different languages mental objects are proceeded simultaneously to make one response. She provided an example of her clinical work with a client to demonstrate how bilingualism and multi-association create alternative narratives within the therapeutic context. She stated that her command of two languages makes it “much easier for me to understand the raving nonsense language of a psychotic” (Amati-Mehler, 2004, p. 178). Similar to Amati-Mehler’s finding, my experience of being a bilingual therapist enables me to feel more connected and associated with my clients which facilitates understanding and listening.

In another study which explored therapist’s self-experiences, Sella (2006) researched bilingual child therapists who are immigrants and working in their second language. She studied the bilingual therapists’ empathic and the countertransference experience in working in their second language. Sella’s findings were in contrast to those of Verdinelli (2006) and Spowls (2002). Sella suggested that working in a second language is not an obstacle to the therapeutic relationship. Moreover, the participants in her study reported an increased level of self-confidence about their language over time and the language differences between the therapist and the client could facilitate the therapeutic relationship. Based on my own bilingual experiences, my linguistic self is an important part of the intervention and is not an obstacle in the therapeutic process. For instance, my immigrant background helps me to build a trusting relationship with my immigrant clients, where they are able to explore and develop deeper self-awareness in a nonjudgmental environment. Sella also indicated that a shared immigrant background between the therapist and the client may be reflected positively in the therapist’s empathic and countertransference experience. 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).

Chapter Summary

In this chapter, I explained the themes that have been emerged from my own personal experiences and reviewing literature of therapists’ bilingualism and countertransference experiences. Language-related self-experience and language-related emotional experiences in bilingual therapists have been explored. Three themes—the dual sense of self, inadequacy, and

connection—have been identified through a process of hermeneutic engagement with the literature. Moreover, the challenges and advantages of conducting therapy in the therapist's second language have been recognised.

In the next chapter, I provide my discussion of these findings in relation to my question “How does a therapist's bilingualism influence countertransference experiences?”. I will also explore strengths and limitations of the study, and suggest future research possibilities.

Chapter Five: Discussion

Introduction

This study started by explaining the historical development of bilingualism in psychoanalytic theory; as well as observations from the early literature on mother tongue and bilingualism in the therapeutic context, and the therapist's choice of language in conducting therapy. My bilingual curiosity and struggle raised the question of how bilingual psychotherapists perceived themselves in relation to their clients as well as themselves as a therapist. The aim of this qualitative study was to better understand the bilingual therapist's experiences of countertransference. The current study explored how does a therapist's bilingualism influence countertransference experiences; with emphasis on bilingual therapists' language-related self-experiences and language-related emotional experiences. The findings are explored within broader existing literature as well as my personal perspective integrated within research and theories. The discussion will be followed by exploring the limitations, implications for practice, and recommendations for future research.

Study Findings

A hermeneutic literature review suggests a subjective interpretation of the literature by the researcher as there is not just one understanding and the result has several layers of understanding. This interpretation method enabled me to identify my findings which are described as follows:

1. Language-related self-experiences:
 - a. Dual sense of self
2. Language-related emotional experiences:
 - a. Inadequacy
 - b. Connection

I have categorised my findings into three major themes: the dual sense of self, inadequacy, and connection. In the following section, I explain the conclusions of these findings.

Dual Sense of Self

When I began this research, I wondered whether bilingual therapists experience the dual sense of self in conducting therapy in their second language. If there was a different sense of self, how did this duality impact countertransference? The aim of this study is not to draw conclusions and find definitive results in this topic; rather, it is about addressing the aspects of being a bilingual therapist. Engaging hermeneutically with literature, and based on my own experiences, I found that being a bilingual therapist offers me a sense of duality which can impact on my countertransference experiences in working with my clients. When I switch language, it almost feels as though I switch my state of mind. For instance, I feel that my mother tongue offers me more extensive and powerful vocabulary than my second language, in which use of my second language sometimes makes me feel shy, limited, and introverted. This duality and my perception of myself in relation to language used have impacted me expressing myself within the therapeutic encounter. Javier (1989) and Perez and Foster (1996), found that a dual sense of self for bilingual therapists was a common experience when working in their second language. Moreover, in the context of object relations theory, the experience of the dual sense of self is conceptualised in the language-related self-experiences (Wilson & Weinstein, 1990).

Greenson (1950) introduced the concept of a language-related self-experience. He described how bilingual individuals have two representations of self, as each self is organised by different languages. The awareness of these two representations and association is an important tool for bilingual therapists in the therapeutic setting. As part of engaging with literature hermeneutically, and accordingly my personal experience as a bilingual therapist, I have identified that speaking in a second language brings a different identity. Each linguistic self has a different association and memories (Javier, 2007; Perez-Foster, 1996).

Javier (1996) proposed that being aware of the “linguistic state of mind” (p. 235) facilitates accessing different emotional experiences and memories. This is crucial to recognise the different mind states which are associated with language in order to uncover unconscious memories and experiences. Further, literature tells us that bilingual therapists’ experience of self-shifting, depending on the language they used, triggered different aspects of behavioural style, personality, state of mind, and thinking perspective. In addition, as was noted earlier,

individuals' sense of self changes according to the way of their thinking which depends on the language they speak. These findings are cognisant with previous literature on therapists' (Foster, 1996; Grossman, 1996; Szekacs-Weisz, 2004) and clients' (Buxbaum, 1949; Foster, 1992, 1998; Greenson, 1950; Hill, 2008; Marcos et al., 1977) experiences. Furthermore, they are consistent with Vygotsky's (1978) and Whorf's (1956) ideas that language shapes our understanding of the world and build our experiences. Regarding my own bilingual experience, I sometimes notice that when I speak Farsi, I am confident and skilled with my words; whereas in English, I am self-conscious and struggle to articulate myself properly—even my tone does not match my character as it does when I speak Farsi.

