

Charles University
Faculty of Education
Department of Psychology

A DISSERTATION

**Foreign Language and the Psychotherapist,
a Study from the Psychodynamic Perspective**

Cizí jazyk a psychoterapeut,
výzkum z psychodynamického hlediska

By

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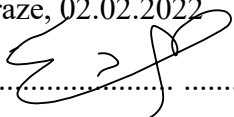
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PROHLÁŠENÍ

Prohlašuji, že jsem disertační práci na téma Foreign Language and the Psychotherapist, a Study from the Psychodynamic Perspective vypracovala pod vedením školitele samostatně za použití v práci uvedených pramenů a literatury. Dále prohlašuji, že tato práce nebyla využita k získání jiného nebo stejného titulu.

V Praze, 02.02.2022

A handwritten signature in black ink, consisting of stylized, flowing letters, is written over a horizontal dotted line.

podpis

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I would like to express my deepest appreciation and to thank my supervisor, Doc. PhDr. Miloš Kučera, CSc., who gave me the opportunity to return to the path of academic research and encouraged me to explore this theme. His clear insights and attentive reading have helped me compose a research worth reading.

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This work is dedicated to my beloved Hungarian-speaking grandmother, Anna (Mamu) Gross, and to my dearest Hebrew-speaking mother, Shoshi Z. Gordon.

ABSTRACT

Starting from Freud and onwards, Language is the medium in which psychoanalysis, the talking cure, exists. 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 talking in all forms of analytic psychotherapy. It is the main tool in the service of therapist's interventions and the creation of insight.

The present research explores **the experience and the implications of doing therapeutic work in a foreign language**. Data collection included interviews with nine polyglot therapists, analysis of the researcher's own experience as a polyglot therapist practicing psychotherapy in three languages, and theoretical research into psychodynamic, linguistic, and developmental aspects of polyglots.

Thematic analysis of participants' contributions resulted in the following themes; 1. Polyglot Therapists' Relationship with their Different Languages. 2. Identity. 3. The Polyglot Therapist's Work, with two subthemes: 3.1. Non-verbal Elements. 3.2. Technical Issues. These themes are presented and discussed using participants' citations and theoretical literature.

As a result of further, **psychoanalytically-informed qualitative analysis**, the concept of *Therapeutic Mother Tongue* is introduced, expressing the fact that due to the wholistic nature of the training process, the language of training tends to become deeply embodied in the therapist-subject, whether it is mother tongue or not. This has an effect on the therapist's experience of this language and his preferences regarding language of practice.

The analysis of the researcher's own experience as a polyglot therapist brings forth the issue of the stranger, an issue that in retrospect can be identified in participants' contributions as well. The concept of *Stranger-Within Position* is introduced and defined as a dialectic point of view both within and without, allowing space, tension and creativity. Some theoretical findings on the nature and advantages of the stranger-within position of polyglots are presented. The question of **the stranger-within in psychoanalysis** is explored considering Freud's own stranger-within situation. His stranger-within position and its implications on the psychoanalysis he created are demonstrated through some of his writings. This, especially in regards to the construction of the unconscious as the stranger core within the subject.

An exploration of Freud's and others' recommendation regarding the therapist's position and intervention demonstrate, that in order to allow for the unconscious to unfold, the therapist should suspend his knowledge, listen to the unknown and unexpected, and while becoming

intimately familiar with the patient, stay a stranger to him. These are all aspects of the stranger-within position.

The final conclusions of the work are that **working in a foreign language is possible, that working in a few languages has clear benefits, and that language in therapy should be addressed from a stranger-within position, that means as familiar but at the same time foreign. This, whether it is indeed a foreign language to the therapist, or not.**

KEYWORDS

polyglot, cross-lingual, multilingual, psychotherapy, psychoanalysis, stranger-within, therapeutic mother tongue

ABSTRAKT

Jak už víme od Freudových začátků, jazyk je hlavním médiem všech druhů psychoanalýzy a analytické psychoterapie, „léčby mluvením“. Jazyk je jejím nástrojem pro sdělení pacienta a pro interpretaci a intervenci terapeuta. Volba slov, formulace vět, sdělené asociace a sny tvoří krajinu vnitřního světa subjektu a jeho nevědomí.

Předkládaný výzkum se zaměřuje na zkušenosti a důsledky terapeutické práce v cizím jazyce. Sběr dat zahrnoval rozhovory s devíti polyglotními terapeuty, analýzu vlastní zkušenosti výzkumnice jako polyglotní terapeutky praktikující psychoterapii ve třech jazycích a také teoretický výzkum psychodynamických, lingvistických a vývojových aspektů polyglotů. **Tematická analýza** příspěvků účastníků vyústila v následující témata: 1. Vztah polyglotních terapeutů k jejich různým jazykům. 2. Identita. 3. Práce polyglotního terapeuta, se dvěma podtématy: 3.1. Neverbální prvky. 3.2. Technické otázky. Tato témata jsou prezentována a diskutována s využitím citací účastníků a teoretické literatury.

Na základě další, **psychoanalyticky podložené kvalitativní analýzy** byl zaveden pojem „**terapeutický mateřský jazyk**“, který vyjadřuje skutečnost, že vzhledem k holistické povaze výcvikového procesu terapeuta má jazyk výcviku tendenci se hluboce vtělit (anglicky: *embodied*) do terapeuta, ať už se jedná o mateřský jazyk, nebo ne. To má vliv na terapeutovu zkušenost s tímto jazykem a na jeho preference týkající se jazyka, který použije ve své praxi. Analýza vlastní zkušenosti výzkumnice přináší téma cizince, který lze zpětně identifikovat i v příspěvcích účastníků. V této práci je představen a definován koncept **pozice „cizinec-uvnitř“** jako dialektický úhel pohledu uvnitř i vně, který umožňuje širší perspektivu a vytváří tvůrčí napětí. V práci jsou představeny některé teoretické poznatky o povaze a výhodách pozice „cizinec-uvnitř“ polyglotů.

Otázka „**cizinec-uvnitř**“ v **psychoanalýze** je zkoumána s ohledem na Freudovu vlastní situaci cizího vnitřního. Jeho pozice „cizinec-uvnitř“ a její důsledky pro jím vytvořenou psychoanalýzu jsou demonstrovány na některých jeho spisech. A to zejména s ohledem na představu nevědomí jakožto jádra subjektu, které je mu současně cizí.

Zkoumání Freudových a dalších doporučení týkajících se terapeutovy pozice a intervence ukazuje podmínky umožňující odhalení pacientova nevědomí. Terapeut by měl odložit svoje znalosti a konstrukce o pacientovi, naslouchat neznámému a nečekanému a zůstat pro něho cizincem, i když je s ním podrobně obeznámen. Toto všechno jsou aspekty pozice „cizinec-uvnitř“.

Závěry práce jsou takové, že **praxe terapeuta v cizím jazyce je možná a že praxe v několika jazycích má jasné výhody. K jazyku v terapii je třeba přistupovat z pozice „cizinec-uvnitř“, tedy jako k známému, ale zároveň cizímu. A to bez ohledu na to, zda je pro terapeuta skutečně cizím jazykem, či nikoli.**

KLÍČOVÁ SLOVA

polyglot, vícejazyčný, multilingvní, psychoterapie, psychoanalýza, cizinec-uvnitř, terapeutický mateřský jazyk

אבסטרקט

החל מימיו של פרויד, השפה היא עמוד התווך בפסיכואנליזה – הלא היא "ריפוי בדיבור". משפטים, אסוציאציות וחלומות הם נוף עולמו הפנימי של הסובייקט. מהם בנוי סיפורו האישי, והם תמצית הלא מודע שלו. שפה היא גם אמצעי לשינוי פסיכולוגי באמצעות דיבור בכל צורות הטיפול האנליטי. היא הכלי העיקרי בשירות המטפל, באמצעותו הוא מציע התערבויות ומקדם תובנות.

המחקר הנוכחי עוסק בחוויה ובהשלכות של עבודת הפסיכותרפיה, כאשר זו מתקיימת בשפה זרה. המחקר נערך באמצעות ראיונות עם תשעה מטפלים רב-לשוניים, ניתוח חוויותיה של החוקרת כמטפלת העובדת בשלוש שפות, ומחקר תיאורטי שהקיף תיאוריות פסיכואנליטיות, תיאוריות לשוניות והיבטים התפתחותיים של תופעת הרב-לשוניות.

