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Scope

The journal of *Language and Psychoanalysis* is a fully peer reviewed online journal that publishes twice a year. It is the only interdisciplinary journal with a strong focus on the qualitative and quantitative analysis of language and psychoanalysis. The journal is also inclusive and not narrowly confined to the Freudian psychoanalytic theory.

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Content

Therapeutic Mother Tongue and its Implications on the Work of Polyglot Psychotherapists

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Abstract
Psychodynamic psychotherapy occurs in the lingual field. At its core, the "talking cure" uses the power of words to transform the psyche. Questions arise when the psychologist using language as a central means for therapy is a foreign-language speaker. Research and personal contributions of polyglot therapists in recent years show, that practicing psychotherapy in foreign languages effects the therapist's work on many levels; technical aspects, the therapist's self-perception and role, the therapeutic relationship, therapist's experience and understanding of language as an element in therapy, and more. The present study interviewed nine polyglot therapists in different stages of their career using diverse and different languages in their practice. Analysis of the data in the context of Winnicott's construct of potential space (Winnicott, 1971) and current linguistics theories regarding language embodiment (Pavlenko, 2005) brought about the suggestion of the concept of *Therapeutic Mother Tongue*, that refers to the language of training. Therapists' experience of Therapeutic Mother Tongue and other languages are explored.

Introduction

The issue of the polyglot therapists working in a few languages has been the focus of some research in recent years. It was shown that working as a therapist in a language other than one's own mother tongue creates technical challenges, and has an effect on psychotherapists' work and the dialogue between therapist and patient on the practical, as well as the dynamic, level. The present study explored aspects of psychodynamic psychotherapy being performed in a foreign tongue, from the perspective of the therapist. Beyond the themes that arose from participants' statements, interpretation of the data suggested the presence of a specific element affecting polyglot therapists' experience of their different languages and their uses in therapy, the element of the language of training to become a therapist. The present article focuses on this particular aspect.

The First Polyglot Psychoanalysts and their Trans-Lingual Psychoanalytic Training

Most of the forefathers of psychanalysis were polyglots. Freud spoke German, English, French, Spanish, Latin, Italian and Greek, and probably also Hebrew. He did not limit his work to German and at some point in his career had mostly English-speaking patients. Other polyglot psychoanalysts of the first generation include Max Eitingon, Alfred Adler, and Karl Abraham, who spoke 9 languages. Many of the first psychoanalysts were trained in a language that was not their mother tongue (the training language was usually German), and, like Freud, continued to work with their patients in their different languages, using their polyglot skills. Sandor Rado, of Hungarian origin, was analysed by Abraham in German, and continued his professional life in English, in New York. Helen Deutsch, originally from Galicia on the Russian-Polish border,

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was analysed by Freud in German, and later emigrated to the United States and continued her work there. Maria Bonaparte's mother tongue was French, however her analysis with Freud took place in German. Margaret Mahler's mother tongue was Hungarian. Her first analysis was in German. She describes her difficulties with English upon immigrating to the United States, as well as criticism from her Hungarian colleagues for speaking with a German, rather than Hungarian accent. In the case of Sandor Ferenczi and Melanie Klein the situation was reversed, when the teaching analyst, Ferenczi, analysed his pupil in a language foreign to him and maternal to her, German (Amati Mehler et al., 1993). A beautiful demonstration of this translingual reality can be found in Ferenczi's Clinical Diary (1932/1985) which he wrote in a language not his mother tongue – German, and in which he moves smoothly between German and English to discuss cases in the original language of analysis. Through Ferenczi's diary it is also possible to get a notion of his sensitivity to the unique effect of words in the original language in which they were used. (This example is also presented in Amati Mehler et al., 1993). In spite of the centrality of language and speech in the psychoanalytic method and the diversity of languages in the reality of the individuals who practiced it, these first analysts did not explore issues of diverse languages used in psychoanalysis. The issue of the language in which one learned to become an analyst, be it mother tongue or foreign language, was also not discussed.

Writings on the Subject of Foreign Language in Psychodynamic Psychotherapy

Ferenczi was the first of the forefathers of psychoanalysis to write about the function and use of words in a way that is relevant to the question of foreign language and its function in the psyche and in therapy. In his article "On Obscene Words", Ferenczi (1911/1994)describes patients' difficulty in expressing out loud associations in the form of obscene words. He notices that when this difficulty arises, it is connected only to specific, usually common words, and not to foreign versions or more sophisticated (technical) versions of the same concept. Ferenczi traces this difficulty to early developmental stages. Obscene words in their common form are the words at the disposition of the child in the early stage when he is invested in childish sexual theorization. This is also the time when words are experienced more as objects than as abstract ideas and representations. Since these words are strongly connected to sexual fantasy, they are repressed during latency. While the rest of the lingual system develops and takes on an abstract nature, these obscene words remain undeveloped, that is, less abstract and more like objects, and highly charged. As a result, they are ridden with shame and are hard to be thought and pronounced. Foreign words that substitute original obscene words are described by Ferenczi as being used defensively; plainly put, they do not function as obscene words at all.

A few decades later, works began to appear exploring foreign language and the patient. These writers dealt with issues of choice of language in therapy, the effectiveness of therapy in a foreign language, whether early life experiences and trauma can be revealed and processed in a foreign language, the defensive roles of second language and whether these enable or hinder work in therapy, and issues of self-perception in the mother tongue vs. other languages. Although the therapists who wrote these articles were themselves polyglots working in foreign languages as well as their mother tongue, the perspective of the foreign language speaking therapist was for the most part left unexamined (e.g., Krapf, 1935, Buxbaum, 1949, Greenson, 1950).

Exploration of the therapist's perspective can be found in an article by Lagache titled "Sur le Polyglottisme dans l'Analyse" (1956). The author considers different lingual situations that

can arise when patient and therapist are both polyglots. These can be a patient working in his mother tongue that is a foreign language for the analyst or vice versa, or when both patient and therapist share the same multiple languages and the patient switches between languages in the process of therapy, and so on. Lagache goes beyond the traditional claim that the patient's mother tongue is the preferable language for therapy, and considers different uses of language in the communication between the patient and therapist in the therapeutic situation. Thus, when a patient's mother tongue is less enabling than a foreign language, the therapist is advised to consider working in a foreign language. On the other hand, when the therapist has the impression that the patient has switched to a second language for defensive reasons, the therapist might choose not to cooperate and not to consider the content expressed in the new language, but stay in the first language used and explore the switch itself. On the countertransference level, Lagache explores the therapist's unconscious motivations for language uses, for example as a means to express his omnipotence. These motivations should be analysed and resolved by the therapist, to avoid acting out through language choice and use. Lagache considers the therapist's languages as useful tools that enable patients to choose a language and move between languages freely. However, the effect of language on the polyglot therapist himself, and therapist's unique relationship with his different languages in the context of psychotherapy and in regard to his professional identity and role, are issues that stay unexplored. Recent decades have seen growing trends of globalization creating new patterns of immigration and diversifying communities. These impact societies and many areas of life. In the context of psychotherapy, cross-lingual encounters become more common. As a result, there is a growing interest in cross-cultural issues in general, and in the field of psychology and psychotherapy. A growing number of researchers and immigrant therapists explore the issue of foreign-language in therapy from their own perspective.

Analysts like Stahl Freedman (2017) Jimanez (2004) and Clauss (1998) describe the experience of working in a few languages and the effect it has on their perception of language's role in therapy, listening to the patient's speech, transference, countertransference and other issues. These writers demonstrate the positive effects that working in more than one language has on the therapist and his role, and the importance and width of the theme of the polyglot therapist. Szekacs-Weisz's chapter "How to Be a Bi-Lingual Psychoanalyst" (2005) presents a fascinating example of the process and challenges faced by the polyglot therapist adjusting professionally to a new language and culture. Szekacs-Weisz is a Hungarian born analyst who immigrated to England in later stages of her career. Working as a therapist in a new language, Szekacs-Weisz realised that different languages are not easily translatable. Since words in the mother tongue are associated with early relationships and experiences, they are not experienced the same as their parallels in a second language.

Beyond the subjective associative system and emotional depth of words in different languages, Szekacs-Weisz also realized that different languages use seemingly identical words in different ways. For example, the Hungarian use of the word Hate is scarce and this word has grave associations, unlike its English parallel that is used in a more casual and lighter manner. The therapist working in a foreign language cannot simply translate his own words or the words of his patient from one language to the other, but needs to learn to work in the new language and to reorient himself in it in a manner unrelated to his mother tongue. Szekacs-Weisz describes another profound change that occurred in her experience as an analyst as a result of her move to a different language. While in Hungarian she feels proficient and has no technical problems in communication, as a therapist in English she finds herself working in a context in which her communication skills are not perfect. This situation has implications not only on her subjective experience as a therapist, but also on the transference, as her native English-speaking patients

are inclined to make efforts to understand, and sometimes help the therapist formulate a thought. The experience and role of language in therapy with patients with the same mother tongue is also affected by the polyglot situation. As a therapist who immigrated and changed her major language of therapy, Szekacs-Weisz describes the joy she feels when she has a chance to go back to working with an immigrant patient in Hungarian. One of the challenges in this situation is avoiding the illusion of sameness created by same language and country of origin.

Taking a research approach to the issue of polyglot therapists, Gulina and Dobrolioubova (2018) bring findings from a study exploring experience of foreign therapists that moved to a new country at an earlier stage in their careers, and went through their professional training in English. The researchers found that for polyglot therapists, language had many aspects; vocabulary, cultural background, behavioural differences, meaning, feeling, tonality, symbolism and communication. Language was experienced as connecting and separating between therapist and patient. While some were more attuned to the difficulties created by second language hesitance, less spontaneity and identity issues, others saw the less casual nature of second language, as well as their need to ask more questions in order to understand content and emotional connotations as an opportunity to explore patients' language in a more naïve and open way. A diversity on the topic of preferred language for work was found, with some participants preferring to work in their mother tongue and others preferring their second language.

Costa and Dewaele (2014) compared monolingual and multilingual therapists on their beliefs, attitudes and practice while working with bilingual patients. A sample of 101 therapists showed that multilingual therapists felt more attuned to their multilingual patients and that was not only in cases which they had shared languages. Therapists felt that their own personal experience of learning languages and functioning in foreign languages helped them to be more flexible and more attuned to their foreign-language speaking patients. Other dimensions explored included a shared sense of understanding based on common experiences as immigrants vs. acting on assumptions, freedom of expression while using a foreign language vs. challenges associated with self-expression in a foreign language, and the distance created by not sharing a language vs. closeness when sharing one.

Although the focus of this research was still on the consequences of working with multilingual patients, and not the experience of the multilingual therapists as a theme of its own, the research offers a deep exploration of the inner professional lives of these therapists. An interesting and unexpected theme that emerged was the language of training. In Costa's and Dewaele's sample, multilingual therapists were trained to practice therapy in a language that was not their mother tongue. This was brought up by participants as a factor that effects the way they conduct therapy and even sometimes refrain from conducting therapy in their mother tongue. One participant talked of not considering herself multilingual in the professional sense, because she was only trained to do therapy in one language, English, and had trouble discussing her work in other languages. This Swiss-born therapist living and working in England states:

I wondered whether I wasn't really a fraud, because although I do speak various languages,

I've always been trained in only one, so when I tried to, even when people in Switzerland

ask me about the kind of therapy I do, I find it incredibly difficult to explain, because I've

never picked up a French textbook about CBT. (p. 242)

This therapist related to the lack of professional terminology in her mother tongue, French, but her use of the term fraud insinuates that for her, the gap between languages goes beyond the technical level and that deeper issues possibly relating to self-confidence or identity are involved. Another therapist who has noticed the impact of language of training on her work as a therapist is Walsh (2014). Walsh left her homeland England and became an analyst in Israel. She explores her relative freedom and conflict-free functioning as a therapist in Hebrew, in comparison to her difficulties in "going deeper" in explorations with her English-speaking patients. Like Ferenczi, Szekacs-Weisz and others, Walsh describes her first language as more emotionally charged, but as a result also laden with conflicts concerning immigration and the loss of her motherland and tongue. Hebrew is for her lighter and more enabling. Considering these differences, Walsh refers to the fact that she learned to become an analyst in the context of a specific language, Hebrew. She writes that training to become a therapist in this language developed and deepened her Hebrew as a language for psychoanalytic consideration of patients and of herself, while her English remained less emotionally developed. The issue of language of training to become a psychologist surfaced as an important factor in the research presented in this paper. However, before turning to describe these findings and their implications to the question of the polyglot therapist, it would be useful to consider current research regarding polyglots and the place of mother tongue and foreign languages in their cognitive and emotional systems.

Language Embodiment in Polyglots

Language is a global experience that has aspects beyond the cognitive. Andre Green describes the baby's first encounter with language as sensual: "The infant comes into the world in a bath of language, even if he cannot perceive words during the period of pregnancy while he is in his mother's womb from where he can already hear noises". (2011, p. 20) Didier Anzieu (1985) calls this primary experience associated to language as the Sound Envelope, which is composed of the mother's speech, other surrounding language and sounds, and the sounds coming from the baby's own body. For the baby experiencing the mother's speech language has a cradling, soothing and mirroring effect.

Research from the field of psycholinguistics support this view of language. Pavlenko's theory of Language Embodiment (2005) describes language acquisition as a holistic process. As a child acquires his mother tongue, words are internalised in an embodied manner, since all levels of experience are involved: the cognitive, emotional, sensual and relational. Language is also associated with autobiographic memories and with socialization processes. Neurophysiological evidence supports this theory, showing an involvement of sensory, emotional and also motor neural systems in the processing of language (Kühne & Gianelli, 2019). Foreign languages are often experienced differently. Words in these languages can be disembodied, lacking in sensual, emotional and autobiographic resonance. As a result, hearing and speaking in these languages might be experienced as detached (Pavlenko, 2012). Some polyglots report feeling less themselves while using a foreign language (Dewaele, 2016). Some also tend to prefer the use of their mother tongue for communication and for inner speech (Dewaele, 2015). Yet research shows that there is no dichotomic difference between mother tongue and other languages. Many factors influence levels of language embodiment, experience and preference,

to the extent that sometimes the mother tongue loses its status as the most emotionally experienced or preferable language (Pavlenko, 2005, Dewaele, 2015).

One of these factors is age of acquisition. A foreign language learned at an earlier age tends to be more embodied and feel more natural and emotional to the speaker (Dewaele, 2004). Another factor is the context of language learning. It was shown that personal experience in a given language infuses this language with relevant emotions (Schrauf & Durazo-Arvizu, 2006). Thus, a language that is learned in the context of a natural environment that offers a variety of experiences tends to be more embodied with speakers feeling more themselves in comparison to a foreign language learned solely in a classroom setting (Pavlenko, 2005, Kramsch & Gerhards, 2012). Foreign languages are better integrated to the polyglot's sense of self and are more embodied when there is greater personal involvement and motivation in their acquirement (Panicacci & Dewaele, 2017, Pavlenko, 2005), and when they are experienced in the context of emotional relationships (De Leersnyder, Mesquita & Kim, 2011, Pavlenko, 2005). For example, foreigners that are highly integrated in the new culture and enjoy more professional and social connections in it feel more themselves while using its language (Hammer, 2016).