Inadequacy

Hermeneutic engagement with the literature allowed me to identify another theme. I identified the feeling of inadequacy as a function of language-related emotional-experience which can be a challenge of working with the second language. While writing this dissertation, I was struggling with a sense of inadequacy which suggests to me that bilingualism is a sensitive topic for me. I sometimes felt exposed which made the writing difficult. The experience made me wonder whether a feeling of inadequacy is one of the themes in this study. Further, as a bilingual student therapist, I occasionally felt anxious to express myself and my intention to the extent that I wanted, as English is not my mother tongue. I found myself double-checking for my accent, vocabulary, translating in my mind, and the grammar I used. Although this became less prominent when improving my language proficiency and fluency over time, the sense of inadequacy is still present at a different level.

Literature indicates that bilingual therapists working with their second language experience a sense of 'foreignness,' especially when therapists encounter language-related issues like expressing themselves correctly. This feeling leads the therapist to compensate for being a 'foreigner' by making more attempts to ensure that their second language is not an obstacle for therapy. Sells (2006) pointed out that many child psychotherapists experienced the feeling of 'otherness' when conducting therapy in their second language. Likewise, Kitron (1992) argued that bilingual therapists may experience a sense of inadequacy and discomfort with

their identity. Burck (2004) noted that most therapists can integrate their professional and personal identities by the passing of time.

Some literature also suggests that focusing on choosing the correct grammar can distract and disconnect the therapist from their emotions which causes feelings of inadequacy. A sense of under-achievement is prominent in the bilingual therapist, especially at the beginning of their practice. This is cognisant with Verdinelli and Biever's (2009) study. They pointed out that working in a non-dominant language can distract therapists from the therapeutic process as they are preoccupied with their own language use. Also, Kitron (1992) pointed out that the language-related emotional experiences can be a barrier from the dynamic relationship between the therapist and the client. I also experienced these challenges which caused a feeling of inadequacy and distracted in me in conducting therapy.

In addition, literature indicates that the bilingual therapist's accent and pronunciation are considered as a contributor to feeling incompetent. As part of this research, it was found that novice bilingual therapists who are less fluent in their second language respond intensely to their language failing. For instance, Lijtmaer (1999) pointed out that the therapist may experience feeling 'mortified' when their accent has a negative effect on the therapeutic relationship. Correspondingly, Verdinelli and Biever's (2009) observation of bilingual Spanish-English speaking therapists proposed that accent may be a primary concern. However, this worry is not about a lack of understanding between therapists and clients; rather, more about how clients perceived their performance which may make them feel incompetent. For instance, when I started seeing my clients at the beginning of my study, I was worried about my clients' judging my accent and the level of my English. I felt that I was not understood by my clients which effected my confidence. This experience was not about lack of understanding between me and my clients, but more about practicing as a minority culture in the dominant culture. I felt pressured by the dominant culture to follow their values and beliefs which caused me to mistrust myself and resulted in my feeling angry, wounded, and inadequate.

Furthermore, hermeneutic engagement with the literature revealed that there are some challenges in relation to the translation of technical terms and interpretations. The lack of

available translations may cause feelings of concern and incompetence in bilingual therapists. Flegenheimer's (1989) study highlighted the issue of the impossibility of translation in his examination of Freud's work. This finding is consistent with Amati-Mehler's (2004) and Altarriba's (2002) study of the experience of bilingual clients. In addition, literature suggests that having an internal dialogue related to language for choosing accurate grammar and vocabulary impacts the level of competency in bilingual therapists, as reflected in Sprowls's (2002) study of working with monolingual clients when therapists are non-Spanish bilingual.

According to psychoanalytic literature, language-related emotional challenges impact the pace of the therapeutic process. In Verdinelli and Biever's (2009) study, some bilingual therapists reported similar issues in conducting therapy in their second language which was a source of frustration for them. Sella (2006) also explored a slower pace in bilingual psychotherapists working with children.

Connection

Despite the fact that the lack of possible translation may lead therapists to feel incompetent, non-availability of translation can be considered an opportunity to explore more meanings and foster understanding of the client's experience while translating between two languages. Jimenez's (2004) study supports this idea. Jimenez suggested that non-availability of translation can help to use variations of translation which foster therapists' creativity and interpretation. The use of creativity and in-depth interpretation increases the level of connection between the therapist and the client. Amati-Mehler's (2004) research is consistent with this finding in that multiple meanings and associations escalate therapist empathy and understanding of the client's emotional experiences.

In contrast to the findings of feeling inadequacy, otherness, and foreignness some psychotherapy literature discusses the advantages of being bilingual therapists. It was recognised, as part of the current study, that compound therapists experience feeling connected with their client when working in their second language. Moreover, according to my own experience of conducting therapy in my second language, being a bilingual therapist increases my level of empathy and compassion towards my clients. I find that asking for

language clarification with clients has a positive impact on the therapeutic relationship. It has helped my clients to feel attached to me and feel that they matter to me; I am trying to understand their inner world.

There is an additional layer to the topic of different language between the therapist and client. I have noticed that being a bilingual therapist with a different cultural background from my clients make my clients more engaged. My clients report that they like to explore their emotions and experience with someone outside their cultural background. It allows them to see themselves differently and foster understanding of their emotional experience as well as developing self-awareness. This cultural difference presents an additional conversation with my clients which can elicit diverse understandings; as such, the linguistic differences between me and my clients become an advantage. I also believe that there is non-verbal communication within the therapeutic relationship. For instance, sometimes I do not need to know the exact meaning of the word that my client uses. So long as I can understand the meaning behind the word, I can reflect on it and use the client's non-verbal communication to feel engaged and connected to the client. This may be a capacity particularly developed in bilingual therapists.