ניתוח תוכן של הראיונות הפיק את הנושאים הבאים: 1. מערכות היחסים של מטפלים רב-לשוניים עם שפותיהם השונות. 2. זהות. 3. עבודת המטפל הרב-לשוני. ושני תתי-נושאים: 3.1. אלמנטים לא מילוליים. 3.2. עניינים טכניים. נושאים אלה נדונים לאור מידע מן הספרות התיאורטית, ותוך הדגמה מתוך חומר הראיונות.

המחקר ממשיך תוך שימוש במתודה המעמיקה יותר של **ניתוח איכותני מבוסס-פסיכואנליזה**. ניתוח זה הביא לגיבוש המושג **שפת-אם טיפולית**. מושג זה מגלם בתוכו את התובנה שבשל אופיו ההוליסטי של תהליך ההכשרה למטפלים דינאמיים, שפת ההכשרה נוטה להיות מגולמת באופן עמוק בהווייתו של הסובייקט-המטפל, וזאת, בין אם היא שפת אמו ובין אם היא שפה זרה. עובדה זו משפיעה על חווית שפת-ההכשרה של המטפל, כמו גם על חווייתו והעדפותיו ביחס להשפות האחרות בהן הוא משתמש בעבודתו.

הפרק המתאר את רשמיה של החוקרת כמטפלת רב-לשונית מחדד את מרכזיותו של נושא הזר, נושא שהתגלה, בדיעבד, כמשמעותי גם בתרומותיהם של המשתתפים האחרים. המחקר מציע את המושג **עמדת הזר-שבפנים**, עמדה שעיקרה נקודת מבט דיאלקטית שהיא בו בעת בפנים ובחוץ, המאפשרת מרחב, ומייצרת מתח יצירתי. בהמשך מוצגים ממצאים תיאורטיים לגבי מהותה של עמדת הזר-שבפנים ויתרונותיה בקרב אנשים רב-לשוניים.

בשלב הבא של המחקר, שאלת **הזר-שבפנים בפסיכואנליזה** נחקרת תוך התייחסות למצבו הקיומי של פרויד כזר-שבפנים בתוך העולם המדעי-חילוני בווינה, ובקהילת היהודים בגלות. קריאה בכתביו של פרויד מראה, כי פרויד בחר בעמדת הזר-שבפנים באופן מודע וגלוי. בהמשך נטען כי עמדת הזר-שבפנים באה לידי ביטוי אף בפסיכואנליזה שפרויד יצר, ובעיקר בהצבת הלא-מודע, הזר, במרכז הסובייקט האנושי.

המחקר ממשיך בסקירת המלצותיהם של פרויד וממשיכי דרכו בנוגע לעמדת המטפל והתערבויותיו. כאן מתגלה, שעל מנת שהלא מודע יופיע בטיפול, על המטפל להשהות ידע, ולהקשיב ללא מוכר וללא צפוי. כמו כן, על אף היכרות מעמיקה עם עולמו הפנימי של המטופל, עליו להישאר זר ולא מוכר עבורו. כל אלה הם מאפיינים של עמדת הזר-שבפנים.

לסיכום נטען, כי אפשרי **בהחלט לעבוד כמטפל דינאמי בשפה זרה**, וכי עבודה רב-לשונית מעשירה את המטפל ותורמת לעבודתו. בנוסף, נטען כי העמדה הטיפולית הנכונה למטפל דינאמי היא **עמדת הזר-שבפנים**. כחלק מעמדה זו, עליו להקפיד להקשיב לשפת המטופל כלשפה זרה.

מילות מפתח: פוליגלוט, רב-שפתי, פסיכותרפיה, פסיכואנליזה, הזר-שבפנים, שפת אם טיפולית

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Preface

Language is one of the most important aspects of psychoanalysis – the talking cure. Verbal associations and accounts of dreams make the royal road to the unconscious. Word and sentence phrasing, with their symbolic and associative complexity, give us an indication of patients' psychic complexity (Freud, 1900). Language is a psychoanalyst's main tool and the basis of any intervention and interpretation. It is also the main tool for the larger group of analytic psychotherapies, methods of treatments derived from psychoanalysis, that evolved from Freud's time until today (Laplanche & Pontalis, 1988, foreword, and pp. 367-369).

In this project, I explore **aspect of analytic psychotherapy being performed by polyglot therapists, often in a foreign language and in a context of a foreign culture, from the therapist's perspective.** Two questions guided the inquiry. The first regarded **the experience** of polyglot therapists in terms of their perception of language in their work. The second regarded the **implications** of being a polyglot therapist.

These questions are important since, at first glance, it would seem that the best match for therapy would be a therapist that is sharing the same mother tongue as the patient. As I shall show in the literature review, this used to be the common belief, with some even recommending a perfect match: that in cases of a polyglot patient, the therapist would speak the exact same languages (Amati-Mehler, Argentieri & Canestri, 1993, p. 43-65). Still, the situation of cross-lingual therapies exists from the beginning of this field's history, and the question arises, is a perfect lingual match that important? Should there also be a match in other patient-therapist characteristics such as gender, age, belief system, nationality, life experience and so on? As I shall claim in this work, **the appropriate therapist should not have any specific lingual or biographical traits, but an appropriate position, that is, a *position of a stranger-within*.** This position might be even more naturally achieved by polyglots.

The subject is of professional and personal interest to me because I am an Israeli psychologist, who has learned, undergone personal psychoanalysis and practiced analytic psychotherapy in Israel, in Hebrew, and now live and work in Prague. I am using my recently-acquired Czech language to work with local patients and also have patients from other countries, with whom I work in English – my second language. Finally, I have Hebrew speaking patients.

The research included interviews with polyglot therapists practicing in more than one language, and a theoretical study. **Thematic analysis** of the interviews has led to the

identification of the following themes: 1. Polyglot Therapists' Relationship with their Different Languages. 2. Identity. 3. The Polyglot Therapist's Work, with the subthemes: 3.1. Technical Issues. 3.2. Non-Verbal Elements. All of these will be elaborated and explored through examples as well as relevant literature. I shall discuss the **conclusion that polyglot therapists overcome technical and identity issues associated with the move to operating in a new language, and eventually find that their polyglotism contributes to their work.**

In the chapter **Psychoanalytically-Informed Qualitative Analysis**, I shall present a theoretically based interpretative analysis of the data, suggesting that the language of training acquires unique emotional and cognitive characteristics in the mind of the polyglot therapist, and can become a *Therapeutic Mother Tongue*. I shall elaborate using this new theoretical concept.

The following chapter will present **my own experience as a polyglot therapist**, followed by a discussion of **polyglots' Situation of being Strangers Within**. This situation enables **the adoption of a Stranger-Within Position, a dialectical venture point sustaining the perspective of familiar and stranger at the same time**. To elaborate on this aspect of polyglotism, I shall present theoretical findings regarding some specificities of polyglot individuals, and demonstrate them by using examples from the present research.

I shall then proceed to explore **the connection between the stranger-within position and psychoanalytic theory and practice**. I shall consider the first psychoanalyst who used foreign language in therapy, Sigmund Freud. The founder of psychoanalysis had an interesting perspective, that is directly tied to the question at hand: he was a polyglot intellectual, with two parallel identities of a native German speaking Viennese and a Jewish person in diaspora. I shall show that **Freud's stranger-within position influenced the creation of psychoanalysis and its nature, both as a science that places the stranger in its core in the form of the unconscious, and as a technique that requires the adoption of a stranger-within position.**

The idea of the stranger-within position in analytic psychotherapy will be crystalized through the exploration of Freud's guidelines for the therapeutic situation suitable for working with the unconscious, and the therapist's position. These include therapist non-disclosure, position towards knowledge, and mode of listening (Freud, 1912). I shall show that all these elements promote a therapist's stranger-within position, and are highly relevant for polyglot therapists.

In the **concluding chapter** I shall summarise my findings and conclude that **working in a foreign language is possible, and that working in *a few languages* has clear benefits. Beyond the polyglot case, I shall conclude that language in therapy should be addressed from a stranger-within position, and be considered foreign whether it is indeed a foreign language to the therapist, or not.** Finally, I shall bring some limitations of the present work, and suggestions for further exploration.

A Note Regarding Use of Terms and the Scope of the Work

Following other writers from the field of psychoanalysis, I shall use a working definition of the term *Mother Tongue* as the first language the subject hears and *acquires* spontaneously, through interactions with the mother or primal caretakers (e.g., Innaco, 2009, Stahl Freedman, 2017, Costa, 2010). The term *Native Speaker* will be used as a synonym (Love & Ansaldo, 2010).