Exploring language accessibility and preferences, Grosjean (2015) presented the Complementarity Principle. In polyglots, different languages develop in different contexts and are used for different purposes. Thus, the polyglot's proficiency and preference of use of his different languages is context-dependant. For example, immigrants working in their new country might prefer to use their mother tongue with their close family but feel more comfortable with the local language in a professional context. Bilinguals talking to other bilinguals who share their languages might tend to express themselves in both languages in the same discourse while restrict themselves to one language while speaking to a monolingual (Grosjean, 2013). These findings demonstrate that the experience and place of languages in the psyche of the polyglot individual is complex and dynamic, being shaped and changed by his unique circumstances and linguistic trajectories. The research presented in this paper aims to explore the experience of language in psychotherapy from the perspective of the polyglot therapist working in more than one language. The research question was: What is it like to do therapy in more that one language, and what insights do polyglot therapists have about language, its role and presence in psychotherapy? The current paper focuses on one particular aspect of the finding, which is the unique experience of language of training.

Method

Participants

Nine therapists participated in the research. Participants were recruited through professional social media and colleague recommendations. Criteria for participation were that the therapist is a polyglot actively practicing in more than one language. Since most of the literature contributions to the subject of polyglot therapists had English as their non-native language, in the present research an attempt was made to consider other foreign languages. Thus, polyglot therapists who used English as their second language in therapy and have no experience in other foreign languages were excluded. Foreign languages included in the present sample of participants are Italian, Hebrew, Czech, German, French, and Spanish. English was also used by some of the participants, but not as an exclusive foreign language in therapy. A table with participants' information is presented in the appendix.

Ten therapists who expressed interest were approached. One decided not to participate due to time limitations. Five participants were women and four men. Five were immigrants, one was

temporarily living abroad, and three were living in their homeland. Of these three, one had a minority-group mother tongue and was practicing psychotherapy in a majority language that was for him a second language (an Israeli Arab). Three of the participants were therapists and supervisors, five certified therapists and one in training. All names and identifying details were concealed or changed in reports of the data and findings.

Procedure

Semi-structured in-depth interviews were conducted. Interviews opened with a request that participates would describe their personal and professional language experiences. Then they were invited to reflect on their experience of the use of language in therapy. The self reflecting, explorative and associatively-guided nature of the interview was influenced by the interviewer's experience as a dynamic clinical psychologist, and familiar to the participants, who were all therapists themselves. When guidance was needed (for example in cases of little self-reflection) it was done in the form of questions and open remarks, gradually from the general to the specific. Interviews lasted between 60 and 90 minutes. They were audio-recorded and transcribed, verbatim including verbal as well as nonverbal data (gestures and sounds, pauses and punctuation, interviewer observations during the interview).

Ethical Issues

The research was carried out by a doctoral student, the writer of this article, who conducted all interviews and data processing. The researcher was not in direct professional interaction with any of the participants. Participants were made aware of the identity of the researcher, the university and the program to which it was affiliated. Research goals were presented to the participants, as well as information regarding technical issues of data gathering and use. Participants were familiar with the right to see their transcripts and also withdraw from the study at any point. Ethical approval was granted by the university. Confidentiality was kept by changing names and identifying details in data presentation in this article and elsewhere.

Analysis

Data was initially analysed in the spirit of thematic analysis (Braun & Clarke 2006). Analysis began as the researcher transcribed the interviews and immersed herself in the data by reading all the texts, familiarizing herself with it in its written form. In the next phase codes were assigned to units of meaning (using colour coding and notes). The approach while coding the data was inductive, exploring content without looking for particular issues based on the researcher's theory or her own personal and professional insights on the subject (Patton, 1990). After several open-coding readings, when no new codes were identified, the different codes were collected into groups of emerging themes and relationships between these themes were considered. Some coded data remained outside the emerging theme system. Keeping these particular data segments in mind and not excluding them brought about the further analysis that is the focus of this article. The fourth stage commenced when all coded extracts were read in the context of their candidate themes, with an attempt to make sure that the candidate themes reflect the original data, and that themes are internally homogenous and distinctive from each other (Patton, 1990). Suggested themes were refined while discussing them with the project supervisor, who was familiar with the initial data. Proceeding to a higher level of analysis, themes were named and arranged in relation to one another creating a system of themes and subthemes (Braun & Clarke, 2006). A discussion of the findings with a group of colleagues brought about a clearer definition of theme meaning and names. Finally, citations that reflect the essence of each theme and subtheme were selected. A text was created describing the

themes, their relationship with each other, relevant literature and connection to the research question.

Thematic Analysis Findings

Three themes and two subthemes emerged: 1. Polyglot Therapists' Relationship with their Different Languages. 2. Identity. 3. The Polyglot Therapist's Work. Subthemes: 3.1. Technical Issues. 3.2. Non-verbal Elements.

Themes will not be elaborated here, since the focus of the current article is to bring findings and conceptualisations derived from further analysis.

Psychoanalytically-informed data analysis findings: The development of the concept Therapeutic Mother Tongue

One data segment and the interview dynamics associated with it remained a puzzle even after the thematic analysis was completed. Alina (interviewed in Hebrew) expressed a most intriguing perception of her mother tongue, Russian. She talked of experiencing Russian as loved, rich, artistic and highly enjoyable but at the same time as lacking in unconscious depth. "Russian…is NOT a psychoanalytical language in any way.... There is something with Russian, it is a language of literature, of…anything you want…but psychoanalysis – no".

Understanding this particular statement seemed to require interpretation that would go beyond the thematic level. Further exploration was carried out in the spirit of psychoanalytically-informed qualitative analysis (Midgley, 2006). This process yielded the formulation of the concept *Therapeutic Mother Tongue*, in relation to which all data was further explored. The remainder of this article will describe the reasoning process building up to this formulation, the follow up analysis of data in relation to this concept, and some thoughts regarding its importance in the context of cases of polyglot therapists and our understanding of language in therapy. In order to demonstrate what was unique about Alina's statement, I would start by elaborating on the issue of polyglot therapists' relationship to their different languages.

As was described above, polyglots have different proficiency levels in their different languages and language context, and their languages are differently embodied. Language experience and preferences are influenced by factors such as language history, relationships and motivation. Thus, polyglots tend to have a different relationship with each language. In the context of therapy and the polyglot therapist, Walsh (2014) refers to this complex relationship as *Transference to Language*:

> I suggest that we each possess what may be termed "transference to language" or
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> transference to a state of mind triggered by language. A language, like any other significant
>
> object in our lives, will evoke within us a particular set of affective experiences, defences,
>
> anxieties, projections, and so forth. (Walsh, 2014, p. 69)

The themes extracted through thematic analysis of the research data reflected the centrality of transference to language, as is reflected in theme no. 1, Polyglot Therapists' Relationship with

their Different Languages. The following segment of David's interview demonstrates the rich and complex relationships David has with his different languages. David's mother tongue is Hebrew. His father was an immigrant to Israel from Bulgaria, and his maternal grandparents immigrated to Israel from Germany. He studied English at school, and in later years also Arabic. He lived in Germany for a few years in his twenties. Then he immigrated to the Czech Republic, where he married and studied to become a doctor of psychology at the local university. He lives and works in the Czech Republic. Here is how he described his relationship to his different languages: "Hebrew is easy and I love it. English is easy and I love it. But not as Hebrew. If I have to write something, I always choose Hebrew, I have dealt with the question because I started writing something professional – Do I want to write in English straight away so it will be read by English readers, but then I realized it is much easier for me to write in Hebrew so strategically I decided to write in Hebrew. It is the most emotionally close to me. English is a little less close to me but I also love it. Then my third favorite is German, then Arabic and the fifth is Czech… maybe this is why I decided to talk Hebrew to my children right from the start. I love German… My mother would have liked to say that [German was her mother tongue] but it was not…So German is my…. grandmother-tongue. This explains why it was close to me, I heard my mother use it and almost swear in German, this is why I learned it so fast". David's comments about his different languages and their place in his inner world include emotions (about his love for Hebrew and it being most close to him, about Czech being his least favorite), insights regarding the learning process ("this is why I learned it so fast"), associations regarding context that affect his relationship with the language ("My grandmother-tongue"), preferences (prefers to speak to his children in Hebrew) and strategical considerations ("strategically I decided to write in Hebrew").

Other participants also shared comments regarding these different levels of language experience. Alina's statement that was cited above stood out as it was not about her emotional experience of her mother tongue, strategical issues or any of the other aspects, but about the nature of Russian itself, as lacking of psychoanalytic depth and potential. An attempt to interpret this remark in a psychoanalytically-informed manner would require integrating many sources of information: Alina's own statements and understanding, her other comments about language, what is known about Alina's language history and life story, the interview's dynamics, as well as data from other interviews with polyglot therapists and theoretical and cultural information. Considering the dynamics of the interview, Alina kept returning to her statement regarding the nature of the Russian language and seemed bothered by not being able to explain it. As she explored this statement there was some tension in her, that was not felt by the interviewer in other parts of the interview. At some point she stated "…it is very hard, very hard to look for something through the [Russian] language…it is different, there is something...this is it. Here I am stuck".

Alina struggled to find an explanation, and the interviewer found herself engaged while exploring with her. She also found it puzzling that Alina's mother tongue, a language that is complex, rich and produced great and profound works of literature, would be lacking in psychoanalytical depth. She was intrigued by Alina's repeated rejection of possible subjective explanations, that would connect between what she described as the objective nature of Russian and her personal experience of the language. Alina considered her personal history as a source for her impression regarding the Russian language. She grew up in Russia, and spoke only Russian. At the age of 19, right after finishing high school, she immigrated with her family to Israel. Unlike her parents, she and her younger brother made great efforts to master the local Hebrew language. Alina studied music at the university and later on abandoned her plans to become a musician and learned to become a therapist. Alina was certain that the unsuitableness

of Russian to psychotherapy is beyond her own experiences as a child in Russian and later as an adult in Hebrew. She also felt the reason was not cultural, that there was something about the language itself making it unfit for use in psychoanalysis, "there is something that is less inclined to the direction [of psychoanalysis [in the language itself".

Analysing the data, we could consider disagreeing with Alina's conviction that her impression is not subjective, and look for differences between the Russian and Israeli cultures. We could also suggest that even though she is not consciously aware of this, Alina's personal experience, for example the style of communication in her family of origin or her experience of maturation in a new country are the cause of her different experiences of Russian and Hebrew. We could also accept Alina's impression that there are some objective innate differences between Russian and Hebrew, making the latter more suitable for psychoanalysis. Indeed, different theories from linguistic relativity to psychoanalysis state that languages embody different world views and self-perceptions (see Jones, 1922, Whorf, 1956, Pavlenko, 2002a, b).

Yet a closer examination of Alina's statements might point us in a different direction. As Alina spoke about Hebrew, she said: "What is the most important is that for me this language – Hebrew, is the langue of psychoanalysis". It is interesting to note that again and again, the issue, as well as the perceived difference between Russian and Hebrew centres specifically around these languages' fitness for psychoanalysis. As was mentioned above, Alina became a therapist some years after her immigration to Israel, in Hebrew. Could it be that Alina's experience of the two languages is the result of her encountering psychoanalysis and herself as a therapist first and foremost in the context of Hebrew, not Russian? Acquiring psychotherapeutic skills is a complex process, that involves deep psychic changes. In the process, the therapist-to-be must be involved in intensive professional relationships with his supervisors, go through personal psychotherapy and internalise complex theoretical concepts to make them his own. It is a process of personal change and growth.

If we see the creation of an inner state of a therapist as a developmental process parallel to that of child development, then the supervisor (and other influencing figures such as psychotherapists and teachers) has in that process the role of a parent. Pedder (1986) uses this model, writing about the internalisation of the supervisor: It also echoes Winnicott's (1958) view that "the capacity to be alone is based on the experience of being alone in the presence of someone, (i.e., originally mother) and that without a sufficiency of this experience the capacity to be alone cannot develop" (p. 33). Might we not paraphrase that and say that the capacity to work alone as a therapist is based on the experience of having been alone in the presence of someone (i.e., originally analyst and/or supervisor) and that without a sufficiency of this experience the capacity to work alone cannot develop?

Considering the possibility that Alina's experience of her foreign language as well as her mother tongue was influenced by the training process, it would be interesting to look for signs of such influence in other participants who acquired their skills in a foreign language. George's mother tongue is Arabic, and he is training to become a therapist in Hebrew. The following extract demonstrates how, for him, lingual and professional skills are interconnected: "At the beginning I wanted my own therapist to be a Hebrew speaker, for me to strengthen my language and the emotional language, the emotional Hebrew and the usual Hebrew, I chose and wanted to share with someone my difficulties". A safe environment is an important condition for psychotherapeutic training. Foreign language speakers in the process of training need this safety in order to internalise their foreign language as well. George said: "The supervisors also understood that there is someone here for whom Hebrew is a second language and they helped.

They understood that he will see native Hebrew speaking patients and will treat them in his second language. They understood that and gave counselling and guidance and gave tools and helped with articles and methods and you should read this and…until I felt at the first stage that I am with caring people who care for me to grow linguistically and to have confidence and confidence in the language".

Inbal started her internship in Jerusalem a short period after immigrating from Portugal. She expressed similar sentiments, talking of her supervisor's attitude as maternal and accepting: "The supervisor that took me then just…accepted me with all my difficulties and taught me the professional language patiently and lovingly. It was at H. Hospital in one of their clinics in Jerusalem. A lovely place! Today when I am not there, I understand how great it was. Idyllic, even. She used to drive me from [my home town] to work and she helped me a lot". We could say that Inbal and George describe good ego-support provided by an enabling environment. According to Winnicott (1960), this kind of support is what a baby needs in order to develop in the first stages of his life, when it exists in an environment that it has no ego control over. A good enough environment facilitates the appearance of transitional phenomena, that enhance development (Winnicott, 1953). Considering the development of language in infants, Stern (1998) sees language acquisition as happening in the transitional space. The infant who already has ideas of the world (for example, what a teddy-bear is) is presented with a word by the mother (*teddy-bear*). The infant uses the new word as a transitional object, in a simultaneous act of creating anew and accepting the pre-existing word.