My personal findings are supported by psychoanalytic psychotherapists (Foster, 1992; 1996; Grossman, 1996; Hill, 2008; Szekacs-Weisz, 2004). With regard to the advantages of bilingualism, Santiago-Rivera and Altarriba (2002) noted that it is crucial to perceive bilingualism as a gift and strength instead of barriers and disadvantages in the therapeutic relationship. In other words, bilingualism is an opportunity for therapists to develop their personal and professional life. There is existing literature on the experience of bilinguals to prove bilingualism as a gift for therapists (Sella, 2006; Stevens & Holland, 2008; Verdinelli & Biever, 2009). However translation was recognised as a challenge (Altarriba, 2002; Amati-Mehler, 2004; Flegenheimer, 1989; Sprowls, 2002) and an important tool to foster the client's acceptance of the bilingual therapist's interpretations (Amati-Mehler, 2004; Connolly, 2002).

Through this research and hermeneutic engagement with the literature, I realised that the slower pace of the session is one of the challenges for bilingual therapists. However, seeking clarification and exploring more with clients can increase engagement and foster a sense of

connection between therapist and client. This finding is consistent with Sella's (2006) study. She identified that seeking clarification can encourage children to communicate with the therapist which lead to normalised mistake-making. Dobrolioubova (2011) suggested the same evidence for adult clients. Compound bilinguals in her study reported that they felt a strong connection with their clients. They also identified themselves as easy-going, casual, and felt protective of their clients in conducting therapy in their second language. Dobrolioubova offered some explanation for these findings. She proposed that the second language has become associated with friends and family, whilst the mother tongue may have a strong connection with the participant's academic life. Dobrolioubova stated that "a given language may possess qualities associated with the first or second language depending on the situation" (p. 116). This statement is consistent with Harris et al. (2006) who pointed out that the mother tongue is less emotionally intense than the second language in certain situations. Briefly, the second language has adopted a quality which belongs to the mother tongue.

Limitations

The first limitation of this study is the scope and size of the dissertation. In the process of writing the dissertation, I had the challenge of knowing when to exit the hermeneutic circle of enquiry given the understanding that final findings cannot be reached. I found that there is always more to be understood about the topic as this is the nature of the hermeneutic study (Gadamer, 1989). It is a reflection of the challenge of people's emotional experiences which is an ongoing developmental process. Thus, while many areas have not been explored in the current study, the limitations of the study in respect to time and scope mean that the hermeneutic process has to come to an end.

The second limitation of this research is that all the materials used in the study are published in the English language. The literature I have used is mainly written by Western and white authors. The exclusion of books and publications that have been published in other languages is, therefore, identified as one of the main limitations of the study. In this respect, there is a possibility that further views about the countertransference experience of bilingual therapists, in non-English-language publications, could enhance understanding of the topic and findings of the current study.

In addition, the current study primarily focused on the therapist's perspective of bilingualism through a Hermeneutic research lens. According to hermeneutic enquiry, including the researcher's own emotions and experiences to interpret texts (Schuster, 2013) is inevitable. The hermeneutic methodology used in this study has expanded my understanding that these findings are not an absolute answer to my research question. However, the findings do encourage an opening conversation in the topic of therapists' bilingualism. This interpretive subjective/intersubjective stance was a useful beginning point; opening conversation and fostering understanding of the phenomena. Further research would benefit from the application of different methodologies (including both qualitative and quantitative research and analysis), changing the focus of the research to explore the client's experience of bilingualism as well as expanding the research to include the experience of other bilingual therapists creating a larger pool experiences to draw meaningful conclusions.

Implications for Practice

The focus of this research is on the countertransference experience of bilingual therapists. As the unconscious mind and countertransference experience are important concepts of psychotherapy practice, this study provides some insights into the unconscious experience of bilingual psychotherapists. The study findings highlight some important aspects of countertransference experiences of bilingual therapists. With regards to the three themes explored in the previous section, I make the following recommendations for bilingual therapists.

Firstly, I believe that it is crucial to highlight the role of language in academic programmes and the clinical workplace, even though bilingual therapists usually do not want to discuss it. According to Santiago-Rivera and Altarriba (2002), Biever et al. (2004), Verdinelli and Biever's (2009) studies, the greater number of their participants did not want to disclose and discuss language in their academic programmes as there was no language course, class, or even a discussion in the training. This finding indicates that the presence of unspoken and invisible cultural assumptions embedded in psychotherapy theory and universities in monolingual cultural contexts. Moreover, in the presence of inequity, created by dominant language structures, it is important for psychotherapy programmes to consider the role/impact of language in the construction of psychotherapy theory and courses.

Secondly, I believe that psychotherapy programmes need to encourage bilingual trainees to discuss the challenges and advantages of working in their second language. The lack of discussion about bilingualism in the field of psychotherapy might lead bilingual therapists to feel incompetent, disconnected, and isolated. Instead, providing a safe environment for bilingual therapists and immigrant students to express their concerns, difficulties, and differences can help enhance their confidence in providing services. In other words, understanding and awareness of the bilingual therapists' experience will foster the therapeutic relationship and reduce the therapist's feelings of shame and guilt.