The term *Foreign Language* will be used to describe a language that was *learned* later in life. As opposed to the mother tongue, foreign language learning processes are less spontaneous. They rely on translation from the mother tongue to the new language, and usually occur in pre-arranged contexts such as a classroom setting. Thus, they are more intellectual and less experience based (Love & Ansaldo, 2010, Pavlenko, 2005, pp. 1-43.)

The term *Polyglot* will be used to refer to a person who speaks a few languages, some acquired at a later stage of life. A person who has acquired a few languages in parallel and has them as mother tongues is referred to as *Polylingual*. The terms *Bilingual* and *Multilingual* are general, describing a person who speaks two or more languages respectively, regardless of the nature of the process of their acquisition (Amati-Mehler et al., 1993, E.g., pp. 100-101).

The category of polyglotism is far from being homogenic, and presents a great variety: the stage of life in which additional languages were learned, the circumstances and motivations associated with those languages, relationship issues relevant to the mother tongue, the place of the different languages in the polyglot's actual life and emotional life, the status of specific languages in the culture, the intensity of use, the level of mastery and more (see Pavlenko, 2012, Rampton, 1990). Such variables influence the unique state of the polyglot individual, in all aspects that will be discussed in this work. Still, there is no way of working with the question of polyglotism without generalising, so the definition of polyglotism will be used for all cases of beyond-mother-tongue multilingual situations, and the circumstances, level of proficiency and other dimensions will be referred to regarding particular cases as needed.

In the scope of this research, unless it is specified otherwise, *psychotherapy* is short for *Analytic (or Dynamic) Psychotherapy*, which is “any form of psychotherapy which is based on the theoretical and technical principles of psycho-analysis without, however, fulfilling the requirements of a psycho-analytic treatment as strictly understood.” (Laplanche

& Pontalis, 1988, p. 373).

In the Beginning: Language and the Polyglot Question in Psychotherapy

The historical beginning of psychoanalysis is traditionally associated with Josef Breuer's case of Anna O., a case that was published under the title *Studies in Hysteria* in 1895, ten years after the events have taken place, by Breuer and Freud.

Anna O. was an intelligent and gifted young woman from a wealthy Viennese family, who had developed an array of neurotic symptoms after having tended to her sick father until his death. Her symptoms were diverse and changing, starting from an arm paralysis and severe cough, and continuing with difficulties to drink, sight problems and other hysterical symptoms.

Anna O. also had **symptoms that had to do with language**. Her lingual symptoms started with a long period of decompensated speech, with the production of grammatically incorrect forms and other lingual deviations. She then became almost totally mute, yet still understood the German spoken to her. Then, relying on an English prayer she had memorised as a child, she was able to communicate in English, and sometimes in a mixture of Italian and French. It seemed that these diverse languages enabled her to find a way back to communication. Her own interpretation of this use of foreign languages was that these were the languages in which she had not yet had "mad ideas"¹.

The case of Anna O. is marked as the beginning of psychoanalysis because it was Anna O. who insisted that her doctor listen to her telling the story of her symptoms, and together with Breuer they discovered that **through speech**, and while unravelling the source of the symptoms, these symptoms subside or disappear altogether. Referring to this new method of treatment, Anna O. came up with the turn of phrase *the talking cure*.

In the years after *Studies in Hysteria*, Freud developed the talking cure into psychoanalysis, a method using language to treat psychic and psychosomatic illness. **Psychoanalysis offered a unique understanding of language:**

¹ An idea that reappeared some 100 years later, see footnote 7, a case by Amati-Mehler, 2010.

Words play a crucial role in the development of the psyche. The primitive pre-word, the baby's scream, is the act that creates differentiation between the primal chaos of instincts Freud named the Id,² and the outside world, mediated by the developing language and the developing Ego. How does this come to be?

In the *Project for a Scientific Psychology* (1895/1950), Freud makes an attempt to explain the human psyche with all its complexity at the most basic, neuronal level. After groundbreakingly establishing the working principles of neurons and neuronal networks, (pp. 355-384), Freud turns to explain the uniqueness of human **Ego functions and consciousness. This unique human attribute is a result, according to Freud, of speech-association system** (pp. 384-445).³ Freud uses the example of the hungry baby: a discomfort, for example in the form of hunger, rises inside the baby's body. When breastfeeding occurs, a bodily memory is created connecting discomfort-relief to the sucking-filling up sensation. The system that develops and contains such a memory is called by Freud Ψ (and is in effect the developing psyche of the subject). The next time hunger arises, the bodily memory of breastfeeding will create readiness to suck. But if the milk does not arrive, that is, when there is a gap between need and satisfaction, tension develops in the Ψ system. A scream will appear as a biological way of relieving tension until the needed "specific action" of breastfeeding is obtained from the outside.

Freud writes:

The innervation of speech is originally a discharge in the nature of a safety-valve for the benefit of Ψ ... a part of the path to *internal change*, which is the sole means of discharge until the "specific action" has been discovered. This path acquires a

² "One of the three agencies distinguished by Freud in his second theory of the psychical apparatus. The id constitutes the instinctual pole of the personality; its contents, as an expression of the instincts, are unconscious, a portion of them being hereditary and innate, a portion repressed and acquired. From the economic point of view, the id for Freud is the prime reservoir of psychical energy; from the dynamic point of view, it conflicts with the ego and the super-ego-which, genetically speaking, are diversifications of the id." (Laplanche & Pontalis, 1988, p. 197).

³ The presented explanation does not go into the details of Freud's innovative and insightful descriptions of neurons and their functioning, and does not elaborate on Freud's attempts to use his model to explain the phenomenon of hysteria (pp. 405-415). In accordance to the theme of the present work, it concentrates on normal development, as it is connected by Freud to language (pp. 417-445).

secondary function by attracting the attention of some helpful personage (who is usually the wished-for object itself) to the child's longing and distress, and thenceforward it serves the purpose of bringing about an understanding with other people and is thus absorbed into the specific action.

(p. 422)

As Freud writes, this scream creates a reaction in the world, the mother appears and the hunger is satisfied. The connection between the need and the satisfaction is registered, this time, with the scream mediating in the need-to-satisfaction path.

Freud continues:

There are, in the first place, objects (perceptions) which make one scream because they cause pain; and it is an immensely significant fact that this association of a sound (which also gives rise to motor images of the subject's own movements) ...serves to direct attention to the perception. Where otherwise, owing to the pain, one would have received no clear indications of quality from the object, the report of one's own scream serves to characterize the object. This association is thus a means of making conscious memories that cause unpleasure and of bringing attention to bear on them: the first class of *conscious memories* has been created. It is a short step from here to the discovery of speech. (p. 423)

Thus, the said scream turns into a word. A vocal act caused by a gap between pain (hunger) and satisfaction (feeding) and creating reaction in the world. More than that, the scream comes to represent hunger to the baby itself, as it hears it coming from within. The scream becomes symbolic.

The Ego, this psychic apparatus that Freud described as mediating between needs and the realities of the world, and especially attention, memory and conscious thought, develop through language, as words come to be a symbolic representation of things:

Thus we have found that the characteristic thing about the process of cognitive thought is that the attention is from the start directed to the indications of the discharge of thought - that is, to indications of speech. (p. 424).

Language is a symbolic system substituting direct experience. Having words, the subject does not need to feel pain to know that pain is aversive, it is enough *to think* of pain and *remember* pain from the past (Freud refers to this as a “tamed” thought, not creating a direct affect. p.

438). Thus, thought becomes an inner reality, additional to and separated from the reality of the outside world:

For it must be emphasized that the biological rule of attention stated above...is an abstraction made from *perception* and in the first instance applies only to indications of *reality*. Indications of discharge by way of speech are also in a certain sense indication of reality - indications of *thought-reality* though not of *external* reality. (p. 430)

Freud goes on to describe the neuronal activity that connects words in a train of thought, *speech-associations*, that can be created and sustained, resulting in the ability for attention and contemplation. (pp. 437-438). In other words, words enable cognition, and thus turn the human into a self-aware subject and allow him to manipulate on the psychic level, instead of the physical world. Freud writes, while referring to *speech* as *quality*: “the recollection of a thought-process is only made possible by indications of quality, because otherwise its traces could not be distinguished from the traces of a perceptual facilitation (p.436)”. To think, to be conscious of one’s thoughts, to remember, to direct one’s attention and to expect – there are Ego functions enabled by words (Freud, 1895).