Luciana immigrated from Paraguay to Israel in her forties. Her description of the reincarnation of her name while adopting a new language is reminiscent of this process: "My original last name…. is G**e**XXXX, not G**a**XXXX. And when I came here [*to Israel*], they started calling me GaXXXX. And I invented it. …I [started to use] GaXXXX. Why? For a few reasons. One, because I thought to myself, this makes sense, here it is closer to Europe and to European immigrants, it makes more sense that my last name that originated from Europe was originally really GaXXXX. And not GeXXXX. It could be that with my grandparent's immigration [from Europe to Paraguay] something changed…Otherwise they would have not called me GaXXXX". Similarly to the baby creating his transitional object that was already there to be created, so to does Luciana invent the name that is given to her by Hebrew speaking others. The story of her grandfather's original name, that she is inventing in order to resolve the gap in pronunciation, is creating a family connection between herself and Hebrew, enabling her to embrace her new name and language. The connection of this potential space (Winnicott, 1971) to Luciana's professional context as a therapist was revealed when she gave the second reason for her adoption/invention of the GaXXXX version of her last name: "and the other thing is like a joke, like a joke I did with myself, to include, if you know from Lacan there is the reason of desire Lacan calls it the little *a* so I said, let's go for it, I let in the *a*. My *a*".

In George's next comment, we can see the creation of potential space between George and his supervisors, who represent the new (Hebrew) language and therapeutic language. George described how he chose, and thus created, his own therapist, that was recommended to him by his supervisor: "My psychologist I chose by myself, after consulting my supervisor, but the choice and choice of language was mine. I go to a Jewish psychologist in Tel Aviv". As is the case with transitional objects, George is at the same time being given as well as creating his object, his therapist. It seems plausible to conclude, that the language in which a person learns to become a therapist, be it mother tongue or a foreign language, is experienced in a deep way associated with psychotherapy. A therapist can acquire a new language in different stages of his professional development. Using the metaphor of human development to describe the

situation of the participants in the current study, we could say that some assimilated a new language for professional use when they were professionally mature. Others, like Alina, George and Inbal, acquired their foreign language in their professional infant-phase, more or less in parallel to their learning to become psychotherapists. I suggest that for these therapists, this foreign language become embodied in an intense process involving not only the cognitive, but also deep emotional levels, that are a part of the training process and experience. Also, for them, the perception of psychotherapy was intertwined with that same language. This is why, for Alina Hebrew, not Russian, is the language of psychoanalysis. The process described here, with its intensity and wholistic nature, is reminiscent of the process of acquiring a mother tongue (Pavlenko, 2005). I suggest that for polyglot therapists learning to become therapists in a foreign language, the new language becomes their *therapeutic mother tongue.*

The next section will consider participants' statements regarding language in therapy in light of their mother tongue/therapeutic mother tongue situation.

Diversities in Mother Tongue /Therapeutic Mother Tongue Situations and Their Implications on Psychotherapy in Different Languages

I shall use the term *Psychotherapy Language* to refer to a specific language a therapist is actively using in his work. In the case of polyglot therapist, each therapist has two or more psychotherapy languages. Considering three variables, Mother Tongue, Therapeutic Mother Tongue (TMT) and Psychotherapy Language, an array of possible combinations appears. As I shall try to demonstrate later, each combination creates a unique therapeutic situation from the perspective of the therapist. Table 1 presents some of the major combinations of Mother Tongue, TMT and psychotherapy language, and three languages; a, b, c. More possible combinations have been omitted for simplification, as they do not provide additional explanatory relevance:

Table 1. Mother Tongue – Therapeutic Mother Tongue (TMT) – Languages major combinations

	Mother Tongue	Therapeutic Mother Tongue (TMT)	Psychotherapy Language
polyglots	a	a	a
	a	a	b
	a	b	a
	a	b	b
	a	b	c
polylinguals	a,b	a	b
	a	a,b	b

Following is a description of these combinations, and some of their implications as expressed by participants in this study.

Polyglots

Polyglot therapists with same mother tongue and TMT, when treating in their mother tongue (a a a). The classic case of congruency is where mother tongue is also the Therapeutic Mother Tongue and the language in which psychotherapy is conducted. For polyglot psychotherapists in this situation, the adding of another language in some of their

therapies enables them to have new insights regarding languages, including their own mother tongue, in psychotherapy. Pavel (mother tongue- Czech, TMT- Czech) is a Czech psychologist who has decided to start accepting patients also in Italian, a language he acquired during a 5 year stay in Italy as a student. Pavel talked of the need to adapt himself while changing from language to language. He realised that when in session with Italian patients, his language and manner are more emotional and spontaneous than in Czech: "At the beginning I had to adjust my language rapidly before starting psychotherapy, and this mainly to adapt to the Czechs. To the Czechs. I had to restrict my emotions...for me it is more spontaneous to be emotional. Sometimes with Italian men it is very emotional". In some cases, the fact that the therapist is usually working in a foreign language, makes opportunities to go back to working in his mother tongue emotionally complicated. Luciana (mother tongue- Spanish, TMT – Spanish) talked of what happens when a Spanish speaking patient in Israel seeks psychotherapy with her because of the fact that she offers psychotherapy in Spanish: "I fail with them from time to time. Because I want to be so OK with them, until I do something and I fail. I do something and the psychotherapy is dropped… It is too close; the transference is too close and then I feel I cannot hold them". The transference can also be affected by the fact that both therapist and patient are immigrants in a foreign land. When asked about transference and countertransference issues while seeing Hungarian patients at the time when she lived and worked in Greece, Edith (mother tongue- Hungarian, TMT – Hungarian, English) responded: "Immediately we start closer because we are one kind, type. It's our secret language that the outside world does not have, right? So, [adds with a smile] we are like magicians and the others are Muggles".

Polyglot therapists with same mother tongue and TMT, when treating in a foreign language (a a b). These are cases of experienced psychotherapists adding another language to their practise, sometimes in the context of immigration. Edith (mother tongue – Hungarian, TMT – Hungarian) added Hebrew to her repertoire, and found herself dealing with technical issues, countertransference, power balance and self-perception as a therapist while working in the foreign language: "Maybe it is because my attachment to Hebrew, maybe it's because I think that I speak Hebrew less good than English, also because, yeah, maybe it is also a power game or kind of...Because that the Hungarian accent is so often ridiculed in Hebrew". Edith added, "I think…. [in Hebrew] I more feel that I am like a service provider than like I'm a healer". Luciana has the same mother tongue and Therapeutic Mother Tongue, Spanish. She studied and worked for more than 10 years in Paraguay. Her immigration to Israel meant an encounter with a foreign language both in life and in the psychotherapy room, as she studied Hebrew and started working in Hebrew as a therapist. For Luciana, the local therapeutic perspective itself was also a foreign language. In the clinic where she was asked to repeat her internship, Luciana found a professional discrepancy between her Lacanian Therapeutic Mother Tongue, and the local psychodynamic approach. This meant that Luciana was asked to let go of her Lacanian perspective (language), and adhere to other theoretical points of view: "I had to kill my professional identity and as if…so I pretended... I pretended to be learning new things... and tried to see how should I answer in order to fit...". This discrepancy was later solved when Luciana started working with a local Lacanian supervisor, with whom she could "talk psychotherapy" in Hebrew, and at the same time in her own Lacanian professional language. This process helped her integrate the foreign language into her therapeutic identity.

Polyglot therapists with different mother tongue and TMT, when treating in TMT language (a b b). These therapists acquired their skills as psychotherapists in a language other than their mother tongue. They then went on to work in this language. Gulina and Dobrolioubova (2018) interviewed immigrant therapists who became therapists in English and worked in the UK, thus can be defined as having their foreign language English as their

Therapeutic Mother Tongue. Like Edith, these participants expressed concerns and anxiety regarding their English, in matters of accent, vocabulary, understanding and communication. Still, most of Gulina and Dobrolioubova's participants perceived English as "an important component of their professional identity" (p.12). Going back to the current study and to Alina (mother tongue- Russian, TMT- Hebrew), we can see a discrepancy between her mother tongue and Therapeutic Mother Tongue. The following sentence demonstrates the importance of Hebrew as the language of therapy to Alina: "My personal psychotherapy, the analysis I undertake for the last 11 years, was in Hebrew. To me, it is a transformative experience". The discrepancy between the two mother tongues can explain Alina's perception of her own mother tongue as not being suitable for analysis, lacking the possibility of finding the unconscious in the discourse. The context of a different mother tongue and Therapeutic Mother Tongue explains Alina's feeling of professional insecurity while working on the premise of her mother tongue: "It is accurate to say that in Hebrew I feel that the professional place fits very well. I have no doubts, no insecurity, nothing of that sort, everything I have – is available". Walsh (2014) suggests, that for therapists who have learned to become therapists in a foreign language, the foreign language continues to evolve. As shall be demonstrated in the next section, the "pre-therapeutic self" present in the mother tongue, might stay "frozen" and less developed in the therapeutic context.

Polyglot therapists with different mother tongue and TMT, when treating in their mother tongue (a b a). For some polyglot therapists, the situation of learning to become a therapist in a language other than the mother tongue and then treating patients in the mother tongue stresses the gaps between the two mother tongues—the native language and the TMT. Alina said: "With Russian I am like a small child…I like...don't feel professionally secure somehow. Not protected. Not professionally protected". All the psychotherapists who participated in the current research saw patients also in their mother tongue. As mentioned before, some of those who had a Therapeutic Mother Tongue different than their mother tongue felt more comfortable in their second language. Inbal's mother tongue is Portuguese, but since she has undergone almost all the practical parts of her psychotherapy training in Israel, her Therapeutic Mother Tongue is Hebrew: "Today, I can't imagine myself doing psychotherapy in Portuguese, because I learned my whole professional language here, in Hebrew. Even though I studied there". Seeing patients in Portuguese is experienced by Inbal as seeing them in a professional foreign language: "And it was hard for me to ask the questions…in my head, I have the conversations, the intakes, the questions in Hebrew. So, I had to translate and the translation did not sound accurate". Other psychotherapists with different mother tongue and Therapeutic Mother Tongue preferred working in their mother tongue. In the last section of the article, I will bring an extreme example of this preference when I describe the case of David.

Polyglot therapists with different mother tongue and TMT, when treating in another foreign language (a b c). This combination represents a situation when one was born to one language, became a therapist in a second language and proceeded to work in a third language. Joel had such a situation. He was born in France and moved with his family to Canada as a child, studied and became a psychologist in Canada. He immigrated to Israel in his twenties, where he learned Hebrew and continued to use it in his work. Joel had more languages in his background, as a child of immigrants from German speaking countries. In his case, the enrichment of his lingual system by a multitude of languages in different life and professional phases created an integrated state he called "… a continuum of mosaic. I am composed from all kinds of parts, experiences, countries… That it is not only a language but also a place and a stage in life". In psychotherapy, as well as in the interview, Joel moves between languages with ease: "when did I feel that I arrived [to fluency]? When I felt free to

use other languages. Sounds weird. I mean, if I felt, wait, I have something I would be more comfortable telling in English, so I told it in English. What do the French say? C'est le ton qui fait la musique. The tonality". It seems that like many of the forefathers of psychoanalysis who were born to one language, learned to work in another and immigrated and continued in yet another language, Joel uses his languages as available tools that are at his disposition according to need. His moving between languages might suggest that for him the lingual system is one whole with different sub-systems that are mutually connected. More than that, in his use of the different languages in the same discourse, he is inviting the patient to explore his own language and use of language from a new perspective.

Polylinguals

Unlike polyglots, polylinguals, who have acquired two languages as mother tongues have a complex associative system that connects between things, words in one language and words in the other language, so that these languages exist on the same emotional level as one, though differentiated, system (Amati Mehler and co., 1993). The next two sections represent two types of polylinguals.

Polylingual therapists with TMT as one of their mother tongues, treating in his second mother tongue (a,b a b). A polylingual therapist learned his Therapeutic Mother Tongue in one of his native languages, while having at his disposition another native language. This situation seems to enable a natural expansion of the skills and position to both languages. Antonella's mother tongue and Therapeutic Mother Tongue are the same, Italian. She has a second mother tongue, French, that is her father's native language that was also spoken in her childhood home. As a polylingual, she had no trouble adding French to her therapeutic "tool box". French is so natural to her, that she is inclined to continue with it in an automatic way: "When I start speaking French it is automatic and I have problems switching to Italian again"*.* Unlike her polylingual situation regarding Italian and French, English is for Antonella a foreign language she has learned at school. Antonella spoke of having difficulties with adjusting to the use of this language in psychotherapy: "The way I talk of course I don't have the vocabulary of Italian. The way I feel a little bit yes, I am not so confident so I am really careful. It is not automatic; I am more rational than emotional. So lower levels of empathy". It is not only that her vocabulary is poorer in English. As the model of mother tongue vs. foreign language suggests, Antonella's experiences of English is less embodied, thus she finds it harder to be engaged on the emotional level. This does not happen when she moves between Italian and French.

Polyglot therapists with two TMT, treating patients in the TMT that is not the mother tongue (a a,b b). Others might be polylinguals at the level of the Therapeutic Mother Tongue, experiencing their first theoretical readings, supervision and therapies in more than one language. Edith's Therapeutic Mother Tongue is Hungarian, which is also her mother tongue. But English was also used intensively in her training: "It was like that from the beginning. My first patients were in Hungarian. And my training was in Hungarian, but I did professional training in English and, like, somehow it was very natural for me to be in charge and follow a group process in English. And also because of the readings, because of the vocabulary, mmm…. like to me the Hebrew is very much connected to this friends and family situation and English is not". We might say that Edith is a polylingual when it comes to Therapeutic Mother Tongue. Indeed, she is able to move between Hungarian and English professionally with great ease, so that even English is not her mother tongue, she experiences it as such on the therapeutic level. Hebrew is a foreign language for Edith both in general and also on the professional level, as she did not learn psychotherapy in a Hebrew context. Unlike

with Hungarian and English, the effect of Hebrew being a foreign language to her is manifested in feeling she has much less control over the therapeutic situation: "...maybe I feel more passive yes, and this is why I feel more like a service provider than…maybe this passivity is really important, it's like more……yeah….in general I feel less in control, maybe, when I speak Hebrew [in psychotherapy]".

Difficulties: When Training Language is not Internalised as a Good Therapeutic Mother Tongue

Not only developmental processes such as the creation of potential space and internalisation support the perception of training language functioning as a Therapeutic Mother Tongue. Cases of difficulties with language and the development of a professional self also support this perception. David's case represents such a development: David has been working as a therapist for more than 15 years. His mother tongue is Hebrew, but as an immigrant to the Czech Republic, he did all his training in Czech. He described his Czech language skills as good and does not experience major technical obstacles while treating patients in Czech. Given this situation, David's Therapeutic Mother Tongue can clearly be categorized as Czech. That would imply that he would be comfortable working in this language. But immediately after becoming an independent psychologist, and while still living and working in the Czech Republic, David started to work in English and Hebrew, and abandoned Czech. Not fully understanding why he is avoiding Czech in therapy, David said: "I know that I don't treat Czechs as well [as patients in my other languages] ..."

David's difficulties with Czech as a therapeutic language seems to stem from problems in the training process: While learning to become a therapist, David remained alienated from the Czech language. This was apparent in the interview, as he talked of two elements that bothered him with this language. One element was that Czech is the language of his ex-wife and her family, with whom he had a conflicted relationship. He had difficulties accepting their cultural style, mainly when it came to raising children: "let's say that since 1993 [The year when his first daughter was born] I kind of developed an impression of the typical Czech parent, and that impression is not at all positive. And that impression is associated with some typical way of expression, intonation, word use...I guess that at that moment I get locked in this unresolved personal issue, the language in which I lived".