According to my experience, I identified that feeling incompetent is one of the main struggles for a bilingual therapist, and is sometimes hidden because of the lack of discussion about it in academic programmes and the workplace. Verdinelli and Biever (2009) found there was intense pressure on participants to provide services as the only bilingual therapist within the agency. This may cause bilingual therapists to feel burdened and alone. In addition, the participants needed to translate their note recordings for their supervisor; additional work usually was not recognised by their supervisor in the agency (Biever et al., 2004; Sprowls, 2002). Bilingual therapists are constantly working with highly complex dynamics and require added layers of support to address potential burnout. Receiving language-related supervision during training is vital. Language-related supervision can be helpful to explore language-related countertransference and transference, language dynamics between the therapist and the client, and professional development related to linguistic identity. For these reasons, agencies need to acknowledge that conducting therapy in another language is hard work for therapists and is a valuable skill and talent of bilingual therapists.

Further, this research has found that bilingual therapists need to identify and be aware of their language-related self-experiences and language-related emotional experiences in order to prevent burnout and feeling exhausted. In addition, addressing cultural differences and challenges, as well as pride and reward in being bilingual therapists are needed. I believe that bilingualism is a gift and an opportunity to develop the client's inner world and therapeutic rapport. It is vital to establish a relationship of trust and rapport and a secure attachment in order to have a positive therapeutic outcome.

Cultural diversity in Aotearoa New Zealand has resulted in an increased demand for bilingual mental health services; yet, the role of language is always a hidden topic in the psychotherapy programme in New Zealand. The impetus of this study started during my psychotherapy training in New Zealand. I have always wondered about the emotional experiences that bilingual therapists experience when working in their second language. Since I began the psychotherapy programme, I identified a gap in the training as a bilingual trainee. The lack of discussion about the role of language in my psychotherapy programme motivated me to explore the bilingual therapist's countertransference.

Finally, in my opinion, it is important for collaboration amongst university psychotherapy and counselling departments to increase specialised training for bilingual therapists in the context of Aotearoa New Zealand. Collaboration between the language and psychotherapy and counselling departments will offer a comprehensive psychotherapy programme for immigrant psychotherapy students. Support from the university, lecturers, and supervisors to increase feelings of support and adequacy in bilingual therapists is critical and will have an impact on the therapeutic relationship with clients.

Future Research Recommendations

In this hermeneutic literature review, I have explored the available research on the topic of the bilingual therapist's experience of countertransference. I propose that further research on the client's transference experiences in working with a bilingual therapist could also illuminate areas to enrich the findings of my research topic. It is important for the bilingual therapist to explore their client's transference experiences as defined through the therapist's language; for instance, how the client's emotional experiences about the therapist's language (e.g., grammar use and accent) impact the therapist's countertransference. Such research would perhaps expand understanding of bilingual therapists' countertransference and increase understanding of the implicit meaning and structures of feeling embedded in language.

Bilingualism and biculturalism in practice have importance for psychotherapy communities in the Aotearoa New Zealand context. As mental health practitioners continue to provide services to diverse communities, including Māori as part of te Tiriti o Waitangi, it is important to further

research the topic of bilingualism to promote responsible diverse and culturally safe practice. I believe that it is vital to create a safe environment for bilingual psychotherapists to further discuss language and linguistic identities in the context of Aotearoa New Zealand. Clearly, this topic should be addressed by psychotherapy programmes. Therefore, another suggestion for future research would be to explore the role of language-related supervision for bilingual therapists. How can psychotherapy programmes provide better supervisory support for bilingual supervisees? How does the supervisory relationship foster the therapeutic relationship between bilingual therapists and their clients? Answering these questions may increase bilingual therapists' awareness, and meaning making, of transference and countertransference.

Conclusion

The therapeutic relationship between the therapist and the client is influenced by multifaceted nonverbal and verbal interactions. This relationship is impacted by personal experiences, culture, historical factors, beliefs and assumptions—all factors associated with language (Clark, 1997; Hanks, 1997; Owen, 1991). This current research has explored the countertransference experiences of bilingual therapists. Bilingual therapists experience a sense of dual self, inadequacy, and connection when conducting therapy in their second language. As a bilingual therapist, the process of writing this literature review was often challenging and exposing; this dynamic process of exposure and exploration enables me to engage deeply with my clients and reduce the feeling incompetence. Overall, I am now left with more confidence and view bilingualism as a gift—not as a barrier—which empowers me as a bilingual psychotherapist when working with my clients in Aotearoa New Zealand.

**“Not the ones speaking the same language, but the ones sharing the same feeling
understand each other.”**

(Rumi)

References

- Abend, S. M. (1989). Countertransference and psychoanalytic technique. *The Psychoanalytic Quarterly*, 58(3), 374-395. <https://doi.org/10.1080/21674086.1989.11927244>
- Ahumada, J. L. (1997). Toward an epistemology of clinical psychoanalysis. *Journal of the American Psychoanalytic Association*, 45(2), 507-530. <https://doi.org/10.1177/00030651970450020201>
- Altarriba, J. (2002). Bilingualism: Language, memory, and applied issues. *Online readings in psychology and culture*, 4(2), 1-10. <https://doi.org/10.9707/2307-0919.1034>
- Amati-Mehler, J., Argentieri, S., & Canestri, J. (1990). The Babel of the unconscious. *International Journal of Psychoanalysis*, 71, 569-583.
- Akhtar, S. (1999). *Immigration and identity*. Jason Aronson. <https://books.google.co.nz/books>
- Akhtar, S. (2006). Technical challenges faced by the immigrant psychoanalyst. *The Psychoanalytic Quarterly*, 75(1), 21-43. <https://doi.org/10.1002/j.2167-4086.2006.tb00031.x>
- Auchincloss, E. L., & Samberg, E. (Eds.). (2012). *Psychoanalytic terms and concepts*. Yale University Press.
- Barrett, F. J., Powley, E. H., & Pearce, B. (2011). Hermeneutic philosophy and organizational theory. In H. Tsoukas & R. Chia (Eds.), *Philosophy and organization theory*. Emerald Group Publishing . [https://doi.org/10.1108/S0733-558X\(2011\)0000032009](https://doi.org/10.1108/S0733-558X(2011)0000032009)
- Bentz, V. M., & Shapiro, J. J. (1998). *Mindful inquiry in social research*. Sage Publications. <https://books.google.co.nz/books>
- Bienenfeld, D. (2006). *Psychodynamic theory for clinicians*. Lippincott Williams & Wilkins. <https://books.google.co.nz/books>
- Bion, W. R. (1962). The psycho-analytic study of thinking. *International Journal of Psychoanalysis*, 43, 306-310. <https://doi.org/10.1002/j.2167-4086.2013.00030.x>