Another characteristic of speech that is implied by this model is that verbal communication does not operate only as a transaction of information. The fact that words develop from the gap between the need coming from within and the satisfaction coming from without means that words, speech, always have a direction, an address. It is connecting between the subject and others, or the subject and himself as the object of his thoughts and needs. And as much as the baby’s scream influences the world, evoking a reaction in the mother, so do words, developing from this scream, have the power to influence others. The addressee is reactive to the message, the words affect the listener (Freud, 1912). As a result, language is also the basis of social understanding between humans, of morality (Freud, 1895).

Language has a central role in the creation of neuroses and mental illnesses: Freud discovered, that when the subject experiences an unbearable trauma, a conflict that cannot be acknowledged by the Ego, this conflict is being repressed and becomes unconscious. Unconscious materials cannot enter consciousness, but they find ways to be present vicariously, in an encrypted way, through the neurotic symptom. **Neurotic symptoms are bodily expressions of verbal ideas** (Freud, 1918, pp. 75-81). For example, while a patient

suffering from chronic back pains associates around the subject of her enmeshed relationship with her mother, two verbalisations appear: “she is holding me back” and, “I can’t leave her, it will be like a stab in the back”.⁴ In this example, the patient’s ambivalence revolves around distancing from the mother (the first verbalisation) and keeping close to the mother (the second one). Backpains physically express this conflict since they retain both these contradicting aspects, through verbal idioms containing the word *Back*.

Since the unconscious is mediated by language, **Freud developed psychoanalysis as a unique way of using language as means for therapy**. Psychoanalysis acknowledges words’ function in the unconscious, and listens for the encrypted messages regarding repressed and conflicted materials. **Hints of such messages can be found in spontaneous speech, in slips of tongue, in forgetfulness, in free association, in double meanings, in surprising verbalisations** (Freud, *The Psychopathology of Everyday Life*, 1904⁵) **and in the description of dreams** (Freud, *The Interpretation of Dreams*, 1900). In the back pains example, the patient’s free associations produced two metaphors that expose unconscious truth creating actual back pains.

A slip-of-the-tongue example: Amira, an Arab twenty-five-year-old woman living abroad, came to therapy due to anxiety. The therapy takes place in English. During the work she is getting to acknowledge her own perfectionism and her deep feelings of shame in relation to any mistake she makes. For many weeks, she seems to be unable to advance and elaborate on these mental aspects of her inner world. She cannot say anything more about her shame, and also sees no connection to early childhood experiences and to her upbringing by Hippie parents. If anything, she was the one demanding of them to be more correct and orderly in their lives. She also has no memories of difficulties around performance. The therapist has the impression that Amira is unconsciously determined to keep control over herself also by not acknowledging any influence of others on her, as if she is all self-made, her perfectionism as

⁴ Patient’s names and identifying details in all the clinical vignettes presented in this research were changed in order to protect patients’ confidentiality. The particular examples in the present chapter are all adaptations from my own clinical work.

⁵ *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Edited by Strachey) presents this work as originally published in the year 1901, and other later English versions (such as the 2002 Anthea Bell translation) bring the same date. But the original German book *Zur Psychopathologie des Alltagslebens* was published in 1904, and thus will be presented as such in the present research.

well as her shame are hers, and hers alone. She says “I just have this voice in my head and he tells me off as if I am a little girl!”

The therapist stops the patient, and asks about her use of the word *He* instead of *It*, talking about the voice in her head. Amira seems uncomfortable realising she has made a grammatical mistake, and quickly says the sentence correctly, “I just have this voice in my head and *it* tells me off as if I am a little girl”. She then explains this slip-of-the-tongue saying that in Arabic, the word *Voice* is masculine. She was merely translating from her mother tongue. The word *Voice* is masculine also in Hebrew, and the Hebrew speaking therapist suspected this might be Amira’s explanation. Still, she offers the thought, that what might feel like a mistake, can be a very accurate verbalisation of some deeper inner truth. To that, Amira suddenly remembers her father firmly telling her off when she did not make it in time to the toilet and wet herself, a problem that lasted until she was four and a half. It turns out that her inner voice indeed originated in *his* voice, a truth that was present in the original verbalisation. This allows her to start recognising and acknowledging the roots of her shame and anxiety and the influence of others on her.

A surprising verbalisation example: Borka, a Serbian born, highly functioning surgeon who immigrated to the Czech Republic in her teens, is having therapy in English. As she talks passionately about a work situation that infuriated her, she says “What he told me was highly inappropriate, I was so...so...*ljuta*!” at this point in therapy, the flow of associations was interrupted (the three dots) and the next word that appeared was in the mother tongue, foreign to the therapist. Borka, who never allows herself to lose control over her deeds and words, spends the next minutes trying to find the right translation to English (some of the options that come up were *angry*, *resentful*). In her discomfort, she also pulls out a dictionary, feeling she must find the right word in English in order to resume the flow of speech, and the “common language” with the therapist.

Instead of cooperating with Borka’s efforts to restore the flow of overt conversation, the therapist assumes that the word that was uttered was indeed the right word. She suspects an earlier, more childish root of anger, that is being re-experienced by Borka in the present-day professional setting, and that was expressed by the appearance of the language of childhood, Serbian. The therapist uses the Serbian word that appeared and asks Borka to describe what is it like to feel *ljuta*, thus inviting her to elaborate on the word instead of replacing it with a word from a different language. While describing her emotions, a memory appears. Borka remembers herself, six-years-old, being *ljuta* at her younger brother who hit her, preparing to

punch back, and her mother scolding her. It turns out that the surprising word *ljuta* was the key to understanding the connection between Borka's present day work situation and her emotional past. The appearance of this word allowed her to better understand her own reactions and work through her childhood anger. This resulted in a reduction of present-day, anger-related emotional turmoil.

The presented examples demonstrate the therapist's work, a work that demands paying attention and working with *all* the layers of language, and especially *not* with the regular flow of mundane discourse. This particular way of listening enables the patient to speak in a meaningful way, and to hear her own words differently than she is used to and anticipates. In other words, the therapist invites the patient to go beyond the obvious, and to decipher the encrypted messages hidden in her speech. As the therapist listens carefully to her patient, she gathers the signals from the unconscious and creates hypotheses about the unconscious mental life of the patient, **hypotheses that direct her questions and interpretations** (Freud, 1926, Hebrew translation, pp. 172-175).

Psychoanalysis also uses the influence that language has between people. As the analyst becomes an important object for the patient, he becomes the addressee to the patient's message. **Transference** is the reincarnation of needs and relationship aspects from the patient's early life that re-appear in the therapeutic relationship, this time towards the therapist. When this happens, and as patient's speech, dreams and so on become addressed to the analyst, profound conflicts are being re-lived and can be processed in a way combining emotional experience and cognitive understanding.

For example, Clara is a forty-years-old patient, in therapy twice a week. She is dealing with early childhood trauma of sexual abuse by a distant relative-babysitter. In a session after a three-week vacation of the therapist, he shares a dream that left her happy and joyous: "I was playing with my friends in an abandoned shopping mall, I remember it was called Clinicon, a weird name. We were playing in the ruins and it was so much fun, I forgot to return home in time for dinner". Analysing the dream, the word *abandoned* is associated to feeling that going on vacation, the therapist abandoned her, and that the shopping mall's name, Clinicon, represents the therapist's clinic, being in ruins. The appearance of these associations creates a change in Clara's mood as she moves from feeling the dreamt joy of the play, to feeling flooded

with sadness and hurt. She remembers that while the therapist was away, she had thoughts of terminating the therapy.

Transference allows for the patient to relive her inner drama in the present therapeutic relationship, and for the analyst to provide interpretations, deciphering the unconscious drama as it unravels in the present, in the therapeutic situation (Freud, 1926, Hebrew translation pp. 177-180). In the *abandoned* dream, further exploration enables the therapist to suggest the following interpretation: “Your mother abandoned you, she disappeared in her workplace and you were left in ruins”. The therapist is suggesting that feelings of being abandoned by the therapist are echoes of a strong pain associated with feeling abandoned by her mother, a manager who worked in a large corporate company (Associated with shopping malls). But more deeply, Clara is reexperiencing the mother who left her to be taken care of by a sitter who abused her. The reliving of some of these feelings in the present therapeutic relationship, and the interpretation (still not connecting them directly to the abuse), enable Clara to express anger and phantasies of aggressive retaliation. Her response to the interpretation is, “I probably forgot to return home in time for dinner because I thought they would be worried sick” that is, to make them sick with worry. She then remembers an actual childhood event in which she returned home very late, and provoked anger.