The second element was identified by David during the interview. It had to do with the Czech language's structure, which includes a strong imbedded use of *honorific subject pronouns* that is distancing for him: "this form of addressing with VY bothers me, yes... This distance makes me feel bad and it does not exist in English [and Hebrew]". David's dislikes the Czech parental style and his experience of access distance due to the language's use of honorifics were barriers in the creation of relationships with supervisors and teachers, that are, as was shown above, developmentally parallel to parent-child relationships. Considering language, it seems that David had problems embracing Czech as a Therapeutic Mother Tongue. This is most evident in his ongoing reluctance to have a Czech supervisor: "What I think is stopping me [from seeking supervision] now is the thought that I would be getting supervision from a Czech professional. And this is not good. There should be no difference. And I did have good experience. But there is some reluctance to go to a local professional".

Having developed in a professionally parentless manner and without establishing a sense of good Therapeutic Mother Tongue, David was left to face the professional context alone. As in many cases of insufficiencies in the mother-child bond, this lack of belonging in its most basic

sense apparently had some effect on David's self-esteem as a therapist: "up until 2 years ago I had this feeling that I am less capable as a therapist in comparison to Israeli psychotherapists because I did not study in Israel but in The Czech Republic... I just knew that. But two years ago, I got involved in this Israeli web page of discussion about psychotherapy and many people were involved there... It then turned into a secret group…It helped me get free of my insecurity, I could suddenly see, feel, that I have nothing to be ashamed of. That I am OK". Alongside the opportunity to compare himself to other psychotherapists in his own mother tongue, belonging to a secret group in Hebrew had a profound effect on David's identity as a therapist. It seems that this group provided a context that he missed due to insufficiencies in his original relationship with his Therapeutic Mother Tongue. David's case demonstrates that language of training has a crucial role in therapist's development. Its internalisation goes beyond the technicalities of professional vocabulary and proficiency in using it in therapy, to the level of internalisation of the role of a therapist. This, through the creation of meaningful relationships with supervisors, therapists and teachers, and through identification with them and acceptance of their language as one's own Therapeutic Mother Tongue.

Discussion

The issue of language of training vs. language of practice has gained some professional attention in the last few decades. Studies referring to cultural diversity in training for therapists went from focusing on cultural proficiency and cultural awareness (for example, Maxie, Arnold & Stephenson, 2006, Dyche & Zayas, 1995) to exploring language as a distinct feature that needs to be taken into consideration in cross-cultural contexts and specifically in therapy. Research has shown that language poses specific challenges for therapists. Biever et al. (2002) reviewed the literature regarding English-Spanish speaking therapists who have studied in the US and conduct therapy in both languages. They found that all sub-categories of Spanish speakers (Spanish-speaking immigrants, speakers of Spanish mother tongue that were born in the US, speakers of Spanish as a second, heritage language and foreign language Spanish speakers) reported having technical difficulties in the transfer from social to professional proficiency, that is, had trouble working in Spanish after being trained in English. Bilingual therapists also expressed lower levels of self-confidence while working in Spanish. They associated these difficulties to a lack of appropriate professional vocabulary and lack of experience in studying and having supervision in this language.

Castaño, Biever, González and Anderson (2007) addressed experienced bilingual English-Spanish speaking therapists who were trained in English. They found that these therapists preferred working in English, even when their mother tongue was Spanish. Participants in the study described attempts they made at improving their functioning as Spanish-speaking therapists by exposing themselves to the language in natural circumstances such as television watching, reading professional literature in Spanish and seeking supervision and peer consultation in Spanish. The writers stress that proficiency is context-dependant and thus it is hard for bilingual therapists to express their knowledge, techniques and understanding of the therapeutic process in a language in which they had no training.

Verdinelli and Biever (2009) also found that amongst experienced bilingual English-Spanish speaking therapists who were totally fluent or reported to have almost no concerns regarding their ability to provide professional service in this language, there was a preference to working in the training language, English. This, in spite of the fact that different sub-categories of Spanish speakers faced different challenges. For example, heritage speakers had more trouble adjusting to different Spanish accents and stressed more the efforts they made to translate from

English to Spanish in their minds. Native speakers dealt with recent feelings of isolation. All of the above-mentioned research recommend that more training programs would actively train bilingual therapists in both languages. They all stress the cognitive complexity of the task of conducting therapy, a complexity that is not automatically transferrable from language to language (Biever et al., 2002). These studies focus on the technical and functional needs of therapists-to-be, such as the need for adequate vocabulary and practice in professional thinking in the target language. They point to consequences at the level of language preference, feelings of competence and self-esteem.

Findings presented in this paper support the claim that the language of training is indeed an important factor in the language experience of polyglot therapists. These findings also demonstrate that the training-language's impact goes well beyond the proficiency level and creates an effect at the levels of identity as a therapist and nature of embodiment of the language of training. As was mentioned above, psychotherapists' training process is emotionally intensive, and involves cognitive, professional and personal aspects of the therapist-to-be. Relationships play a crucial role in this process. The supervising relationship is of unique importance, as Freud (1912/1953) writes regarding didactic analysis as part of the training process: "We must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide." (p. 116) Using Winnicott's formulations we can say, that when this mental contact is good-enough, a potential space, crucial for growth and development, is created (Winnicott, 1953, 1960, 1971).

This complex experience takes place in the context of a specific language, the language of training and practice. As was demonstrated through participant's comments, in these conditions language itself can function as a transitional object in the service of the therapist's development. As a result, this language's level and nature of embodiment (Pavlenko, 2005) develops and deepens, especially in the context of psychotherapy. In the unique circumstance of learning to be a therapist in a foreign language, psychotherapy and language become intertwined. Walsh (2014) refers to two languages, the psychoanalytic language, and the actual language, which is in her case a foreign language. She writes: "I suggest that the psychoanalytic language becomes integrated, embedded, and expressed within another language, in my case Hebrew" (p.68). As was shown in this article, considering the training-language as a Therapeutic Mother Tongue enables us to understand the experience of different languages, their integration and use, in the polyglot therapist.

Further Thoughts

Language is one of the most important aspect of psychodynamic psychotherapy. Word choice and associations, dreams and sentence phrasing, make the landscape of the subject's inner world, personal story and the unconscious. Language is also the means for psychological change through interpretation, interventions and the creation of insight (Forrester, 1980). The question of how does a therapist succeed in performing therapy in a foreign language, a language that he knows less well in terms of depth, emotional embodiment and technical knowledge is as relevant in the present days of globalization and immigration, as it was in the days of the forefathers of psychoanalysis (Amati Mehler et al.,1993). The findings presented in this article suggest that the language of training might become the first language of therapy for the therapist. But when this language is foreign, the same questions remain relevant: Beyond the transference to this language, on the practical level, is the therapist speaking a foreign language able to listen and identify the unconscious in the patient's speech through slips of tongue, idiosyncratic speech, words used in a unique way, the verbalization of dreams?

Psychoanalysts and psychodynamic therapists exploring these questions come up with interesting and diverse answers. For example, Chilean psychoanalyst Jimanez (2004), who lived and worked for five years in Germany, came to the conclusion that the basic patient-therapist contact is trans linguistic, and is based on affective attunement. Jimanez describes many moments of lingual uncertainty, when he was failing to fully understand his patient's verbalisation, or had trouble producing accurate interventions. Jimanez realised, that when he allowed himself to listen applying psychoanalysis' fundamental law, without an effort to decipher each word verbally, he was able act as the "translator of the unconscious" (p. 1375) and was able to offer meaningful interpretations. His patients then tended to rephrase his unpolished verbalisations, thus making the interpretations more accurate, and much more their own. Jimanez (2004) also suggests, that his recent acquisition of the German language made him more alert to literal meanings overlooked by native speakers. Gulina and Dobrolioubova (2018) bring similar findings, suggesting that polyglot therapists sometimes find themselves more alert to unique verbalisation, slips of tongue and double meaning in a foreign language.

Stahl Freedman (2017) discusses the common assumption that the more the therapist and patient are similar in background and language, the better the patient will be understood. In her view, this approach only intensifies an illusion of familiarity in both patient and therapist. Instead of assuming to know the patient's language and inner world, Stahl Freedman suggests the therapist should maintain a position of curiosity and of not knowing. He should focus on learning the patient's personal language, as "every analysis is a cross-cultural treatment" (p. 95). It might be suggested, that as polyglots have the advantage of listening to language from within as well as from without, they are more inclined to pick up the unconscious elements in their patients' verbalisation. On the other hand, when proficiency and knowledge of the language and its cultural depth are less than perfect, some nuances might be missed.

The present article cannot contribute directly to the discussion regarding the ability of foreign therapists to hear the unconscious. But it can offer a new perspective on the question itself. Of the many writers who addressed the issue, none has singled out the case of the foreign language being a Therapeutic Mother Tongue (an exception is the fascinating article by Walsh, 2014, that was quoted above). Does learning to become a therapist in a foreign language create a unique attunement to the unconscious, less accessible to native speakers, or is the therapist less able to identify the unconscious, while he is himself in a less known lingual environment? And are there differences between the use of the foreign Therapeutic Mother Tongue and any other foreign language? Further research regarding the use of mother tongue, a foreign Therapeutic Mother Tongue and foreign language in therapy might shed some more light on these questions and on the issue of listening to the unconscious in therapy in general. The current findings are a result of a specific sample of participants, their life experiences and unique personalities. Regarding the interviewer, all interviews were conducted in languages she actively uses for research and therapy, but some were conducted in her mother tongue while others in languages acquired in later stages of her life. The same as with therapists working in diverse languages, this diversity might have affected data gathering in levels of proficiency, interaction and interview management. Since results of in-depth, qualitative methods rely heavily on the lingual information gathered through interviews, another sample of participants and interviewer might have resulted in different findings.

Beyond this general limitation structured in most qualitative research protocols, there is one source of inconsistency that might have affected results. At the beginning phases of the research, we did not expect to address language of training as a significant variable. Interviews were conducted in one of the participant's active therapeutic languages, without it being

necessarily their mother tongue or language of training. For example, Pavel was interviewed in Czech which is his mother tongue and his language of training. David was interviewed in Hebrew which is his mother tongue but not his language of training. George was interviewed in Hebrew which is his language of training but not his mother tongue. And Antonella was interviewed in English, a language in which she works but is neither her mother tongue nor her language or training. Further research regarding Therapeutic Mother Tongue should design data gathering while considering the issue of language of interview and its status for the participant.

Dewaele (2015) explored a specific manifestation of language embodiment that he termed "the language of the heart". He was interested in polyglots' use of their different language in inner speech and in emotional inner speech, language manifestations that are highly personal and intimate. Polyglots tend to use their mother tongue as the main language of inner speech. However, Dewaele found that foreign language was likely to become more intimate when subjects experienced themselves as more proficient, used it more and had a strong social use of it. The context of acquisition and perceived emotionality of the foreign language also affect language's tendency to become a language of the heart. In cases of particular emotional connotation between a foreign language and the emotional experience, the same language might be preferred for inner speech regarding this context.

Inner speech and emotional inner speech are aspects of language highly relevant to the work of the psychotherapist, who is trained to constantly engage in inner speech as a tool for keeping track of his internal processes, and processing the patient's discourse. Participants in the current research were not asked about their use of inner speech in therapy. It would be intriguing to see further research addressing this particular question. The case of polyglot therapists presents a unique interaction between language, training and practice. Therapists' insights and relationships with their different languages shed new light on the complex role of language in therapy. Polyglot therapists also pointed their need for more theoretical attention to questions of language, multilingualism and the therapist. For all these reasons, it would be interesting to see more research exploring this unique situation, that is becoming more frequent and relevant in current times of globalisation, relocation and online therapy.

Acknowledgements

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Appendix: Participants*

Name	Title	Professional orientation	Language in therapy**	Mother tongue	Current residence and status	Age	Other languages	Place of major training
Pavel	psychologist	Psychodynamic	Czech Italian	Czech	CR	35	English German	CR
Luciana	psychoanalyst, supervisor	Lacanian psychoanalytic	Hebrew Spanish	Spanish	Israel, Immigrant (40)***	57	English	Paraguay
David	psychologist	psychodynamic	English Hebrew Czech German	Hebrew	CR, Immigrant (30)	55	Arabic	CR
George	Psychologist in internship	psychodynamic	Hebrew Arabic	Arabic	Israel	35	English	Israel
Alina	Music therapist	Lacanian psychoanalytic	Hebrew Russian	Russian	Israel, Immigrant (19)	55	English	Israel
Inbal	psychologist, supervisor	Psychodynamic	Hebrew Spanish Portuguese	Portuguese	Israel, Immigrant (22)	50	English	Israel
Edith	psychologist	Psychodynamic	English Hungarian Hebrew	Hungarian	Hungary	35	French Czech	Hungary
Joel	psychologist, supervisor,	Psychodynamic	Hebrew English French German	French	Israel, Immigrant (24)	75		Canada
Antonella	psychologist	CBT and Interpersonal psychotherapy	Italian French English	Italian French	Slovakia (temporary)	50		Italy

* Names and identifying details have been changed.
** Languages in therapy are presented according to frequency of use, from the most frequent to the least frequent.
*** Number in parenthesis represents the age at immigration.

Traces of the Unconscious in Language

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Abstract

The significance of language in clinical practice first emerged with the Anna O. case, a study by Freud. Lacan went on to support Freud's findings. Through the Back to Freud movement, Lacan proved language to be crucial from theoretical and clinical perspectives. According to Lacan, the name of the father in the language used by the mother functions as a signifier for the mother's desire. It corresponds to the first repression and enters the symbolic register. It refers to Lacan's famous statement 'Unconscious is structured like a language'. As such, in his theory, Lacan actively uses the concepts of signifier, signified, metaphor and metonymy and offers new interpretations of these concepts. Therefore, to study the unconscious, working with language is the main method. However, because of repression, the unconscious can only be studied through the traces it shows in language. In this article, traces of the unconscious in language are explained using clinical examples. Clarifications are provided as to how traces of the unconscious can be studied analytically.

Introduction

The main work principle in psychoanalysis is to study the function of speech. This logic was based on Freud's work, however, over time it suffered from erosion in the field of psychoanalysis (Lacan, 2006a). This paper focuses on linguistic logic, how to use language in psychoanalysis and the theoretical background of language in psychoanalysis.