- Boell, S. K., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic & Research Libraries*, 41(2), 129-144.
<https://doi.org/10.1080/00048623.2010.10721450>
- Boell, S. K., & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the Association for Information Systems*, 34(1), 12. <https://doi.org/10.17705/1CAIS.03412>
- Burck, C. (2002). Language and narrative: Learning from bilingualism. In R. K. Papadopoulos & J. Byng-Hall (Eds.), *Multiple voices narrative in systemic family psychotherapy* (2nd ed., pp. 64–85). Karnac Books.
- Burck, C. (2004). *Multilingual living: Explorations of language and subjectivity*. Springer.
- Buxbaum, E. (1949). The role of a second language in the formation of ego and superego. *The Psychoanalytic Quarterly*, 18(3), 279-289.
<https://doi.org/10.1080/21674086.1949.11925762>
- Bowker, P., & Richards, B. (2004). Speaking the same language? A qualitative study of therapists' experiences of working in English with proficient bilingual clients. *Psychodynamic Practice*, 10(4), 459-478.
<https://doi.org/10.1080/14753630412331313695>
- Brown, R. W., & Lenneberg, E. H. (1954). A study in language and cognition. *The Journal of Abnormal and Social Psychology*, 49(3), 454. <https://doi.org/10.1037/h0057814>
- Canestri, J., & Reppen, J. (2000). Development of affect in bilingual patients. *International Journal of Psycho-Analysis*, 81(1), 153-155.
- Clauss, C. S. (1998). Language: The unspoken variable in psychotherapy practice. *Psychotherapy: Theory, Research, Practice, Training*, 35(2), 188.
<https://doi.org/10.1037/h0087677>

- Comas-Díaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, 61(3), 392-402.
<https://doi.org/10.1037/h0079267>
- Connolly, A. (2002). To speak in tongues: Language, diversity and psychoanalysis. *Journal of Analytical Psychology*, 47(3), 359-382. <https://doi.org/10.1111/1465-5922.00325>
- Costa, B. (2010). Mother tongue or non-native language? Learning from conversations with bilingual/multilingual therapists about working with clients who do not share their native language. *Ethnicity and Inequalities in Health and Social Care*, 3(1), 15-24.
- Carpy, D. V. (1989). Tolerating the countertransference: A mutative process. *International Journal of Psycho-Analysis*, 70, 287-294.
- Davidson, C., & Tolich, M. (2003). Starting and restarting the research. *Social Science Research in New Zealand: Many Paths to Understanding*, 2, 89-101.
- Diesling, P. (1991). How does social science work? Reflection on practice. University of Pittsburgh.
- Dobrolioubova, V. (2011). *Therapists' experience of the therapeutic encounter* [Unpublished doctoral dissertation]. City University London.
- Etchegoyen, L., & Mehler, J. A. (2004). Language and affects in the analytic practice. *The International Journal of Psychoanalysis*, 85(6), 1479-1483.
<https://doi.org/10.1516/TP98-WLU5-9QP2-EA63>
- Fauth, J. (2006). Toward more (and better) countertransference research. *Psychotherapy: Theory, Research, Practice, Training*, 43(1), 16. <https://doi.org/10.1037/0033-3204.43.1.16>
- Foster, R. P. (1998). The clinician's cultural countertransference: The psychodynamics of culturally competent practice. *Clinical Social Work Journal*, 26(3), 253-270.
<https://doi.org/10.1023/A:1022867910329>

- Foster, R. P. (1992). Psychoanalysis and the bilingual patient: Some observations on the influence of language choice on the transference. *Psychoanalytic Psychology*, 9(1), 61. <https://doi.org/10.1037/h0079325>
- Foster, R. P. (1996). The bilingual self duet in two voices. *Psychoanalytic Dialogues*, 6(1), 99-121. <https://doi.org/10.1080/10481889609539109>
- Ferenczi, S. (1911). On obscene words. *First Contributions to Psychoanalysis*, 132-153.
- Ferenczi, S. (1919). The phenomena of hysterical materialization. *Further contributions to the theory and technique of psycho-analysis*, 89-104.
- Flegenheimer, F. A. (1989). Languages and psychoanalysis. The polyglot patient and the polyglot analyst. *International Review of Psycho-Analysis*, 16, 377-383.
- Freud, S. (1938). Constructions in analysis. *International Journal of Psycho-Analysis*, 19, 377-387.
- Frie, R. (2013). Culture and language: Bilingualism in the German–Jewish experience and across contexts. *Clinical Social Work Journal*, 41(1), 11-19. <https://doi.org/10.1007/s10615-011-0372-z>
- Friedman, L. (2000). Modern hermeneutics and psychoanalysis. *The Psychoanalytic Quarterly*, 69(2), 225-264. <https://doi.org/10.1002/j.2167-4086.2000.tb00562.x>
- Gadamer, H. G. (1975). Hermeneutics and social science. *Cultural Hermeneutics*, 2(4), 307-316. <https://doi.org/10.1177/019145377500200402>
- Gadamer, H. G. (1982). Hermeneutics as a theoretical and practical task. *Reason in the age of science* 113-138. MIT Press.
- Gadamer, H. G. (2004). *Truth and methods* (2nd ed.). Sheed and Ward Stagbooks.
- Gadamer, H. G. (1989). Truth and method (J. Weinsheimer & DG Marshall, trans.). New York: Continuum.