The intention to heal symptoms by unravelling unconscious sources of repression, as well as the re-appearance of conflict in the therapeutic setting, evoke **resistance**. Transference is one of the elements that help the patient cooperate with the therapist and overcome her resistance (Freud, 1926, Hebrew translation pp. 177-180). In Clara’s case, she could contain her anger with the missing therapist and explore this anger thanks to a positive transference and a good therapeutic alliance.

Another aspect of the effect of language on the speaker-listener couple is **countertransference**, the therapist’s unconscious reactions to his patient. The therapist monitors these reactions of his in order to comprehend the hidden layered messages of the speaker (Freud, 1912). For example, Dale, a fifty-year-old patient talked in the previous session of his father about to undergo open heart surgery. In the session the week after, he starts by saying “I am so overcome with emotions”, then continues to passionately talk of his wife not understanding him and not listening to him, of his teenage daughter being preoccupied with herself and not seeing the needs of others around her. These are brought with great detail and

plenty of examples, such as birthday parties, work issues and disagreements in child education. After about thirty minutes, the therapist is starting to feel “overcome with emotions” herself. She feels frustrated because she is lost in the excess verbalisation and details, she cannot gather what Dale is actually talking about. She feels Dale’s continuous talk is blocking her out of the session, and making her another one of those women who do not hear him. She notices feeling helpless, and that reminds her of the previous session, and Dale’s father that had to undergo a life-threatening operation.

Considering that feelings of uncommunicated-helplessness and others-not-listening might actually be Dale’s unconscious message, the therapist asks him, “What is it that they are all not hearing? What emotions are you overcome with?” This proves to be the right question, as Dale stops, his eyes tear up and he softly says; “We are all going to die, what is the point?”

In this example, the many words that were being said by Dale during the session were empty, that is, being used in a defensive way, serving his resistance. The therapist sensed this through her work with her countertransference. She could also interpret the excess of details as a distraction, a flight from death to life (notice the theme of *birthday* as an opposite to the theme of death). It is also an expression of inner pressure, a pressure that the therapist feels reciprocally and is parallel to a cry needing to be heard and reacted to. But what needs to be heard is not the overt message. By aiming at *what is not being said*, associating it with *what is not being heard*, the therapist enables Dale to utter frightening and sad, previously unconscious thoughts, “We are all going to die, what is the point?”

Having shortly demonstrated some of the aspects of language in psychoanalytic theory and practice using vignettes from therapy with Amira, Borka, Clara and Dale, I shall return to the beginning, to the first case of Anna O. Her therapy can be seen as the starting point for the present research also due to the mother tongue- foreign language situation of the therapist in this case. Both Anna O. and her doctor were polyglots, and from the case description we know that together with Anna O., Breuer was also switching between languages according to the needs of his patient. Following this first case, what do we know of the language situation of the forefathers of psychoanalysis?

Starting from Freud, most of the first psychoanalysts were polyglots, and the psychoanalytic tradition had abundance of examples of therapists who have conducted

psychoanalysis in languages other than their mother tongue. In their book *The Babel of the Unconscious*, Amati-Mehler et al. (1993, pp. 19-28) give a detailed review of the languages spoken by the first psychoanalysts: Karl Abraham spoke his German mother tongue as well as English, Spanish, Italian, French, Danish, Dutch, Latin, and ancient Greek. Max Eitington's mother tongue was Russian, and he also had a command of German, Polish, French, English, and Hebrew. Alfred Adler, whose mother tongue was German, also spoke Hebrew, English, and Greek. Many analysts of Jewish descent also had some knowledge of the Yiddish language.

More than that, many of these first psychoanalysts were **operating professionally in a translingual context**. Freud, who spoke German, English, French, Spanish, Latin, Italian, Greek and probably also Hebrew, had at some point in his career a flourishing English practice (Gay, 1988, Hebrew translation pp. 303-315).

Other examples include Sandor Rado, whose mother tongue was Hungarian, and was analysed by Abraham in German and continued his professional life in New York, working in English. Helen Deutsch was born in Galicia on the Russian-Polish border, was analysed by Freud in German, and later immigrated, together with her husband analyst Felix Deutsch, to the United States, where they both proceeded to work in English. Margaret Mahler's mother tongue was Hungarian, she was also analysed in German before immigrating to the United States, where she worked in English. Maria Bonaparte's mother tongue was French, her analysis with Freud took place in German. Melanie Klein's first analysis was in her mother tongue, German, with Sandor Ferenczi, whose mother tongues were Hungarian and Polish (Amati-Mehler et al., 1993, pp. 19-42).

Amati-Mehler et al. (p. 23) conclude, that amongst the forefathers of psychoanalysts, most analysts were not analysed themselves in their own mother tongue, and in most cases analyst and analysand did not share a common mother tongue but were operating in a translingual field. A beautiful demonstration of this translingual field can be found in Ferenczi's Clinical Diary (1985, originally written 1932) which he wrote in his main practice language, German, and in which he smoothly moves from German to English to discuss cases in the original language of analysis (the example of Ferenczi's diary is also presented in Amati-Mehler et al., 1993, p. 37-42).

In conclusion, it seems that the foreign language speaking therapist is a phenomenon as old as psychoanalysis itself, and that diverse languages were present in therapy from its beginning. The next chapter will explore the literature studying this issue.

The Polyglot Therapist: Literature Review

Early Writings on the Subject: Thoughts on Foreign Language in Therapy

It seems that in the early days of psychoanalysts, choosing a language to work with was a theme and a personal issue of consideration. In a letter to Blumgart, Freud writes: “[In analysis,] It would be great relief for me, if you talked German; if not, you should not criticize my English.” (Gay, 1988, p.388). Still, and even though the developing technique of psychoanalysis was based on the spoken word, these early days psychoanalysts did not offer insight on the issue of different languages in psychoanalysis, neither from a technical nor from a dynamic perspective (Amati-Mehler et al., 1993, p. 33).

The first contributions to the subject appear in the late 1930s, when a few pioneering works started dealing with **the role of multilingualism in the psyche and in therapy**. In these articles, some comments on the foreign-language-speaking therapist can be found:

In 1939, Erwin Stengel, who immigrated from Germany to England, wrote an article on aphasia and its effect on languages that were acquired in different stages of the subject’s life. While discussing the best therapy language for the patient, he mentions that **analysts can work in a foreign language**, but their task is harder (Amati-Mehler et al., 1993, pp. 46-47).

Emmanuel Velikovsky, a psychoanalyst who worked with immigrants in the multilingual Palestine of the 1930’s, explored the inclusion of later-learned languages in the unconscious. On the basis of cross-lingual associations⁶, Velikovsky concluded that **new languages play a role in the lingual network of the unconscious**. This has led him to conclude that: “In order to carry out analysis in a country inhabited by a population with different linguistic origins, it is necessary to have a polyglot analyst.” (1938, Quoted in Amati-Mehler et al., 1993, p. 45).

A decade later, Edith Buxbaum (1949) came the conclusion, that bilingual patients should be treated by therapists with compatible bilingual skills (Amati-Mehler et al., 1993, pp. 48-49). Buxbaum explored a case of therapy that took place in the United States, of a young German immigrant female patient who insisted on speaking to her German therapist in English.

⁶ The example Velikovsky brings for cross-lingual associations is the word *Trial*, in **Arabic** *Hbar*, presented in a dream by a mouse, a word that sounds similar in **Hebrew**, *Ahbar*. For this patient, these two languages were later-learned, not mother tongues.

Only when the patient finally changed to German it became evident, that she was using English defensively. For her, words in the mother tongue were laden with emotional weight of infantile sexual needs. Using the parallel words in English emptied them from emotional content. For this patient, dealing with sexuality in English was an intellectual and detached experience. Buxbaum saw the therapy's move to the mother tongue as crucial because only when she switched to German, the patient could finally explore conflicts around sexuality. The writer's conclusion is that unlike the mother tongue that embodies the most early and sensual life impressions, a second language is likely to be lacking vitality and depth. As a result, **foreign language can have a defensive role**, keeping difficult emotions at a distance from the words used in the new language.