Psychoanalysis is rooted in 1890's when Freud started accepting hysterical patients, since he could not earn well from his neurology specialization (Perron, 2017). In early periods of accepting hysterical patients, Freud tried hydrotherapy and electrotherapy methods. However, these methods did not yield any results. After attending Charcot's hypnosis lessons in 1885 in France, Freud decided to use hypnosis. Nevertheless, hypnosis did not offer a sustainable solution. He realized that hypnotized patients initially overcame their symptoms, but after a while, either the same symptoms re-appeared or different symptoms emerged. Freud was stuck until he remembered about Anna O., one of Breuer's patients (Freud, 1910). Anna O. was a young educated woman from a wealthy family. She had developed paralysis on various limbs. After her father fell ill, she gradually lost her ability to speak. Breuer initially tried hypnosis to relieve Anna's symptoms. During the first hypnosis, Anna uttered a meaningless sentence, containing words from five different languages. After this attempt, Breuer stopped telling Anna what to do during hypnosis and started encouraging her to talk. Although Anna called this method a *talking cure*, the foundations of the free association method were laid. The reason Anna called this method a *talking cure* was, of course, the relationship between language and the unconscious. While hypnotized, Anna O. remembered several events relating to the onset of her symptoms, including emotional burden. When she recounted these events, her symptoms disappeared. For example, Anna did not drink water for approximately one year. She drank other types of beverages. Although she was thirsty and brought the water closer to her lips, she refused to drink when she realized it was water. One day, she was under hypnosis and

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remembered that a dog was drinking water from the glass in the maid's room. After she expressed herself, she began to drink water again (Freud & Breuer, 2001). In this context, Anna O's case revealed how important language is to work with the unconscious.

After Anna O's case, Freud realized that the unconscious is closely related to language. For example, in his book Everyday Life in Psychopathology, Freud recalls the occasion when he asked a woman about her son's duty in the army. The woman replied '42. Mörder', which means *murder* in German, whereas the correct answer should have been '42. Mörser', meaning *artilleryman* in German (Freud, 2002, p. 113). This observation is an example of how the unconscious emerges through language. According to Freud, this slip is an example of the *repressed unconsciousness*; other examples of repressed unconsciousness include bungled actions, accidents, or being forgetful (Freud, 2002).

Lacan states that, after Freud's time in early 1900's, studies on speech and language became less frequent. In the Back to Freud movement, Lacan studies parts of Freud's theories which focus on linguistics and structure, rather than focusing on ego behaviours. When describing his psychoanalytic studies, Lacan states that he studied the function of speech rather than the function of ego. According to Lacan, ego studies inflate the subject's ego, thus increasing the subject's levels of frustration and aggression. Lacan argues that the analytic process allows an analysis of the function of speech, in order to study the unconscious desire. As such, according to Lacan, there is nothing in the unconscious except *Parletré*, which means speaking presence (Lacan, 2006a). Since the unconsciousness is associated with language, the only way of studying the unconscious is working with the language. Psychoanalysis is known as a talking cure, although the relationship between language and psychoanalysis have only found real meaning thanks to Lacan. Theoretical information about how language is studied in psychoanalysis and clinical implementations are discussed in the following section.

Lacanian Theoretical Perspective

Jacques Lacan gave his 3rd seminar, titled 'The Psychoses', during the years 1955-1956. In this seminar, he explored the symbolic order and the nature of language. He coined the famous definition of the relationship between the unconscious and language: 'The unconscious is structured like a language'. (Lacan, 1993, p. 119). This definition can be studied in depth.

In his article *The Function and Field of Speech and Language*, published in his book *Écrits*, Lacan studies the relationship between the unconscious and language. Lacan states that the unconscious forms part of the subject's history and that the unconscious represents a gap, a censored chapter. Lacan argues that nonetheless, the subjective truth can be re-discovered. As such, speech is the subject's attempt to rediscover the truth. When Anna O.'s case is analysed in this light, according to Lacan, the body contains the truth. When the body is verbalized, it is unlocked like a password and the truth surfaces. Anna O.'s traumatic experience (the dog drinking water from a cup), when verbalized, results in the disappearance of her symptoms (Anna O. manages to drink water again). This behaviour resulted in the discovery that a traumatic event can cause illness for the hysteric subject. The concept of verbalization gains importance; according to Lacan, verbalization results in the patient remembering and describing his past traumatic experiences while conscious (when not hypnotized). The crucial factor is for the subject to verbalize this experience in his own language, using the culture his language operates in, and for the subject to restructure this experience while verbalizing. Thus, the subject's speech carries traces of his speech in the first years of his life and is enunciated once again. A common misconception is that the subject's verbalization is based on a lie or a

mistake. To the contrary, the verbalization reveals the truth (Lacan, 2006a). One must then explore why the subject's mysterious, incomprehensible truth surfaces through the subject's language. According to Freud, this is related to the father's death, which throughout history has been a very dramatic event. According to Lacan, the truth's emergence through language is explained through the father's symbol (Lacan, 1993).

Lacan points out that words have existed since the beginning of humanity, and that humans use speech only because humanity is formed of symbols. In his article *The Function and Field of Speech and Language in Psychoanalysis*, Lacan offers a marriage-based interpretation. He explains that, in intra-subject relationships, marriage and family ties are recognized in a symbolic order. The subject accepts the incest taboo based on this signification. This incest taboo consists of the primordial order, detailed in Freud's book *Totem and Taboo*. The primordial exists in the domain of the surname and language; the father's surname renders the mother and child's union impossible. As such, the Name-of-the-Father signifies the oedipal taboo, enables the subject to understand the taboo and thus the subject becomes subject to the symbolic order. When the subject accepts this taboo, the Name-of-the-Father illustrates the mother's desire, leading to the creation of the *paternal metaphor*, which Lacan names *the first metaphor* (Lacan, 2006a). When this metaphor is created, the repressed desire and the unconscious are structured in a way similar to language.

According to Lacan, the fundamental basis in the subject's speech, is the fact that the subject is speaking to a listener. Only the analyst can identify the significant points illustrated by the traces of unconscious during the subject's speech. Similarly, only the analyst can give meaning to these significant points prominent in the analysand's speech. As such, in order to study the analysand's unconscious, it is essential for the analyst to understand how unconscious information surfaces during speech. In his article *The Function and Field of Speech and Language in Psychoanalysis*, Lacan provides several examples as to how the unconscious information surfaces through speech. Through his examples, Lacan also explains Freud's concepts of *condensation* and *replacement*, as outlined in Freud's *The Interpretation of Dreams*. Lacan classifies *condensation* as metaphor and *replacement* as metonymy, underlining the importance of these concepts in the subject's speech. As such, in order to study the unconscious, one must focus on paternal metaphor, which plays a role in the creation of the subjective truth (Lacan, 2006a). In order to study the unconscious, one must also focus on the structuring and surfacing of metaphors and metonymy.

In order to understand the concepts of metaphor and metonymy, one must study the concepts of signifier and signified, both of which play a role in structuring metaphor and metonymy. It is widely known that, in using the concepts of signifier and signified to explain the relationship between the unconscious and language, Lacan has been influenced by Saussure. According to Saussure, meaning is consistent between the signifier and signified. Taking a tree as an example, the relationship between a signifier tree and a signified tree is both semantic and strong. To the contrary, Lacan's perspective markedly differs from Saussure's. Lacan argues that the relationship between the signifier and signified is inconsistent, fluid and ever-changing. Thus, Lacan intervenes in Saussure's algorithm by introducing a bar. Lacan formulates the relationship between signified and signified as 'S/s'. Instead of positing an inseparable tie between the word and the object pointed at by the word, Lacan states that there is a boundary between the signifier and signified. This boundary acts as a resisting force for the signified, preserving the meaning. Thus, as seen in the formula in Figure 1, the signifier is placed before

the signified (Signifier/Signified). The belief that a signifier points to a fixed signified is an illusion (Lacan, 2006b).
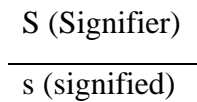
S (Signifier)
———————
s (signified)

Figure 1. The representation of the relationship between the signifier and the signified.

According to Lacan, the signifier's most important feature is the fact that it belongs to a network of signifiers. The metaphor's meaning-generating feature is only made possible through the network of signifiers. Lacan defines a metaphor as the process by which a signifier substitutes for another signifier. During his *Psychosis* seminar (1955-1956), Lacan refers to Boaz, which functions as a metaphor: 'Sa garbe n'était point avare, ni haineuse' (Translation: 'His sheaf was neither stringent nor hateful'). In this example, the sheaf refers to Boaz. In this line, 'Sa garbe' ('his sheaf'), acquires its meaning by substituting with Boaz (Lacan, 1993). Without the distance placed between the subject and its characteristics, the sheaf cannot be named as 'stringent and hateful', thereby illustrating the fluidity of meaning between the signifier and signified. Lacan comments on the disconnected relationship between the signifier and signified and associates this disconnect with the nature of language, labelling the phenomenon as 'resistance to acquiring meaning'. Lacan argues that meanings cannot be created independently and are only made possible through metaphors. As such, the Name-of-the-Father signifier exists to signify the mother's desire and also represents the incest taboo, thereby creating the paternal taboo. This metaphor acts as the primordial metaphor in the creation of a subject, thereby helping cement the meaning. Lacan labels the cementing of meaning as *point de capiton*, a process whereby meanings do not shift infinitely and eventually become fixed. The signified embodies the signifier's order and meaning. Despite its discreet positioning, the signifier's meaning becomes transparent by way of free associations. As such, in psychoanalysis, studying the signifiers becomes fundamental to understanding the signified (Lacan, 2006b).

Lacan explains that metaphor and metonymy are both necessary in the sense-making process and that both must be at play if meaning creation is to take place. Lacan associates Freud's *metaphor* concept with the concept of *condensation*. He associates Freud's *metonymy* concept with the concept of *replacement*. According to Lacan, metonymy is the acquisition of meaning during replacement. Lacan suggests that the signified is a metaphoric construct. On the other hand, the diachronic movement in the signifier network between one signifier to another, and the constant transfer of meaning across different signifiers, is an example of metonymy (Lacan, 2006a). Lacan uses Freud's *Signorelli* case, to describe the relationship between metaphor, metonymy and the unconscious (Lacan, 2002).

The Signorelli case is described as follows. Freud is with a lawyer, travelling by train to Herzogovina. The lawyer is a stranger to Freud. They discuss the customs of Turks living in Herzegovina. The topic somehow shifts to Italy and Italian paintings. Freud recommends that his new lawyer friend visit Orvieta to see the doomsday paintings. However, Freud cannot seem to remember the name of the artist who painted them. Instead of uttering the word Signorelli, the name of the painter, Freud utters the names Boticeli and Boltraffio. Lacan believes that the Signorelli name is lost in a hole. Even if the name appears to be 'forgotten', this instance is another way of 'remembering'. If so, what exactly is lost in the hole? Lacan states that it is the 'signifier' and not the 'signified' that is lost. In fact, Freud can visualize the

doomsday paintings and the complexion of the painter, but is unable to remember the painter's name. Lacan believes that at this point, a metaphor surfaces. The network of signifiers which results from Freud forgetting Signorelli's name can be interpreted as metonymy: the signifiers Bottic*elli* and Signor*elli* have similarities, since they both point to a painter. Similarly, signifiers Trafoi and Bosnian surface in relation with Boltraffio and they point to a venue. The phonetic similarity between the signifiers cannot be overlooked (Lacan, 2002).

Lacan states that no occurrence is a coincidence and that each occurrence makes sense in its own truth. As such, Lacan regards bungled actions and symptoms as metaphors (Lacan, 1966/2006a). He states that the unconscious can only operate through language. The Moebius strip is used by Lacan to describe the transition of the unconscious through language. The Moebius strip explains this transition which demonstrates that at one point in time, the conscious and the unconscious are both identical yet different (Lacan, 1998).
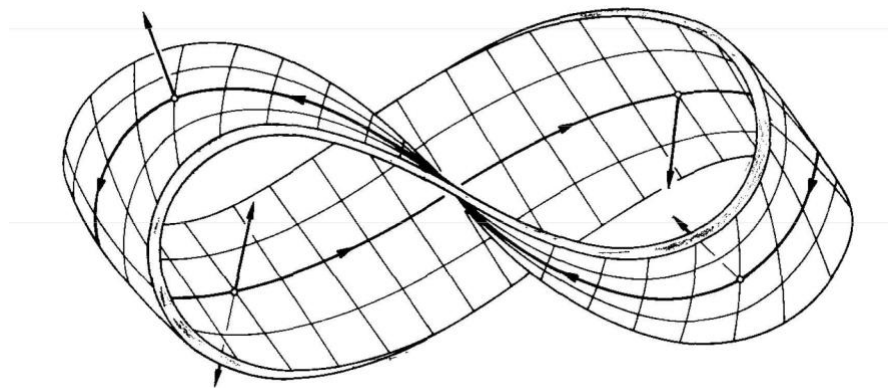

Figure 2. Moebius Strip (Sheng, 2017).

As seen in Figure 2, The Moebius strip is formed by putting together the opposite sides of a strip with a twist. Thanks to that twist, the outside of the strip leads to the inside of the strip, and vice versa, illustrating the overlaps between the conscious and the unconscious. Hence, the Moebius strip illustrates the topological representation of the relation between the conscious and the unconscious in language. If, at one instance, a subject's speech is based on his conscious, with a twist, the unconscious can take over and start informing the subject's language. (Lacan, 1998) Therefore, the unconscious in language can be traced by listening to what the subject is uttering. What, then, can we identify, at the intersection of the conscious and the unconscious?

Through slips of tongue, spoonerisms, pauses, stumblings, ambiguous phrasing, equivoques, double and triple entendres, negations, slurs, stuttering, mumblings, malapropisms or garbled speech, repressed desires in the unconscious are revealed in language (Fink, 1997, p. 6). Speech which fluctuates in volume, changes to the narrative style and the subject's choice of words have also been named by Lacan as unconscious elements. This phenomenon is referred to as a *return of the repressed* (Lacan, 1966/2006a). These phenomena are all significant moments portraying the reverse of the unconscious in language and they can be studied during the analytic process.

Psychoanalysis sessions led by the authors of this article provide supporting evidence that the language used by patients reflect their unconscious. As a comprehensive example referring to the first repression, the authors of the article draw on their experiences of conducting psychoanalysis sessions. A young female patient who lived with her family signed up for therapy, complaining that she could 'no longer handle things'[2]. In the first session, she talked about the existence of an inner voice and her inner voice said to her: 'Everybody does it, why can't you?'. When the therapist asked what the patient's inner voice meant, the patient started to cry and talked about the bad relationships of her mother and her father. After this point, the main agenda of the sessions was the patient's relationship with the father. Throughout the sessions, the patient mostly talked about her father and started crying after using the word 'father'. She said 'I could not speak to anyone about my father because they would judge me'. When these issues were elaborated, she stated that she was afraid because others would judge her father due to his alcohol problems. Her accounts were therefore vague and inconsistent, since she seemed to suggest that both herself and her father could face judgment, without explaining why she herself could be judged. It is at this stage when the psychoanalysts supervising the session suspected incestuous desires. The patient did not talk much about her mother in the sessions except to describe the times when her mother was not home. She mentioned that her relationship with her father improved when her mother was not home. She explained: 'My dad starts acting weird whenever my mother returns home'. In the sessions, it was thought that the patient felt guilty due to the repressed oedipal desire and it was observed that the desire for the father had a place in the patient's language as well: 'I do not see him as a father', 'I cannot accept my father's preferences'[3], and 'I want him to think of me as I think of him'. When the psychotherapist reassured the patient that the two-person relationship her mum and dad had contained an important third (the patient herself), the patient resented the idea that she was a mere third participant in a two-person relationship. She started crying and asked 'Why is he cheating on me/making me cry (sic) so much?', referring to her relationship with her father. The sentence she uttered was phonetically ambiguous as to whether the patient said 'making me cry' or 'cheating on me'. In Turkish, the words signifying 'making someone cry' ('ağlatmak') and 'cheating' ('aldatmak') sound similar, hence the phonetic ambiguity. This can be given as an example of metonymy. In the patient's unconscious, these two signifiers which differ in meaning are nonetheless located in the same signifier network, by way of association. This example of metonymy is interpreted as the patient's reaction to triangulation and is regarded as the repressed oedipal desire.