- Gait, S., & Halewood, A. (2019). Developing countertransference awareness as a therapist in training: The role of containing contexts. *Psychodynamic Practice*, 25(3), 256-272.
<https://doi.org/10.1080/14753634.2019.1643961>
- Gelso, C. J., & Hayes, J. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Routledge.
- Gorkin, M. (1986). Countertransference in cross-cultural psychotherapy: The example of Jewish therapist and Arab patient. *Psychiatry*, 49(1), 69-79.
<https://doi.org/10.1080/00332747.1986.11024308>
- Grant, B. M., & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse*, 13(1), 10-28.
<https://doi.org/10.5172/conu.13.1.10>
- Grinberg, L., & Grinberg, R. (1989). *Psychoanalytic perspectives on migration and exile*. Yale University Press.
- Greenson, R. R. (1950). The mother tongue and the mother. *The International Journal of Psycho-Analysis*, 31, 18.
- Grondin, J. (1997). *Introduction to philosophical hermeneutics*. Yale University Press.
- Gulina, M., & Dobroliubova, V. (2018). One language and two mother tongues in the consulting room: Dilemmas of a bilingual psychotherapist. *British Journal of Psychotherapy*, 34(1), 3-24. <https://doi.org/10.1111/bjp.12350>
- Hakuta, K. (1986). *Mirror of language. The debate on bilingualism*. Basic Books.
- Hart, C. (2018). *Doing a literature review: Releasing the research imagination*. Sage.
<https://books.google.co.nz/books>
- Hammond, M., & Wellington, J. (2012). *Research methods: The key concepts*. Routledge.
- Heelas, P. (1986). Emotion talk across cultures. In R. Harré (Ed.), *The social construction of emotions* (pp. 87-92). Blackwell.

- Heimann, P. (1950). On counter-transference. *International Journal of Psycho-Analysis*, 31, 81-84.
- Hill, S. (2008). Language and intersubjectivity: Multiplicity in a bilingual treatment. *Psychoanalytic Dialogues*, 18(4), 437–455. <https://doi:10.1080/10481880802196966>
- Hinshelwood, R. D. (1999). Countertransference. *The International Journal of Psycho-Analysis*, 80(4), 797.
- Hammond, M., & Wellington, J. (2012). *Research methods: The key concepts*. Routledge. <https://books.google.co.nz/books>
- Holmes, J. (2014). Attachments: Psychiatry, psychotherapy, psychoanalysis. In *The selected works of Jeremy Holmes*. Routledge.
- Hayes, J. A. (2004). The inner world of the psychotherapist: A program of research on countertransference. *Psychotherapy Research*, 14(1), 21-36.
- Iannaco, G. (2009). Words in translation - mother tongue and foreign language psychodynamic practice. *Psychodynamic Practice*, 15(3), 261–274. <https://doi:10.1080/14753630903024432>
- Lee, H., & Kim, K. (2010). Relationships between bilingualism and adaptive creative style, innovative creative style, and creative strengths among Korean American students. *Creativity Research Journal*, 22(4), 402-407. <https://doi:10.1080/10400419.2010.523409>
- Lijtmaer, R. M. (1999). Language shift and bilinguals: Transference and countertransference implications. *Journal of the American Academy of Psychoanalysis*, 27(4), 611-624. <https://doi.org/10.1521/jaap.1.1999.27.4.611>
- Little, M. (1951). Counter-transference and the patient's response to it. In *Classics in psychoanalytic technique* (pp. 143-151).
- Javier, R. A. (1989). Linguistic considerations in the treatment of bilinguals. *Psychoanalytic Psychology*, 6(1), 87. <https://doi.org/10.1037/0736-9735.6.1.87>

- Javier, R. A. (1995). Vicissitudes of autobiographical memories in a bilingual analysis. *Psychoanalytic Psychology*, 12(3), 429. <https://doi.org/10.1037/h0079703>
- Javier, R.A. (1996). In search of repressed memories in bilingual individuals. In R. Pérez Foster, M. Moskowitz, & R. A. Javier (Eds.), *Reaching across boundaries of culture and class* (225-242). Jason Aronson.
- Javier, R. A. (2007). *The bilingual mind: Thinking, feeling and speaking in two languages*. Springer Science & Business Media. <https://books.google.co.nz/books>
- Joseph, B. (1985). Transference: The total situation. *International Journal of Psycho-Analysis*, 66, 447-454.
- King, S. (2012). They were born with two tongues: Bilingual Asian American emotional disclosure of personal memories. *Dissertation Abstracts International*, 73(2-B), 1253.
- King, P. (1978). Affective response of the analyst to the patient's communications. *International Journal of Psycho-Analysis*, 59, 329-334.
- Kitron, D. G. (1992). Transference and countertransference implications of psychotherapy conducted in a foreign language. *Bulletin of the Menninger Clinic*, 56(2), 232.
- Krapf, E. E. (1955). The choice of language in polyglot psychoanalysis. *The Psychoanalytic Quarterly*, 24(3), 343-357. <https://doi.org/10.1080/21674086.1955.11925990>
- Kernberg, O. (1965). Notes on countertransference. *Journal of the American Psychoanalytic Association*, 13(1), 38-56. <https://doi.org/10.1177/000306516501300102>
- Kroll, J. F., Bobb, S. C., Misra, M., & Guo, T. (2008). Language selection in bilingual speech: Evidence for inhibitory processes. *Acta Psychologica*, 128(3), 416-430. <https://doi.org/10.1016/j.actpsy.2008.02.001>
- Kokaliari, E. (2011). Alien to this country. Treatment considerations with bilingual immigrant patients. In J. Berzoff (Ed.), *Falling through the cracks. Treatment with vulnerable oppressed populations* (pp. 372–396). Columbia University Press.