Ralph Greenson (1950), another German speaking analyst who worked in America, brought a case that also demonstrated the defensive function of the foreign language, but also **the possibility of using foreign language for growth and identity development**. He wrote of a young woman who chose to speak English in her analysis, although her mother tongue was German. In the analysis it became clear that the patient had a conflicted relationship with her mother. The new language freed her to develop her femininity beyond the scope of the mother and outside of her language. Greenson concluded that while in some cases analysis in the mother tongue is irreplaceable, in other cases analysis in a foreign language might be beneficial and enabling (Amati-Mehler et al., 1993, pp. 52-54).⁷

⁷ This seems to be the case of the Irish writer Samuel Beckett. Dealing with a conflicted and restricting bond with his mother, Beckett moved from England and from the English language to France and French. This self-distancing from his mother freed him to write and create in the new language. Only after his mother's death he was able to return to England, and start to write in English. It was then that he himself translated his French works into English (Amati-Mehler, 2010, pp. 176-181).

Considering the conflicted relationship with the mother reflected through the relationship with the mother tongue, I am reminded of an American joke:

A bilingual Latino immigrant teenager says angrily to his mother, that he does not want to learn Spanish at school: "I prefer to take French; Spanish has a strange ring to it."

The mother asks (in a Spanish accent) in return: "*What can be more natural than your mother's tongue in your ear?!*" (Modern Family, American Broadcasting Company, 2015, 6(7).)

Amati-Mehler (2010, pp. 67-81) brings a case of a failed attempt at personality integration through languages integration. Her polyglot patient chose to undergo analysis in her second language, Italian. The patient felt safe in this language and worked on complex emotional issues from her early years. She gradually started making attempts to integrate between her mother tongue, English, and her second language. She expressed a feeling of

Eduardo Krapf (1955), a German psychoanalyst who immigrated to Argentina and performed psychoanalysis in seven different languages, discussed another issue typical of multilingual therapies. *Language switches* are moves between languages in a singular discourse. Krapf recommended the analyst should analyse language switches, interpret them, and in some cases switch as well, as an intervention directed at regulating levels of anxiety, reacting to different parts of the patient's psyche, and more.

Krapf brings the following example: He was working in Spanish with a patient that was frustrated and angry with him. The patient suddenly switched to his mother tongue, Portuguese, and started to express anger in a vulgar way, in a language he assumed the therapist could not understand. Krapf reacted by switching to Portuguese himself and commenting in this very language on the content of his patient's vulgar verbalisation (Amati-Mehler et al., 1993, pp. 50-52).

All of the above-mentioned writers deal with the issue of the polyglot patient and analysis management, and do not focus on the polyglot therapist himself. Daniel Lagache (1956) is a same-generation writer who came the closest to dealing with the therapist in the foreign language context. In the article *Sur le Polyglottisme dans l'Analyse*, he explores the different language combinations that can occur in the case of polyglot patients and psychotherapists working together. Lagache describes his own experimenting with language diversity, working in his own mother tongue, in a foreign language and even in a setting where the patient talks in his preferable language and the therapist, understanding this language but *not feeling fluent enough* to communicate in it, reacts in another language. Lagache stresses the importance of considering the unique implications of each cross-lingual situation on the

danger, saying that going back to her mother tongue she might find her lost self, but she might also go mad. These attempts finally led to disintegration and hospitalization.

While at the hospital, this patient tried to teach a fellow patient with schizophrenia to speak English. She said, 'I want to teach him a new language that he hasn't yet had mad ideas in.' (p. 79) It is interesting to remember a similar thought, expressed a century earlier by Anna O., of the ability to turn to a language in which one did not have crazy thoughts (Freud & Breuer, 1895).

Amati-Mehler mentions that in old days, learning a new language was considered a way to cure schizophrenia. Some researchers from the discipline of neurolinguistics present evidence showing that in cases of psychosis, the mother tongue is more prone to disintegration than foreign languages. These researchers suggest neurological explanations to this trend, such as differential cerebral activations for L1 versus L2 and psychosis affecting L1 areas more than L2 (see Paradis, 2008, Schoeman, Chiliza, Emsley & Southwood, 2008).

patient's transference, *as well as the analyst's countertransference*. Commenting on Krapf's (1955) vignette of the Spanish-Portuguese vulgar language switch presented above, Lagache suggests that in the given situation when the patient switched to a language he thought the analyst does not understand, it was the analyst's countertransference needs that led him to react in Portuguese. The analyst's switch surprised his patient, intruding into what was supposed to be his private language. Lagache assumes that this choice was not made for the benefit of the patient, but was unconsciously motivated by the analyst's own need to maintain his own omnipotence by reacting to the patient's insults.

Although Lagache explores issues of countertransference and describes his own therapeutic experience of diverse lingual situations with his polyglot patients, he does not consider the effect of language on the polyglot therapist himself; Beyond countertransference, he does not refer to the therapist's unique relationship with his different languages, his unconscious processes connected to different languages and the therapist's personal experience of different languages in therapy. It seems that he sees the therapist's languages as available tools that can come in handy according to need.

Considering the articles reviewed so far, we can conclude that the earlier writers dealing with the subject of polyglotism in therapy agreed that foreign language is a part of the psyche and the unconscious, but the mother tongue is more libidinal, associated with early conflicts and materials. A foreign language can be more detached and might be used defensively, but in some cases can also provide potential for separation and growth. On the technical level, therapists indeed worked not only in their mother tongue, and seem to have respected their patients' choice of language in therapy, although they sometimes thought that treatment in the mother tongue would be preferable.

It is also apparent, that the perspective of all the writers was the polyglot **patient**. When it came to the therapist himself, the possibility of moving from language to language was taken as a matter of fact, sometimes even as a prerequisite. **None of them, however, dedicated attention to the question of the analyst himself working in foreign languages.** Theoretical, technical and experience aspects were not discussed.

This theoretic "blind spot" might be interpreted as stemming from trauma. The presented writers were mostly immigrants who were exposed to more languages in therapy in the context of their and their patients' immigration. They were in a state of exile, forced to flee

their countries under the tragic circumstances of World War II. It could be that this trauma, combined with a wish to assimilate in their new countries, made them less inclined to deal with the issue of their own foreignness (Akhtar, 2006).

In the later years of the previous century, the issue of the **foreign language speaking patient** gained much more theoretical attention than before, and the issue of the therapist remained under-explored (e.g., Marcos, 1976, Marcos & Alpert, 1976, Marcos & Urcuyo, 1979, Rozensky & Gomez, 1983, Javier, 1989). Since these articles do not contribute new insights regarding the polyglot therapist, I shall not review them. Instead, I shall proceed to describe more recent research, in which the theme of the polyglot therapist is finally directly addressed.

More Recent Research: The Polyglot Therapist Takes Centre Stage

Recent decades have seen advances in human mobility and in technology that make cross-cultural encounters, physical and virtual, more frequent and much easier. Growing trends of globalization create new patterns of immigration and diversify communities. For example, in the United States, the American population is becoming more culturally diverse, and foreign-born students, with an array of languages, make an increasing percentage of US academy. Family psychotherapy training programs report having more culturally diverse clients and increasing numbers of non-American psychotherapists in training (Morris & Lee, 2004). These processes have led to a growing academic awareness to multi-cultural issues in general, and in the context of psychotherapy in particular.

In a parallel process having to do with the development of the field of psychoanalysis, psychoanalytic thinkers turn their attention to the subjectivity of the therapist and include it in their comprehension of the therapeutic process (Mitchell & Black, 1995, Hebrew translation, pp. 37-46, pp. 322-337).

As a result of both these trends, there is a rise in contributions exploring the issue of the polyglot therapist. These contributions address this theme using two major methods: qualitative research, and personal case studies.

Qualitative research of the polyglot therapist situation

Reacting to the increase in the numbers of non-native English-speaking therapists in Marriage and Family Therapy, Morris and Lee (2004) examined American-born clients' impressions of foreign therapists. Clients' responses shed light on some characteristics of polyglot therapists: Participants felt that foreign therapists **made greater efforts to understand and to be understood**. They reported this aspect to have had a positive effect on therapy. The researchers offer a few explanations to this positive effect: According to them, when the therapist starts therapy with a remark regarding his own linguistic limitations, inviting questions and clarifications when needed, he invites the client to engage on an additional level. The potential gap in communication also lowers both sides' tendency to assume they understand each other, and creates a **greater motivation to explore lingual content**.

Based on this and additional findings, Morris and Lee conclude that **foreign language speaking therapists have a positive effect on therapy**. Still, they recommend that in the initial stages of their work, foreign therapists should co-work with native-speaking therapists. The writers stress the importance of exposing foreign counselling students to the local culture and colloquial language, in order to secure high levels of proficiency.