The unconscious can also be traced through language by way of metaphors. During therapy, when the male patient is unable to answer the therapist's questions, he reacts by saying 'I'm about to break my pencil right now'. This statement can be seen as an example of a metaphor. The patient states that he is very close to breaking the pencil he is holding. He explains that in Turkish this expression also means 'there is nothing left to write about the defendant who has been sentenced to death'. Following this utterance, the patient explains that he regards the therapist to be authoritative, similarly to his dad. He adds that his father always dictates to him

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[2] In the Turkish language, the word used by the patient ('to handle') has double meanings. It can either mean that the patient cannot cope with aspects of her life, or that she is unable to give someone an erection. The psychoanalyst supervising these sessions had the impression that when the patient used this word, she was referring to the latter meaning of the word, describing her sexual desire towards her father.

[3] When the patient referred to 'preferences', she continued to talk about her father being married to her mother.

the exact way in which his father should conduct himself and that his father later comments on how he failed to follow the instructions. The patient expresses anger at his father's remarks by saying 'if he knows better, he should do it himself'. However, he adds that he cannot confront his father with these remarks since he respects authority. It can be argued that the patient's ambivalent feelings towards his dad rise to the surface through the 'breaking the pencil' metaphor. The patient's choice of metaphor is thought to illustrate self-punishment for failing in the face of authority. These failures are observed both when he fails to accomplish his father's asks and also when he is unable to answer his therapist's questions.

Another example by which the unconscious can be traced through language is equivoque. A young female patient signed up to therapy due to family relationship issues. She was born into the working class but developed herself and went to high-quality schools. During the sessions, the patient explained that she lived a different life from her family, and she had a job which paid well. The patient said: 'I am economically free', explaining that she is financially independent from her family, thanks to her income. In this example, it was heard semantically that the patient talked about her financial power and therefore, her independence from her family. Whereas she claimed to have economic freedom, the implied meaning was that her freedom was restricted. The word 'economic' is an example of equivoque. At this point, as part of an analytic work, the psychotherapist announced to the patient that she might have restricted freedom, not full freedom as she so claimed. When prompted to consider whether her freedom was restricted, the patient accepted this suggestion and proceeded to explain that she was unable to fulfill her desires because of her loyalty for her family. This interaction exemplifies how equivoque can have two meanings and emerge as a clue from the unconscious.

Another female patient, this time with bulimia, whilst questioning her motives for repetitive overeating and purging, refers to the difficulties she is experiencing with her family, friends and boyfriend. When these problems are probed, the patient frequently uses negations, such as 'I'm not someone who gets lost in her thoughts', 'It's not that something like this would trigger me', 'The experience wasn't serious enough to make me eat and purge' and 'My problems are not that frustrating'. The surfacing of these negations is interpreted as the patient's denial of the intense emotions she felt in response to these difficult experiences. As such, it is thought that, in fact, these negations function as affirmatives.

Another means by which the unconscious can be traced in language is through the slips of tongue. The interpretation of slips of tongue is always based on the patient's own discourse. As an example, a female patient talked about her feelings of exclusion since childhood. She mentioned that she was fed up of being excluded in her relationships. Despite expressing that she was fed up of being excluded in her relationships, the patient's main concern was maintaining these relationships. In one of these sessions, the patient made a slip of tongue by saying "I am absent when I am not excluded". This slip of tongue illustrates that despite suggesting that she is fed up of being excluded in relationships, most of the relationships she enters into is based on feelings of exclusion. When the therapist pointed out her slip of tongue, the patient kept describing how much she suffered because of being excluded and ignored the therapist's comment. Considering all the sessions, it was thought that the patient constructed her relationships based on the feeling of 'exclusion' and chose to engage in these relationships because of the jouissance she derived from being excluded. As such, the patient's statement 'I am absent when I am not excluded' can be argued to reveal the patient's unconscious intent. The above study of slips of tongue provides a practical example as to how such slips can be analysed in clinical settings.

Conclusion

Although Freud, a pioneer, developed the *talking cure* and demonstrated clues of the unconscious in language, the relationship between the unconscious and language was deeply explored by Lacan. Lacan grounded his clinical practice on studying language. He took Freud's theoretical background as a reference to build his own theories. As such, Lacan prioritized the study of the function of speech, as opposed to studies of ego. Lacan believed that symbols, which are fundamental to civilizations, also shape the subject's unconscious. The subjective truth is pushed to the unconscious due to the parental metaphor and the subjective truth surfaces through the subject's speech. The reinterpreted truth can only be set free when the therapist emphasizes and comments on the significant events in the subject's past. During the subject's speech, the unconscious and conscious are interchanging. They manifest themselves as slips of tongue, metaphors, metonymies, negations and equivoques. These examples can be classified as the traces of unconscious and have been explored in this article through the authors' clinical experiences.

Acknowledgements

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Attachment Style, Mother Tongue Proficiency and Sociocultural Identity Amongst Second and Third Generation South Asian Immigrants in Hong Kong

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Abstract

This study examined the relationship between attachment style, mother tongue (L1) and dominant language[2] (DL) proficiency, sociocultural identification with the culture of origin, and life satisfaction amongst second-generation and third-generation South Asian immigrants in Hong Kong. Participants included 69 women and 28 men who were permanent residents of South Asian ethnicity, and who had grown up in Hong Kong. The results identified significant associations between attachment insecurity and L1 and DL proficiency, as well as commitment to the origin culture. There was a positive association between life satisfaction and commitment levels to origin culture, indicating that high commitment levels to origin culture tend to coexist with high life satisfaction. This study adds to the existing literature with a focus on language skills, attachment and acculturation in immigrant populations.

Introduction

Immigration is a global phenomenon that involves major changes in immigrants' and future generations' lives. As of 2019, 3.5% of the world's total population comprises immigrants (UN, 2019). In relation to second/third generation immigrant children who often grow up in a bilingual context, the importance of maintaining a first language (L1) is important for the development of a coherent ethnic identity (Tseng & Fuligni, 2000). Early linguistic and communicative development have been found to be affected by the infant's attachment relationship with their primary caregiver (Costantini, Cassibba, Coppola, & Castoro, 2011), linking attachment security to language development. Previous research has indicated that bilinguals and multilinguals report different emotions and behaviour when speaking different languages, acculturating into host cultures (Dewaele et al., 2020; Hammer, 2016; Panicacci & Dewaele, 2017), but little has been done to understand whether different attachment styles interact with language use and social identity amongst immigrants.

Hong Kong has been a home for South Asian immigrants since the early 19th Century during British occupancy, yet immigrant communities still report feeling acculturative stress and confusion over their ethnic identities (Tonsing, Tse, & Tonsing, 2016). This study aims to explore the relationship between attachment style, mother tongue (L1) and dominant language (DL) proficiency, sociocultural identification with the culture of origin, and life satisfaction amongst second-generation and third- generation South Asian immigrants in Hong Kong.

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[2] For the purpose of this study, the term "dominant language" refers to the participants' most proficient language (Kaushanskaya et al., 2019).

Attachment and Language Development

The development of language competencies in children is closely associated to parents' ability to support their children's social and cognitive development. The attachment relationship between infants and their parents is a central component in ensuring socio-emotional and cognitive development in children. In particular, the development of a secure attachment and affective bond to a primary caregiver represents a central challenge for ensuring functional development in children. Although the presence of attachment is universal, the quality of attachment differs from one infant-caregiver relationship to the next, with individual differences reflecting the history of interaction patterns (Weinfield, Sroufe, Egeland, & Carlson, 2011). Attachment can be defined as "a way of conceptualising the propensity of human beings to make strong affectionate bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety anger, depression, and emotional detachment, to which unwilling separation and loss give rise" (Bowlby, 1979, p. 151).

Bowlby and Ainsworth (see Ainsworth, 1967; Bowlby, 1969) suggest that infants are biologically and evolutionarily predisposed to form proximal relationships, to ensure their survival during childhood. Within this context, the primary caregiver assumes the role of a 'secure base' that allows the child to explore their environment, until it returns to seek the proximity of the secure base for comfort if the experiences cause anxiety due to actual and direct environmental threats, stimuli that are not inherently dangerous (e.g., loud noises), or attachment-related threats (e.g., separation or loss from the attachment figure) (Bowlby, 1973). Differences in the development of attachment are associated with how the primary caregiver responds to the infants' comfort and reassurance-seeking 'attachment behaviours', including crying, clinging, and reaching out to be picked up by the primary care giver. Here the child is predisposed to elicit behaviours from the primary caregiver to satisfy its need for safety and security. A secure attachment is formed when the primary caregiver is available, recognises the child's distress, responds sensitively, provides emotional comfort to alleviate fear, and intervenes when needed. Insecure attachment develops when the parent is emotionally unavailable, and provides inconsistent and erratic responses to their child's comfort seeking behaviour. These infant-caregiver interactions shape the child's 'internal working model of attachment' depending on the level of proving a 'secure base' by responding to their child's verbal and nonverbal signals.

Based on an observational procedure by Ainsworth (1978) known as the 'Strange Situation' which assessed infants' reactions to their primary caregivers, three types of attachment styles were identified. As outlined by Holliman and Critten (2015), 'securely attached' children have an internal presentation of a loveable and worthwhile self, responsive and caring others, and an openness to exploration. Insecure attachment represents less securely attached forms to the primary caregiver. Insecure-resistant, or insecure-ambivalent attachment reflect a self-representation of an unlovable self and unpredictable others, whereas insecure-avoidant children have an internal presentation of an unworthy self and uncaring others.

The relationship between attachment and language development in children has been explored relatively infrequently in the empirical literature. A meta-analysis of 32 studies by IJzendoorn et al. (1995) examined the relationship between attachment quality, intelligence and language competence. Although the results identified intelligence to be only weakly associated with attachment, securely attached children were more competent in the language domain compared to insecure children, indicating that language development could be stimulated in secure

attached child-parent relationships. As such, secure attachment provided a foundation for children to be willing to interact and explore language with the parents, who instruct and teach their children (i.e., attachment-teaching hypothesis). In contrast, insecurely attached children may have reduced language interactions with the primary caregiver, resulting in lower linguistic exposure and an impoverished language environment.

Based on the assumption that parents of securely attached children provide better support for children' linguistic development due to advanced linguistic input in interaction with their children, Costantini et al. (2011) explored the mechanism of how attachment security promotes language skills in children. The findings identified that the child's attachment security at 24 months of age could be predicted by the mother's number of utterances, supporting the attachment-teaching hypothesis (IJzendoorn et al., 1995). Additionally, the increased use of utterances in both child and mother is related to an increased number of episodes of joint attention (Tomasello & Farrar, 1986), resulting in more utterances and quality verbal exchanges, hence demonstrating that joint attention is also linked to secure attachment (Naber et al., 2007).

Secure attachment has been associated with maternal sensitivity, as it involves the ability of the primary caregiver to respond appropriately to verbal and non-verbal signals of the child (Bakermans-Karneburg et al., 2003). Maternal sensitivity has been also linked to language skills development, to the extent that sensitive parents may be more verbally responsive in early interaction processes (Leigh, Nievar, & Nathans, 2011; Neuhauser et al., 2018). Parental sensitivity can be defined as the operationalisation of "accurate, prompt, and contingent didactic and affective responses to children' signals, cooperation with the children, accessibility to children and expression of positive feelings and emotions toward the children" (Bornstein et al., 2020, p. 483). Several studies have demonstrated that parental sensitivity facilitates communicative development and competence at all stages of childhood, from toddlerhood or pre-school years onwards. For example, maternal sensitivity is associated with early intentional communication, such as the use of gesture and symbolic behaviour (Paavola et al., 2005; Wu & Gros-Lous, 2014), language skills (Leigh, Nievar, & Nathans, 2011), phonological awareness (Goldstein & Schwade 2008; Silvén et al., 2002), expressive language (Laranjo & Bernier, 2013; Nozadi et al., 2013), and increased rate of communication (Di Carlo et al., 2014).

Acculturation and Attachment

Acculturation refers to "the process of cultural and psychological change that results following meeting between cultures" (Sam & Berry, 2016, p. 472). The process of acculturation relates to the changes an acculturating individual who is a member of a non-dominant (migrating) group experiences towards a dominant (acculturating) group. As outlined by Berry (2003; Sam & Berry, 2016), acculturation involves various changes on an individual level that individuals experience when adapting to new situations, including behavioural (e.g., wearing different clothes), psychological (e.g., altered sense of wellbeing) and sociocultural changes (e.g., acquiring a new language). These changes are often quite challenging, resulting in signs of acculturation stress, such as uncertainty, anxiety and depression.

From an attachment perspective, Van Ecke (2005) discussed how immigrants experience trauma as a result of the long-term effects of separation and loss from their culture of origin, such that they may end up becoming susceptible to mental health problems. Immigration may also be linked with attachment, as it affects the acculturation process. In fact, empirical research

has shown that secure attachment is positively related to psychological adjustment, but insecure attachment is related to lower assimilation, integration and sociocultural adjustment from linguistics and attitudinal perspectives (Van Oudenhoven et al., 2006; Polek et al., 2010).

In relation to language development, immigrant parents' increased level of acculturation distress, such as depression and stressors associated with lower socioeconomic status, may interfere with maternal sensitivity, which as previously noted has been shown to mediate language development in young children (Cycyk, Bitetti, & Hammer, 2015; Pungello et al., 2009). In particular, secure attachment has been linked to language development amongst bilingual children. For example, Oades-Sese & Li (2011) identified in a sample of low SES Hispanic American preschool children that secure child-parent attachment was associated with higher English language ability but not Spanish language skills. Children from bicultural or low-acculturated families had lower levels of English language skills but higher Spanish language skills, compared to those with highly acculturated parents. There is also research that confirms the importance of communicating in a child's first language (L1) as it carries a strong component of associated with their cultural heritage and identity when compared to communicating in their DL (Català, 2015). This highlights the importance of understanding how acculturation and attachment styles impact language development and language choice from a lifespan perceptive. As outlined by Hammer (2016; see also Hong et al., 2013), the acculturation process and the adaptation of immigrants to a new culture has been compared to attachment theory. Here the development of emotional bonds with the host culture would mirror early child-caregiver attachment during L1 language acquisition. Such attachment to the host culture would increase intercultural adjustment and positive self-perception when using the host culture language.