- Kohut, H. (1971). *The analysis of the Self. A Systematic Approach to the psychoanalytic Treatment of Narcissistic Personality Disorders*, New York.
- Levy, A. K. (1984). The language of play: The role of play in language development: A review of literature. *Early Child Development and Care*, 17(1), 49-61.
<https://doi.org/10.1080/0300443840170106>
- Marsh, D., & Furlong, P. (2002). A skin not a sweater: Ontology and epistemology in political science. *Theory and Methods in Political Science*, 2, 17-41.
<https://books.google.co.nz/books>
- Marcos, L. R., & Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients: The phenomenon of language independence. *The American Journal of Psychiatry*, 133(11), 1275-1278. <https://doi.org/10.1176/ajp.133.11.1275>
- Marcos, L. R., Alpert, M., Urcuyo, L., & Kesselman, M. (1973). The effect of interview language on the evaluation of psychopathology in Spanish-American schizophrenic patients. *American Journal of Psychiatry*, 130(5), 549-553.
<https://doi.org/10.1176/ajp.130.5.549>
- Marcos, L. R. (1976). Bilinguals in psychotherapy: Language as an emotional barrier. *American Journal of Psychotherapy*, 30(4), 552-560.
<https://doi.org/10.1176/appi.psychotherapy.1976.30.4.552>
- Marcos, L. R., Eisma, J. E., & Guimon, J. (1977). Bilingualism and sense of self. *The American Journal of Psychoanalysis*, 37(4), 285-290. <https://doi.org/10.1007/BF01248343>
- Marcos, L. R., & Urcuyo, L. (1979). Dynamic psychotherapy with the bilingual patient. *American Journal of Psychotherapy*, 33(3), 331-338.
<https://doi.org/10.1176/appi.psychotherapy.1979.33.3.331>
- Maroda, K. J. (2004). A relational perspective on women and power. *Psychoanalytic Psychology*, 21(3), 428. <https://doi.org/10.1037/0736-9735.21.3.428>

- Marsh, D., & Furlong, P. (2002). A skin not a sweater: ontology and epistemology in political science. *Theory and methods in political science*, 2, 17-41.
<https://books.google.co.nz/books>
- Makari, G. J. (1992). A history of Freud's first concept of transference. *International Review of Psycho-Analysis*, 19, 415-432.
- McNamara, J. M. (1994). *From dance to text and back to dance: A hermeneutics of dance interpretive discourse* [Unpublished Doctoral dissertation]. Texas Woman's University.
- McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. Guilford Press.
<https://books.google.co.nz/books>
- Medeiros-Ducharme, E. (2000). The bilingual psychotherapist: The experience of conducting psychotherapy in a mother tongue. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 61(5-B), 2752.
- Mendelsohn, R., Bucci, W., & Chouhy, R. (1992). Transference and countertransference: A survey of attitudes. *Contemporary Psychoanalysis*, 28(2), 364-390.
<https://doi.org/10.1080/00107530.1992.10746758>
- Mitchell, S. A. (1991). Contemporary perspectives on self: Towards an integration. *Psychoanalytic Dialogues*, 1, 121-147. <https://doi.org/10.1080/10481889109538889>
- Mitchell, S. A., & Black, M. J. (2016). *Freud and beyond: A history of modern psychoanalytic thought*. Hachette UK. <https://books.google.co.nz/books>
- National Health Service. (2011). *Talking therapies*.
<https://www.nhs.uk/conditions/counselling/#other-talking-therapies>.
- Neuman, W. L. (2000). The meanings of methodology. *Social Research Methods*, 60, 87.
- Ogden, T. H. (1992). Comments on transference and countertransference in the initial analytic meeting. *A Topical Journal for Mental Health Professionals*, 12(2), 225-247.
<https://doi.org/10.1080/07351699209533894>

- Ogden, T. H. (1994). The concept of interpretive action. *The Psychoanalytic Quarterly*, 63(2), 219-245. <https://doi.org/10.1080/21674086.1994.11927413>
- Orange, D. M. (2011). *The suffering stranger: Hermeneutics for everyday clinical practice*. Routledge.
- Pavlenko, A. (2002). Bilingualism and emotions. *Multilingua*, 21(1), 45-78.
- Pavlenko, A. (Ed.). (2006). *Bilingual minds: Emotional experience, expression, and representation*. Multilingual Matters. <https://books.google.co.nz/books>
- Perez-Foster, R. (1996). The bilingual self: Duet in two voices. *Psychoanalytic Dialogues*, 6, 99-121. <https://doi.org/10.1080/10481889609539109>
- Pérez Foster, R. (1998). The power of language in the clinical process: *Assessing and treating the bilingual person*. Jason Aronson. <https://books.google.co.nz/books>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Panayiotou, A. (2002). The other within the self: Bilinguals and the construction of emotions. *Dissertation Abstracts International*, 62, 5431
- Racker, H. (1957). The meanings and uses of countertransference. *The Psychoanalytic Quarterly*, 26(3), 303-357. <https://doi.org/10.1080/21674086.1957.11926061>
- Rachman, A. W. (2017). *Elizabeth Severn: The "evil genius" of psychoanalysis*. <https://doi.org/10.4324/9781315649221>
- Reeder, J. (1998). Hermeneutics and intersubjectivity: The interpreting dialogue. *International Forum of Psychoanalysis*, 7(2), pp. 65-75. <https://doi.org/10.1080/080370698436141>
- Regan, P. (2012). Hans-Georg Gadamer's philosophical hermeneutics: Concepts of reading, understanding and interpretation. *Meta: Research in Hermeneutics, Phenomenology, and Practical Philosophy*, 4(2), 286-303. <https://www.metajournal.org/>