While Morris and Lees explored foreign therapists' work with mother tongue speaking clients, Costa (2010) explored foreign therapists *and* patients, working together in a third, local common language. Her research aimed mainly to the experience of the patients, but some of her findings are relevant to the issue of the polyglot therapist: Like Morris and Lee, Costa found that foreign therapists **naturally facilitate a less intimidating, more positive atmosphere of trust and cooperation**. This is associated with the shared experience of conducting themselves in a foreign language, and the complex experience of loss and need to adjust in the process of immigration. Costa's participant therapists also seemed more **flexible and at ease with language**, and **worked well with the tension associated with not understanding**. When patients found it hard to express themselves, these therapists were able to adjust and tended to work with meanings, beyond words. Costa found that polyglot therapists are more prone to **make sure they understand and tend to ask for clarifications more openly**. They are **more attuned to language idiosyncrasies**. Some participants talked of turning their technical and emotional difficulties to an advantage.

Sella (2007) also found that immigrant therapists tend to use their lingual situation to the benefit of therapy. **After a period of adjustment** and once they are comfortable in the new

language and in their role as therapists, **they tend to use their uniqueness in accent and their tendency to communicate in non-verbal ways as tools in therapy.**

Costa and Dewaele (2014) compared between monolingual and polyglot therapists on their practice, beliefs and attitudes while working with foreign patients. A sample of 101 therapists showed that polyglot therapists felt that their own **personal experience of learning foreign languages and functioning in them** helped them be **more flexible and more attuned** to their patients. These therapists also felt they had the ability to help immigrant patients to feel less isolated. At the same time, when both patient and therapist were immigrants, the therapists were aware of the danger of colluding in imagined sameness, and thus were **aware of the importance of boundaries and actively being aware of transference.**

Costa and Dewaele's **polyglot participants expressed awareness to the distance that foreign language might entail**, at the same time, they saw **benefits that might be associated with working in a foreign language:**

All the therapists believed that learning a language made them better attuned to other languages and other language learners. They all believed that through working across languages they had learned to think carefully about how they used language, to check understanding and to simplify their language. (p. 243)

Kissil, Nino and Davey (2013) found that foreign therapists have the advantages of holding a **meta-perspective regarding culture**, and an ability to offer **alternative viewpoints** regarding culture's influence on the individual. Another advantage of the foreign therapist described by Kissil et al. is of embodying the experience of **being an outsider**, an experience that is usually familiar and relevant to the patient, who often feels alienated or marginalized.

While the research presented so far concentrated mainly the polyglot therapist-patient interaction, a 2018 study titled *One Language and Two Mother Tongues in the Consulting Room* focuses on the **therapists' experience**, and attempts to connect between the technical issues of the bilingual therapist, and the dynamics of therapy. The writers Gulina and Dobrolioubova interviewed therapists conducting psychotherapy according to various psychotherapeutic paradigms (psychoanalysis, family therapy, CBT, short term and others). All the participants were immigrants, who learned and practice in the UK, in English. The therapists had good English and a few years of practice.

The researchers found that working in a foreign language evokes in the therapist technical issues such as **uncertainty regarding his language abilities, difficulty with pauses**

and **concerns regarding being understood and understanding**. They also quote many therapists who **perceive their own identity as different in the different languages**. The researchers conclude that being a foreign therapist has its **technical disadvantages** but that it can also have a positive effect on the **therapeutic alliance**: Foreign language speaking therapists have the **freedom to ask more questions** in order to understand content and emotional connotations. This is perceived by them as an opportunity to explore the patients' language in a more naïve and open way. These therapists describe themselves as **more alert to unique verbalisation, slips of tongue and double meaning** in a foreign language.

Regarding the transference, therapists talked of their native-language-speaking patients as motivated to get closer to them and learn more about them, being expressed through curiosity regarding the therapist's country of origin, language etc. Other transference reactions mentioned were the perception of the therapist's foreignness as exotic, attributing to him some "magic power", and also the therapist's foreignness as enabling the patient's development and growth through identification.

In addition to the general experience of the polyglot therapist and his practice, some of the mentioned researches also addressed the question of **what language did polyglot therapists preferred to work with, their mother tongue or their language of studies**.

Gulina and Dobrolioubova's participants showed diversity in their language preferences, some preferring to work in their mother tongue and others in English. Similar findings were found in the above-mentioned Costa and Dewaele research (2014) as some of their foreign-language trained therapists mentioned preferring to work in their training, not native language.

Unlike them, Jindy Johal (2017) who also interviewed foreign born therapists who were trained and worked in English, found that all participants preferred working in English. They felt much less prepared and trained to work in their mother tongues.

I shall return to findings regarding training language, that unexpectedly appeared also in the present research, in the chapter considering psychoanalytically-informed qualitative analysis.

In conclusion, current-day research puts forward the phenomenon of the polyglot therapist working in a foreign language and describe it in its complexity. It shows the difficulties it entails, especially on the technical but also on the dynamic levels. At the same time, it proves that performing therapy in a fluent foreign language is possible, and shows that at times this situation might be advantageous for both the polyglot-therapist and his patients.

Polyglot therapists sharing their experience and insights

The second source of information regarding the polyglot therapist and the dynamics of cross-lingual therapy that appeared in the last decades is personal testimonials and case studies of polyglot therapists. These articles offer anecdotes and insight into polyglot therapists' unique identity, perception of their work, and language use.

In the article *Language: The Unspoken Variable in Psychotherapy Practice*, American therapist Caroline Clauss (1998) describes how she came to use Spanish in her work as a therapist. Working with an American patient from a Hispanic descent, her grieving patient spontaneously switched to Spanish as he addressed his dead mother and processed some of his feelings towards her. Being an English-Spanish bilingual herself, Clauss dealt with the question of when and how to share with her patient the fact of her own command of the Spanish language, that is, that she understood her patient's words. She also considered whether to offer the therapy would continue in Spanish. Much like Lagache (1956), she considers the possible experience of her patient, that assumed he was speaking a private language, but was actually understood.

Unlike early-days writers, Clauss goes beyond the patient's needs and turns to explore the therapist's perspective as well. She considers her own transference towards the languages she uses in therapy and analyses differences in her behaviour patterns and self-representations in the different languages. Clauss describes how she **communicates differently and has a different emotional distance in the two languages**. She finds that when she speaks English, she tends to be analytical and task-oriented, whereas while speaking Spanish, she is more emotional and chattier. Also, her body language is more open and she uses hand gestures while speaking, the same as her Spanish-speaking patients do. Clauss explains these differences as stemming from differences between the two cultures, as well as from her own lingual development. English was her mother tongue and also her academic language, while Spanish was a language she fluently spoke when she lived as a child in South America. She states that

her Spanish, although not childish, is more in concordance with her emotional state at the time. Clauss describes how these changes in language use and atmosphere influence her interventions in therapy, that are different in tone and intellectual distance across the languages.

Rina Stahl Freedman (2017) is another polyglot therapist who brings her impressions regarding the place of foreign language in therapy and the foreign therapist's work. She starts by describing her own analysis with a German analyst, that started in English and after some years switched to her forgotten mother tongue, German. This switch has brought up repressed, regressive contents that were not available to her before. Equipped with the realisation of the importance of language as an element in therapy, the writer went on to treat patients in an array of languages as well. In the case of a young French woman that Stahl Freedman treated during her stay in France, the patient preferred working with this foreign and much less fluent therapist, since she herself was struggling with feelings of being a misunderstood outsider in her own family and social context.

Concentrating on her own experience, Stahl Freedman writes that because of her imperfect command of the language, while working in French she **had to endure states of uncertainty on the lingual and cultural level**. She also found that she had to **practice actively withholding cultural biases and judgement and maintaining an inner position of curiosity**. She describes movements between positions, at time feeling stable and on safe grounds, at times feeling insecure and anxious. Stahl Freedman concludes that the experience of working in several languages created a unique perspective that enabled her to intimately know the state of **dealing with the unknown**, and to work in ambiguous conditions. She stresses that **this position is crucial not only to the immigrant therapist, but to all therapists**.

Judith 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 professionally adjusting 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 first **realised that different languages are not easily translatable**. Seemingly same words are experienced differently by the foreign language speaking therapist, as words in the foreign language are more emotionally detached and shallow. Languages themselves offer different association networks for seemingly same words. For example, the Hungarian use of the word *Hate* is scarce and has grave associations, unlike its English parallel that is used in a much more casual and lighter manner. Thus, 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 inside 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 less than 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 an effort to understand, and sometimes help the therapist formulate her thoughts. The adjustment to this new state of proficiency has made the author **more flexible** in her work.