Hong Kong's South Asian Immigrant Population

South Asian ethnic minorities have had a presence in Hong Kong since 1841 when it was first occupied by the British Empire (Erni & Leung, 2014). As described by Erni and Leung (2014), the term 'South Asians' refers to immigrants from Southern and Southeastern regions of Asia, including Indians, Pakistanis, Nepalis, Filipinos, Indonesians and Thais. The number of South Asian immigrants in Hong Kong has increased by over 30% over the past ten years, with more than forty thousand immigrants counted in 2016 (Hong Kong Census and Statistics Department, 2016). Although South Asian immigrants constitute the largest non-Chinese resident population in Hong Kong, South Asians in Hong Kong have reportedly often felt marginalised (Tonsing, 2013). In relation to their linguistic profile, South Asians residing in Hong Kong are mainly multilingual, including bi- or trilingual, and fluent in both English and a language associated with their origin culture (e.g., Hindi, Punjabi, Sindhi), but only a minority are fluent in Cantonese (Tonsing, 2014). Although several studies have focussed on the acculturation process of South Asian immigrants in China (Kwok & Narain, 2003; Plüss, 2000; Tonsing, 2010), very few have focused on this population in relation to acculturation and language proficiency. For example, a quantitative paper by Tonsing (2014) studied first-generation and second-generation South Asians in Hong Kong, in order to better understand their acculturation strategy and adaptation style through their host-language competency. The findings identified that a lack of host language fluency, fewer interpersonal contacts with host members, more marginalisation and perceived discrimination related to higher levels of psychological distress, low self-esteem and lower sociocultural competence adaptation. In particular, second-generation South Asians in Hong Kong experienced pronounced marginalisation (i.e., separation from both host and origin cultures), rather than feeling integrated (i.e., maintenance of both origin and host cultures). Second-generation South Asians

reported higher levels of host language proficiency but also experienced higher levels of perceived discrimination and psychological distress compared to the first-generation group. The study highlights the importance of unique experience in obtaining a better understanding of immigration and acculturation experiences and processes.

Rationale for the Study

With a focus on South Asian immigrants in Hong Kong, the purpose of this study was to obtain a better understanding of the relationship between attachment style, L1 and DL proficiency, life satisfaction and sociocultural identity in second-generation and third-generation South Asian immigrants in Hong Kong. An exploration of the relationship between these constructs will provide insight into how language and cultural identity relate to a sense of self and mental wellbeing in immigrant populations. Specifically, this study aims to answer the following research questions:

1. Do early mother-child interactions relate to second and third generation South Asian immigrants' L1 and DL *proficiency levels?*
H1. Insecure attachment will be negatively associated with both L1 and DL proficiency levels.

2. Do early interactions between an infant and primary caregiver relate to second and third generation South Asian immigrants' life satisfaction and perceived sociocultural identity?
H2. Insecure attachment will be negatively associated with exploration of and commitment towards the origin culture.
H3. Insecure attachment will be negatively associated with life satisfaction, indicating high psychological distress.
H4. Maintenance of the origin culture will be positively associated with life satisfaction.

3. Does L1 proficiency relate to second and third generation South Asian immigrants' perceived sociocultural identity?
H5. L1 and DL proficiency levels will be positively correlated with maintenance of origin culture.

Method

Participants

A total of 119 South Asians participated in the study, with 99 participants completing all sections of the survey. Of these, 97 participants fulfilled the inclusion criteria. There were 69 female (71.72%) and 28 male (28.28%) participants, ranging from age 18 to 58, with a mean age of 29.33 (SD = 10.21). 84.5% of the total sample were of Indian ethnicity, 9.30% of Pakistani ethnicity and 6.20% of Nepalese ethnicity. Punjabi (51.5%) was the most frequent first language, followed by Hindi (14.4%), English (12.4%), Nepali (5.20%), Sindhi (5.20%), Urdu (5.20%), Tamil (1.00%), and other (5.20%). English (67.00%) was most frequently named as the DL, followed by Cantonese (12.40%), Punjabi (13.40%) Hindi (3.10%), Urdu (3.10%) and Nepali (1.00%). Of those, 28.90% of the participants identified their L1 to be the same language as their DL, compared to 71.10% of the participants whose L1 and DL were not the same language.

Immigrants are permanent residents in a host society through voluntary relocation, and tend to assimilate into the host culture to a greater extent than sojourners (Berry, 2019). For this reason, the participants included in this study were permanent residents who had grown up in the Hong

Kong culture and had a L1 that was not one of the host culture languages. Not all of the standardised measures used in this study have translated versions, hence English fluency was an inclusion criterion; participants were asked to confirm their English fluency prior to accessing the survey questions. This criterion may have resulted in a bias towards people who speak English; however, this research is set in the context of second-generation and third-generation South Asian immigrants who are assumed to be bilingual or multilingual, especially since English is one of Hong Kong's official languages. As such, the inclusion criteria were that participants were a) second or third generation South Asians whose L1 that is not one of the host culture languages, b) permanent residents who were born or grew up in Hong Kong, and c) fluent in the English language.

Measures

Attachment style was gauged using the 36-item *Experiences in Close Relationships-Revised* (ECR-R) Questionnaire (Fraley, Waller, & Brennan, 2000), which measures adult attachment styles using two subscales (i.e., avoidance and anxiety). Higher scores on the ECR-R indicate greater attachment insecurity. The ECR-R has established a Cronbach's alpha of over .90, with test-retest reliability between .50 and .75 (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010).

The 6-item *Multigroup Ethnic Identity Measure-Revised* (MEIM-R) (Phinney & Ong, 2007) measured participants' level of identification towards their ethnic group, using a 5-point Likert scale to evaluate their levels of exploration and commitment. Higher scores in the two factors indicate greater ethnic identification. This measure has been found to show adequate internal consistency (α = .70), which helps identify meaningful individual and group differences amongst participants from diverse backgrounds (Brown et al., 2014).

Linguistic skills in the L1 were assessed using **the** Language Experience and Proficiency Questionnaire (LEAP-Q) (Marian, Blumenfeld, & Kaushanskaya, 2007), which asks participants to reflect on their language learning styles and experience. The following factors are included in the LEAP-Q; language competency (α = .85), age of language acquisition, language exposure (α = .92) and language preference (α = .75) (Marian, Blumenfeld, & Kaushanskaya, 2007).

Participants' perceptions and judgments of their wellbeing was measured using the *Satisfaction with Life Scale* (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). In this measure, participants' judgments of their affective and cognitive welfare are gauged using 5 items with a 7-point Likert scale, in order to obtain perceptions of life satisfaction. A meta-analysis that studied 416 articles on the reliability of the SWLS (Vassar, 2007) concluded that the questionnaire displayed internal consistency (α = .78) and showed higher reliability when the test was administered in English than in other languages.

Procedure

Data were collected through self-administered online questionnaire surveys, which were chosen as they have been proven to help with process control of mandatory questions and consent collection (Saris, 2014). The online survey platform 'Qualtrics' was used to host the online survey. The data were collected through convenience and snowballing sampling, as the inclusion criteria were specific to a minority group and needed to connect people coming from a similar background (Barker, Pistrang & Elliott, 2016). To invite participation, calls containing a direct weblink to the online survey were posted on social media and further

distributed via South Asian social networks in Hong Kong. Once participants clicked on the weblink, a participant information sheet provided information about the purpose of the study and their ethical rights to withdraw, and gave the participants the opportunity to ask questions about the study. Participants were also informed that the study would be confidential and that all data would be anonymised. All participants provided informed consent and confirmed their agreement for the interviews to be digitally recorded. The study was reviewed by and received ethical approval from the School of Health in Social Science's Ethics Committee at the University of Edinburgh.

Statistical Analysis

A series of Shapiro-Wilk tests of normality identified that the majority of variables were not normally distributed, $p > .05$. Subsequently, a series of non-parametric Spearman's rank order correlation coefficients (Spearman, 1910) were calculated to analyse the significance of association between attachment style, language use and sociocultural identity.

Results

Descriptive Statistics

Table 1 outlines the descriptive statistics of mean, median and standard deviation values from the Experiences in Close Relationships-Revised (ECR-R) Questionnaire for measuring attachment styles, Multigroup Ethnic Identity Measure-Revised (MEIM-R) for measuring sociocultural identity, Satisfaction with Life Scale (SWLS) for life satisfaction and Language Experience and Proficiency Questionnaire (LEAP-Q) for language competency.

Table 1. Descriptive statistics of study variables.

(n = 97)	**M**	**Mdn**	**SD**
ECR-R PA Insecurity	5.66	5.22	2.01
MEIM-R Exploration	3.84	4.00	0.86
LEAP-Q L1 preference (%)	31.65	30.00	25.84
LEAP-Q DL preference (%)	56.29	50.00	26.40
LEAP-Q L1 proficiency	7.25	7.33	2.75
LEAP-Q DL proficiency	9.90	10.33	1.50
SWLS Life Satisfaction	24.09	23.00	5.92

Attachment Style and L1 and DL Proficiency

The first hypothesis predicted that attachment style would be associated with L1 and DL proficiency levels. Insecure attachment had a significant negative association with both L1 proficiency ($r_s = -0.22$, $p < .05$) and DL proficiency ($r_s = -0.23$, $p < .05$) amongst the participants, thus confirming the first hypothesis (H1).

Attachment Styles, Sociocultural Identity and Life Satisfaction

The second hypothesis was partially confirmed by the data, as there was a significant negative association between attachment insecurity and commitment to the origin culture ($r_s = -0.40$, $p < .01$). However, insecure attachment style did not show a significant negative association with exploration of origin culture. Consistent with the third hypothesis, there was a significant negative association between insecure attachment and life satisfaction ($r_s = -.0.37$, $p < .01$). The fourth hypothesis, which predicted that high levels of commitment and exploration of origin

culture would be positively associated with higher life satisfaction, was partially confirmed. There was a significant positive association between life satisfaction and commitment levels to origin culture ($r_s = 0.29$, $p < .01$), implying that high commitment levels to origin culture tend to coexist with high life satisfaction, however there was no significant association between exploration levels and perceived life satisfaction.

L1 and DL Proficiency and Sociocultural Identity

The fifth hypothesis, which predicted that high L1 and DL proficiency levels would be positively associated with high levels of commitment and exploration of origin culture, was rejected. The results did not yield significant positive associations between L1 proficiency with level of commitment or exploration. Of all the language and identity variables, there was only a significant association between DL preference and exploration of the origin culture ($r_s = 0.24$, $p < .05$), suggesting that higher exploration of the origin culture tended to coincide with a higher preference toward DL.

Discussion

This study investigated the relationship between attachment style, L1 and DL proficiency levels, sociocultural identity and life satisfaction. The findings of this study identified significant correlations between insecure attachment style, L1 and DL proficiency, and commitment level to origin culture, and between life satisfaction level and commitment level to origin culture. The first research hypothesis for this study was confirmed, reflecting that higher attachment insecurity was associated with lower language proficiencies in both L1 and DL. Secure attachment is defined as involving low levels of avoidance and anxiety (Fraley, Waller, & Brennan, 2000), and the results indicate that attachment security is significantly associated with higher L1 proficiency amongst immigrants. As for DL proficiency, participants with low levels of attachment insecurity exhibited higher proficiency. These findings support previous research that reports secure attachment assists language competency in both monolingual (e.g., Bornstein et al., 2020; IJzendoorn et al., 1995) and bilingual speakers (Constantini et al., 2012; Oades-Sese & Li, 2011), possibly due to the mediating role of maternal sensitivity in language development (Bornstein et al., 2020; Neuhauser et al., 2018). The secure child-caregiver attachment and maternal sensitivity would have facilitated an emotionally supportive environment, allowing the child and caregiver to share experiences and engage in quality conversational interactions that would aid language development.

The second research hypothesis was partially confirmed, as attachment insecurity was negatively associated with commitment to the origin culture, but there was no significant association between attachment style and exploration of origin culture amongst the South Asian immigrants in Hong Kong. As such, the results of this study seem consistent with previous assertions that secure attachment and commitment to origin culture relate to positive parenting practices that involve emotional warmth and nurturing, which reflect stronger ethnic identities amongst immigrant children (Su & Costigan, 2009). This finding also supports the idea that higher levels of insecure attachment in relation to low commitment to origin culture are associated with sociocultural identity crises (Fraley, 2002; Wang & Mallinckrodt, 2006). Conversely, the lack of a significant relation between secure attachment and exploration of origin culture, as identified in the current study, does not confirm previous findings that indicate a secure attachment increases immigrants' sense of a secure base and exploration of both the origin and host culture (Sochos & Diniz, 2011).

Consistent with the third research hypothesis, life satisfaction was also negatively associated with attachment insecurity. This result is partly consistent with previous research conducted in the United States with Mexican immigrants. Ponciano, Wang and Jin (2020) reported that Mexican immigrants with high levels of insecure attachment (i.e., avoidance) correlated with lower life satisfaction due to the lack of interpersonal connectedness. Merz and Consedine (2012) found that attachment insecurity led to lower well-being in later life amongst multiple ethnic groups in the United States. They also established that ethnicity moderates the link between attachment style and well-being as ethnic groups have different cultures and values. This may help explain the current study's findings that South Asian immigrants in Hong Kong with insecure attachment also display lower life satisfaction. In relation to the fourth research hypothesis, the results of this study showed significantly positive associations between life satisfaction and commitment levels to origin culture, suggesting that immigrants who are close to their origin cultures have higher life satisfaction. The findings of this study did not confirm the fifth research hypothesis, that L1 and DL proficiency levels would be associated with the sociocultural identity of the participants. The only aspect of language proficiency and experience that was related to sociocultural identity was the association between an increased preference towards their DL and high levels of exploration of origin culture.

Limitations and Future Research

Although this study confirmed and extended the research repertoire, in allowing us to better understand the importance of attachment style in immigrants' language use, life satisfaction and sociocultural identity, the study had several limitations. For example, due to the correlational design of this study, it is not possible to assert causality between the variables. Since this assessment of the relationship between attachment style, L1 and DL proficiency and sociocultural identity only involved a South Asian immigrant population in Hong Kong, it is also not possible to generalise the results to immigrant populations in other geographic parameters. As such, future research could use the construct of this study to explore other immigrant populations. Whereas previous studies have focused primarily on acculturation attitudes towards the host culture, this study emphasised sociocultural identity in terms of identification with the culture of origin, and further research should explore both aspects: identification with culture of origin and identification with host culture. Future research could also apply a qualitative framework to better understand immigrant experiences of early parental relationships, DL proficiency, their senses of sociocultural identity and psychological wellbeing. Future research could also to assume a more detailed insight to determine DL use individually to the extent that bilinguals' language preferences may differ according to situations interlocutors and purposes. As such, bilingual speakers could be dominant in one language for one domain, and dominant in another language for another domain (Gorsjean, 2012). In addition, it needs to be acknowledged that attachment theory uses Western concepts to describe and understand attachment. As such, it is necessary to use developmental concepts that describe attachment processes within culture-sensitive frameworks, in order to obtain a better understanding of child development in other cultures (Keller, 2013, 2017). Therefore, the existing attachment framework may be ecologically limited to represent attachment in a South Asian population. Similarly, this study did not explore transgenerational transmission of attachment and how it may be related to language development in second and third-generation immigrants.