- Roth, S. (2000). *Psychotherapy: The art of wooing nature*. Jason Aronson.
<https://books.google.co.nz/books>
- Rycroft, C. (1995). Reminiscences of a survivor: Psychoanalysis 1937-1993. *British Journal of Psychotherapy*, 11(3), 453-457.
- Samuels, A. (1985). Countertransference, the 'Mundus Imaginalis' and a research project. *Journal of Analytical Psychology*, 30(1), 47-71.
- Sandler, J. (1976). Countertransference and role-responsiveness. *International Review of Psycho-Analysis*, 3, 43-47.
- Santiago-Rivera, A. L., & Altarriba, J. (2002). The role of language in therapy with the Spanish-English bilingual client. *Professional Psychology: Research and Practice*, 33(1), 30-38.
<https://doi.org/10.1037/0735-7028.33.1.30>
- Sapir, E. (1921). *Language: An Introduction to the Study of Speech*. New York: Harcourt, Brace & World, 33-35.
- Schrauf, R. (2000). Bilingual autobiographical memory: Experimental studies and clinical cases. *Culture & Psychology*, 6(4), 387-417. <https://doi.org/10.1177/1354067X0064001>
- Schuster, M. (2013). Hermeneutics as embodied existence. *International Journal of Qualitative Methods*, 12(1), 195-206. <https://doi.org/10.1177/160940691301200107>
- Sella, E. (2006). *Countertransference and empathy: The perceptions and experiences of polyglot immigrant clinicians, who, working with monolingual or bilingual immigrant children, are practicing in a language that is not their mother tongue*. New York University.
- Silverman, M. A. (1985). Countertransference and the myth of the perfectly analyzed analyst. *The Psychoanalytic Quarterly*, 54(2), 175-199.
<https://doi.org/10.1080/21674086.1985.11927103>
- Skulic, T. (2007). *Languages of psychotherapy: The therapist's bilingualism in the psychotherapeutic process* [Unpublished master's dissertation]. Auckland University of Technology.

- Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *Journal of the American Psychoanalytic Association*, 48(1), 95-128.
<https://doi.org/10.1177/00030651000480011401>
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45(9), 1389-1397. <https://doi.org/10.1016/j.ijnurstu.2007.09.005>
- Smythe, E., & Spence, D. (2012). Re-viewing literature in hermeneutic research. *International Journal of Qualitative Methods*, 11(1), 12-25.
<https://doi.org/10.1177/160940691201100102>
- Spillius, E. B. (Ed.). (1988). *Melanie Klein today: Developments in theory and practice* (Vol. 1). Psychology Press. <https://books.google.co.nz/books>
- Sprowls, C. (2002). Bilingual therapists' perspectives of their language related self-experience during therapy. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 63(4-B), 2076.
- Stats NZ. (2018). *Annual net migration eases from recent peak*. Stats NZ
<https://www.stats.govt.nz/news/annual-net-migration-eases-from-recent-peak>
- Stern, D. N. (1985). *The interpersonal world of the infant: A review from psychoanalysis and development*. Basic Books.
- Stavans, A. (2003). Bilinguals as narrators: A comparison of bilingual and monolingual Hebrew and English narratives. *Narrative Inquiry*, 13(1), 151-191.
<https://doi.org/10.1075/ni.13.1.06sta>
- Stevens, S., & Holland, P. (2008). Counselling across a language gap: The therapist's experience. *Counselling Psychology Review*, 23(3), 15-23.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (2014). *Psychoanalytic treatment: An intersubjective approach*. Routledge. <https://books.google.co.nz/books>

- Stolorow, R. D., & Atwood, G. E. (1984). Psychoanalytic phenomenology: Toward a science of human experience. *Psychoanalytic Inquiry*, 4(1), 87-105.
<https://doi.org/10.1080/07351698409533532>
- Summers, F. (2014). Beyond inside and outside: Psychoanalysis as ways of being-in-the-world. *Journal of Communications Research*, 6(3), 225-245.
- Szekacs-Weisz, J. (2004). How to be a bi-lingual psychotherapist. In J. Szekacs-Weisz & W. Ward (Eds.), *Lost childhood and the language of exile* (pp. 21-28). Imago East West, The Freud Museum.
- Verdinelli, S., & Biever, J. L. (2009). Spanish–English bilingual psychotherapists: Personal and professional language development and use. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 230. <https://doi.org/10.1037/a0015111>
- Verdinelli, S. (2006). *Narratives of bilingual counselors*. Our Lady of the Lake University.
- Vygotsky, L. S. (1978). *Studies on the history of behavior: Ape, primitive, and child*. Psychology Press.
- Whorf, B. L. (1956). Languages and logic. In *Language, thought, and reality. Selected writings of Benjamin Lee Whorf* (pp. 233-245). MIT Press.
- Wilson, A., & Weinstein, L. (1990). Language, thought, and interiorization: A Vygotskian and psychoanalytic perspective. *Contemporary Psychoanalysis*, 26(1), 24-40.
<http://www.pep-web.org/document.php?id=CPS.026.0024A>
- Winnicott, D. W. (1949). Hate in the counter-transference. *International Journal of Psycho-Analysis*, 30, 69-74.