Conclusion

This study identified that for second and third generation South Asian immigrants in Hong Kong, attachment style is relevant to L1 and DL use and proficiency, as well as to their sense

of sociocultural identify and life satisfaction. These findings highlight the need to further explore the function of attachment style on immigration and acculturation process, as attachment formulates in early years and has implications for later life for immigrants. Future research could investigate how attachment influences immigrants' behaviour, so that future immigrants can be eased into the process of adapting to new cultures.

Authors' Contributions

KKD conceived the population focus, design and conducted the study, analysed the data and drafted the manuscript; LAC conceived the research idea, supervised the study, guided the analysis of the data and contributed to the writing and editing of the manuscript.

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Critical Opinion on Current Trends

Bewitching Oxymorons and Illusions of Harmony

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> Philosophy is a battle against the bewitchment of our intelligence by means of our language.
> Ludwig Wittgenstein, 1953, section 109

Wittgenstein's account of how language bewitches one's intelligence is a singular achievement in the phenomenology of language. In section 426 of *Philosophical Investigations* Wittgenstein famously claims that the meaning of a word is to be found in the "actual use" of it, and he contrasts this understanding with the projection of a picture:

A picture is conjured up which seems to fix the sense *unambiguously*. The actual use, compared with that suggested by the picture, seems like something muddied. ... [T]he form of expression we use seems to have been designed for a god, who knows what we cannot know; he sees the whole of each of those infinite series and he sees into human consciousness.

(Wittgenstein, 1953, section 426)

Wittgenstein is claiming here that when one projects a picture as the meaning of a word, it gives one the illusion of a God's-eye view of the word's referent as a thing-in-itself, an illusory clarity that one much prefers over the "muddied" view given in the understanding that the actual meaning of a word is to be found in its multiple and shifting contexts of use. When the illusory picture is then imagined as ultimately real, the word has become transformed into a metaphysical entity. In place of the "muddied" view given by contexts of use—finite, contingent, unstable, transient—one can imagine the clear outlines of an everlasting entity. Metaphysical illusion, mediated by reified pictures, replaces the finitude and transience of existence with a God's-eye view of an irreducibly absolute and eternally changeless reality (Stolorow & Atwood, 2013). A bewitchment of intelligence by language is thereby accomplished, whereby one's prereflective experience of language shapes one's sense of the real (Stolorow & Atwood, 2018). In the present essay we explore a form of witchery aimed at forging a sense of unity from incompatible visions of reality—namely, the formation of oxymoronic hybrids.

Neuropsychoanalysis (or Neurophenomenology)

These oxymoronic hybrids are aimed at closing the gap separating incompatible universes of discourse—namely, the domain of natural science and the domain of phenomenology. The distinction between these two domains is illustrated by Merleau-Ponty's (1945/1962) differentiation of the "lived body" from the "corporeal body," the former being a focus of phenomenological inquiry and the latter being a subject matter of natural science investigation. Whereas natural science studies the body and its parts and functions from a third-person perspective as external objects separate from the investigator, phenomenology investigates from a first-person perspective focused on the experience of the investigator.

In the current Age of Scientism or what Heidegger (1954/1977) called the *technological way of being*, third-person study grounded in "objective" evidence has become more and more in vogue. Hence the pressure to base phenomenological understandings on evidence gleaned from natural-science methods. The oxymoronic hybrids under discussion are manifestations of this pressure, creating the illusion that the phenomenological insights of psychoanalysis (or of philosophical phenomenology) are rooted in studies of the brain—that understandings of the lived body depend on studies of the corporeal body.

Intersubjective (or Relational) Self Psychology

A rift has been growing in the contemporary culture of psychoanalysis between adoption of our intersubjective perspective and Kohut's (1977) self psychology. Oxymorons have been appearing in the psychoanalytic literature that unite our post-Cartesian perspective with characteristics of the Cartesian isolated mind. A good example of this trend is an edited volume, *Intersubjective Self Psychology*, recently reviewed by Riker (2020) in the *Psychoanalytic Review*. What Riker does not seem to notice or mention is that the title of this book manifests a rather glaring oxymoron. The word *intersubjective* here refers to the phenomenological-contextual perspective that we have developed over the past half-century in an effort to rethink psychoanalysis as a form of phenomenological inquiry (Stolorow & Atwood, 2018). "Self," from this perspective, can refer only to an *experience* or *sense* of selfhood constituted in a particular relational context, **not** to a preformed entity with an inherent design like Kohut's bipolar self.

The theoretical language of Kohut's self psychology reifies the experiencing of selfhood and transforms it into a metaphysical entity with thing-like properties. This theoretical self, like other metaphysical entities, is ontologically (in its being or intelligibility) decontextualized. It is thus a descendent of Descartes's isolated mind. The oxymoronic title *Intersubjective Self Psychology* reflects an effort to paper over the incommensurability of these two meanings—self as a dimension of experiencing and self as a metaphysical entity.

Phenomenological Psychopathology

…an oxymoron that pastes together the investigation of experience with an objectifying psychiatric system. Beginning with its origins in the work of Karl Jaspers (1913/1963), phenomenological psychopathology has traditionally been an investigation of the experiential worlds associated with particular mental disorders or psychiatric entities. A particularly good example of this tradition in phenomenological psychopathology is provided by a recent book by Matthew Ratcliffe (2015). Ratcliffe's book—and here is its highly valuable contribution—is a study of changes in existential feeling—shifts and disturbances in the kinds of possibility that experience incorporates. His particular focus is on the loss or diminution of kinds of

possibility. One such loss that figures prominently in Ratcliffe's analysis is the loss of existential hope—the loss of a sense of the future as a domain of possible meaningful change for the better. Ratcliffe's analysis of the unity of existential hopelessness is quite elegant and very valuable. Would that he had stopped with that, rather than linking it with traditional psychiatric diagnosing! But he presents it to us as a phenomenological account of "experiences of depression."

After commenting on the inadequacy and questionable validity of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) (American Psychiatric Association, 2013), Ratcliffe proceeds to use two of its categories— "major depressive episode" and "major depressive disorder"—as the organizing psychiatric framework for his studies. In Ratcliffe's version of phenomenological psychopathology, "experiences of depression" appears as an uneasy oxymoron through which he seeks to create an illusory unity between aspects of emotional phenomenology and an imaginary world of Cartesian psychiatric entities.

The *DSM* partakes of what might be called the illusion of perceptible essences (Stolorow & Atwood, 2017). Wittgenstein (1953) explained how such an illusion is constituted by the use of a single word to denote an array of items that bear a "family resemblance" to one another— that is, items that share some qualities but not others. When such items are grouped together under one word, a reified picture is created of an essence that each of them instantiates. The *DSM* will present several symptoms that are claimed to be characteristic of a diagnostic entity, say depression, and a patient—or better, the patient's mind—is said to be afflicted with this disorder if a certain proportion of those symptoms are manifest. That is, people whose sufferings bear a family resemblance to one another become, through the reified picture that has been named, instantiations of a metaphysical diagnostic essence, a disordered Cartesian mind.

The *DSM* is a pseudo-scientific manual for diagnosing disordered Cartesian isolated minds. As such, it completely overlooks the exquisite context-sensitivity and radical context-dependence of human emotional life and of all forms of emotional disturbance. Against the *DSM*, we (Atwood & Stolorow, 2014) have contended that all emotional disturbances are constituted in a context of human interrelatedness—specifically, contexts of emotional trauma. One such traumatizing context is characterized by relentless invalidation of emotional experience, coupled with an objectification of the child as being intrinsically defective—a trauma that is readily repeated in the experience of being psychiatrically diagnosed. This retraumatization, in turn, can actually co-constitute the manifest clinical picture. Ratcliffe elaborates a phenomenological account of existential hopelessness that invites exploration and appreciation of its context-embeddedness, but he encases it in an objectifying psychiatric diagnostic language that negates this very embeddedness! We contend that this criticism holds for the field of phenomenological psychopathology in general.

One of us (Atwood, 2011) has explored in detail the emotional contexts in which abyssal states occur; states that, seen through a *DSM* lens, are commonly regarded as symptoms of severe psychiatric disorder, schizophrenia for example. Such experiences of annihilation and nonbeing, of erasure of both selfhood and worldhood, originate in contexts of devastating emotional trauma. When such traumatizing contexts are overlooked in favor of diagnosing psychiatric disorders, such substantializing misattributions only deepen the fall into the abyss of nothingness. What a person who has succumbed to an abyssal state needs is not an objectifying diagnosis of a psychiatric disease but rather a context of attuned emotional

dwelling.

Metaphysical entities—neurological, psychiatric, and otherwise—cover up devastating emotional contexts, replacing the tragic finitude and transience of human life with a reassuring picture of encapsulated, substantialized, and enduring realities. A perspective on emotional trauma that is phenomenological-contextual all the way down, by contrast, embraces the unbearable vulnerability and context-dependence of human existence and guides the comportment of emotional dwelling that we have recommended for the therapeutic approach to emotional trauma.

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Television Series Review

Review of *Couples Therapy (2012-2015).* USA: Irwin Entertainment.

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"Psychoanalysis, according to Jacques Lacan, is founded in a principle announced as:
"There is no sexual relation".
It's corollary, or another way to phrase it is: "*Jouissance* is impossible".
Josefina Ayezera, "*There is no sexual relation.*" (2011)

Showtime's *Couples Therapy* (2019-2021) has done something very few shows have done well-showcase real therapeutic treatment on television. The advent of "prestige tv" has led to a proliferation of programs which show the therapeutic relationship in hi definition between protagonists and their therapists, such as HBO's *The Sopranos* (1999-2007), and the recently revived *In Treatment* (2008-2010, 2021). Prior to this the "real" therapy seen on television was limited to the so-called "reality television" trend that gave us the wildly popular *Intervention* on A&E (2005-ongoing) and the seedier *Celebrity Rehab with Dr. Drew* (2008-2012).

Couples Therapy, (directed by various, though primarily overseen by director Josh Kriegman his co-producer Elyse Steinberg) is a documentary series depicting the practice of New York City based psychologist and psychoanalyst Dr. Olga Guralnik, as she works with various couples inside and outside (more on that later) her set-as-office specifically designed by the producers to allow multiple angles of the couples, and their analyst. Much as the name implies, the first and second season depict several couples over the course of their treatments. Where *Couples Therapy* really shines, however, is in the breadth of the couples; not just necessarily limited to the stereotype of the "worried well" neurotic New Yorkers.

Many previous reviewers of the show have zeroed in on husband-and-wife Annie and Mau, who, at twenty-three years of marriage have been married the longest of any of the couples on the show. Mau is often depicted in the documentary as the perfunctory villain of both the documentary and this particular made for Instagram couple, seemingly by his own choice, as well as the directors. "Someone has to be the villain." (*Couples Therapy*, 2019). He does this job more than ably, to the detriment of his long-suffering partner, and to Dr. Guralnik's patience (and the viewers).

Perhaps the most compelling (and realistic) couple of season one, however, are Lauren and her partner Sam. As a practicing Lacanian psychoanalyst in formation, I am familiar with the well-trod idea that psychodynamic and psychoanalytic based therapies in the United States are outdated, unhelpful, take too long, and are mostly for well heeled, white, neurotics. Yet, Guralnik's approach is based fundamentally in these ideas; Dr. Guralnik is a faculty member at the NYU Postdoctoral Institute for Psychoanalysis, as well as the editorial board of Psychoanalytic Dialogues and of Studies in Gender & Sexuality. Guralnik positions herself well against this stereotype, with thoughtful, sensitive interventions that cut to the heart of the issues between Sam and Lauren. Sam and Lauren, are, respectively, a couple made up of a non-binary partner and a transwoman who struggle with both "traditional issues" of couples in

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couples therapy (division of household labor, financial struggles) but also with the demand and desire to conceive a child, pitting them against the medical and psychotherapeutic discourse which has traditionally not been kind or gentle to anyone, much less already marginalized people. It is through their sessions in *Couples Therapy* that we can see just how much these two are up against, and present a struggle not generally seen in America's living rooms.

It is in this depiction of a reality more reflective of the current age that *Couples Therapy* really shines, and speaks to what psychoanalysis can offer people, as subjects in analysis and as the two of a couple. *Couples Therapy* was already wildly successful in its first season, and a second was subsequently planned; these plans (lie the plans of many) were subsequently altered by the "couple" of the pandemic COVID-19 and the ongoing protests over the racialized terror of police killings of black and brown people in the United States.

A subsequent *Couples Therapy: The COVID special* followed season one and depicted the many issues that faced analysts and their patients during the pandemic of our COVID year: Issues with accessibility and use of technology of teletherapy devices and software during the pandemic, job loss, loss of income, and, in the case of our couples, having to spend A LOT of time with each other-for good and bad. We also get a peek behind the "opaque mirror" of the analyst, as we see Dr. Guralnik attempts to (more or less successfully) conduct ZOOM sessions in a spare room in her house that is a major departure from her well-appointed office, while being a full-time parent. Given the amount of time I spent as the occupant of the former guest room of my apartment conducting phone analysis, I can relate-particularly as one of my patient's sessions was "cut" short by a sudden enthusiastic leak in my ceiling from an exploded boiler on the roof of my building.

A boiler exploding is also present in the *COVID special*, in the sense that cities in the United States ignited overnight after the killing of George Floyd by police officers in Minneapolis in the summer of 2020. Many of Dr. Guralnik's patients are mixed race couples, or people of color; and during that hot summer, many things reached a boiling point for people-within their homes, within the consulting room, and in the streets. We see many of her patients tired-tired of the *dispositief* of state sponsored terrorism, tired of having to justify their existence, and tired of having to explain and justify their desires to white figures of authority, even to their therapists. It is during this time that Dr. Guralnik seeks control analysis with Dr. Kirkland Vaughans. Dr. Vaughans, a psychoanalyst and psychologist who is African American, has written extensively on the trauma facing black men and boys in the U.S., as well as a member and faculty of a number of psychoanalytic institutes. These scenes of control are vital to show how an analyst must examine their own deafness for a certain subject; particularly when the analyst is white and the analysands black or brown. These scenes also resonated for me; as I was, at the time, back in my office in uptown Denver, not far from where the protests in my city were taking place. Like Dr. Guralnik, many of my own analysands are people of color, and the content of their sessions often dealt with life, death, and desire in the face of an other who doesn't even consider you worthy of personhood.

In short, *Couples Therapy* is a show worth watching, for those on the couch, or sitting behind or across from it; and, though I myself do not practice couples therapy, I will certainly continue to watch, and learn from the vital issues *Couples Therapy* raises.