Presenting a similar point, Amati-Mehler et al. (1993, pp. 122-130) describe how for one of them, starting to work in a foreign language confronted her with many words she did not know and messages she did not understand. As a result of this constant confrontation, her **ability to work with ambiguity** improved so much, that she found herself at ease with patients with very high levels of psychotic disorganized thought processes, a patient population with which she was not comfortable before she immigrated and started working in more languages.

In his article *Technical Challenges Faced by the Immigrant Psychoanalyst*, immigrant psychoanalyst Salman Akhtar (2006) presents a systematic analysis of the situation of the immigrant therapist, especially in issues of countertransference. Akhtar stresses, that the therapist should be aware of all aspects of conducting analysis in a language that is not his mother tongue. At early stages, the therapist might not understand some words or not understand puns and double meanings. Akhtar states that **foreign therapists must come to terms with these imperfections and resolve personal issues associated with imperfection.**

As proficiency increases, issues of countertransference become more prominent. Referring to his own work, Akhtar describes instances of wishing to abandon the shared English language of therapy, and to react to his patient in his own mother tongue. For instance, in a situation of patient's grief, he had the urge to offer condolences and express empathy by saying a verse in Urdu. He considered the effect of him speaking in his own language might have on the patient. This act might turn her attention to language and translation, thus furthering her from her personal experience of pain. Also, instead of expressing empathy it might direct attention to the distance between therapist and patient. These considerations directed Akhtar to avoid from language switching in this case.

In other occasions, expressing a word in the analyst's mother tongue might create closeness. A young female patient asked Akhtar for the Urdu word for *daughter*. While working through this request she was able to express phantasies about the therapeutic relationship. The therapist finally decided to say the word in his own language.

Szekacs-Weisz (2005) brings a similar case. She worked with a Swedish patient who used to stop her flow of speech in English and say an emotionally important word in her mother tongue, Swedish. Once, as she again uttered an emotional word in Swedish and paused, the therapist instinctively echoed the same word in her own mother tongue, Hungarian. Szekacs-Weisz describes this as a moment of sharing and emotional closeness. This going back and forth between languages enabled the patient and therapist to develop their own language of difference and closeness.

Another aspect of working in a foreign language and culture that Akhtar describes is **the challenge of keeping a moral and emotional neutral position towards the local patients**. The therapist must be aware of tendencies for bias due to cultural differences, and neutralise them.

Some difficulties might occur while the immigrant therapist is treating a compatriot patient, in the mother tongue. In such cases, there is a danger of creating a bond of shared nostalgia and imagined sameness (Akhtar, 2006). Szekacs-Weisz writes of 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.

All of these examples demonstrate the **inner work** that the polyglot therapist must do in order to navigate between languages and understand transference and countertransference associated to them in the therapeutic encounter.

Some writers put **linguistic aspects** at the centre of their understanding of cross-lingual work. Chilean psychoanalyst Juan Pablo Jimenez (2004), who lived and worked for five years in Germany, explored the question of how could he have conducted many successful analyses in a language in which he was far from fluent. Jimenez concentrates on the lingual question of communication, and concludes that **the basic patient-therapist contact is trans-linguistic**, and is based on **affective attunement**. Jimenez describes many moments of lingual uncertainty, when he was failing to fully understand his patient's verbalisation, or had trouble

producing accurate interventions. Jimenez realised, that when he allowed himself to follow Freud's recommendation (1912) and apply *free floating attention*, without an effort to literally decipher each word, 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.

Jimenez also suggests, that **his recent acquisition of the German language made him more alert to literal meanings overlooked by native speakers**. Hearing these hidden meanings, **he was able to play with words in a way that enabled new associations to appear**.

In an inspiring article titled *To Speak in Tongues*, the therapist and twice-immigrant Angela Connolly (2002) contributes some valuable insights from her own experience with foreign languages. She describes how **the encounter with new and unfamiliar languages helped her to become aware of the experience of pre-verbal disorientation, of the sensual, rhythmic nature of language** that exists alongside language's symbolising function, and the **foreign element embedded in all languages**. She also describes her familiarity with the process of learning a language anew, building a whole new vocabulary and also a new way of relating to the world. These realisations helped her in her work with hysteric patients, for whom psychoanalysis revolves around the process of reconnecting between words and things, recreating a language that would replace acts with symbols.

In conclusion, current-day polyglot therapists do not take their move between language for granted, and appreciate that working in a few languages might be "especially tricky for both analysand and analyst." (Akhtar, 2006, p. 31).

Therapists who work in a foreign language report some technical difficulties, that can make them more tensed and less flexible with their language, which in turn might cause tension in the therapy. Being less fluent in language and culture, these therapists might not be as efficient in producing accurate interventions and might miss some subtle nuances and meanings. In addition, foreign language speaking therapists must navigate in transference-countertransference complexities that stem from their situation, and deal with issues of prejudice, collusion, missing the mother tongue and others.

At the same time, foreign therapists seem to be more open about their difficulties in communication, and more ready to listen closely and explore the language of their patient.

They tend to be more attuned to unique ways of expression and hear verbalisations in a less conventional ways. They tend to promote an atmosphere of ease and shared exploration in therapy. They can offer alternative points of view as outsiders to culture and language, and sometimes strongly represent the unknown and the different, with its exciting and intimidating aspects. Some have interesting insight into language itself, on verbal as well as non-verbal experiences associated with the learning, the use and the nature of language.

Polyglot writers as well as researches of the subject tend to conclude, that **practicing therapy in a foreign language is not only possible, but might also be beneficial**. Moreover, some stress the fact that the dilemmas met by polyglot therapists, although more prominent in their case, are **issues that all analytic therapist must address**. For example, prejudice in reaction to cultural or moral differences might arise also within the seemingly same culture, and questions of understanding the other's language *must* arise in every therapy. Non-immigrant therapists also deal with transferential questions of familiarity and strangeness (Akhtar, 2006). Regarding the therapist's experience, not only foreign language speaking therapists deal with their own therapeutic fluency and accuracy, and most therapists deal with the question of their level of ease and spontaneity in their position as therapists. Thus, polyglot and monolingual therapists have much in common, and the therapeutic processes they manage should tackle similar issues (Stahl Freedman, 2017).

The present study was motivated by an impression shared by most of the writers presented in this chapter, that although the issue of the polyglot therapist is no longer ignored, it is still under-researched (e.g., Gulina & Dobrolioubova, 2018, Stahl Freedman, 2017, Clauss, 1998, Amati-Mehler et al., 1993, p. 33.) Considering the fact that many therapists do work in a cross-lingual setting, and the centrality of language to the understanding and technique of the talking cure, it seems appropriate to explore it further. Such exploration can contribute to our understanding of the polyglot therapist situation, and might also contribution to our understanding of language in therapy. I shall now turn to describe the present study.

The Present Study: Method

The qualitative part of the present research explored aspect of analytic psychotherapy being performed in a foreign language, from the perspective of the therapist. **Two questions guided the inquiry.** The first regarded **the experience of polyglot therapists in terms of their perception of language in their work.** The second aim was to explore **the implications of being a polyglot therapist.**

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, and has at least some minimal affiliation to analytic psychotherapy.

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 were trained in English as a second language, used English as their first or second language in therapy and had no experience in other foreign languages were excluded. Foreign languages included in the present sample of participants are Czech, French, German, Hebrew, Italian and Spanish. English was also used by some of the participants, but not as an exclusive foreign language in therapy.

Ten therapists who fit the criteria and expressed interest were approached. One decided not to participate due to time limitations, and nine did participate. Eight participants were psychologists, and one was a music therapist. Four therapists identified themselves as eclectic psychoanalytic therapists, two as analytic-hypnotherapists, one as Interpersonal and CBT and two as Lacanian psychoanalytic therapists. Three of the participants were supervisors, five certified therapists and one in training.

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 was a member of a minority-group practicing to become a therapist in the majority language while also practicing in his mother tongue (an Israeli Arab).

Table 1 presents the participants in the research*, their age, professional title, their professional orientation, mother tongue, languages used in therapy, current residence and status (immigrants or not), and place of major professional training.

Table 1: Participants

Name	Title	Professional** orientation	Language in therapy***	Mother tongue	Status and current residence	Age	Other languages	Place of major training
Pavel	psychologist	eclectic psychoanalytic	Czech Italian	Czech	CR	45	English German	CR
Luciana	psychoanalyst, supervisor	Lacanian psychoanalytic	Hebrew Spanish	Spanish	Israel, Immigrant (40)****	57	English	Paraguay
David	psychologist	eclectic psychoanalytic	English Hebrew Czech German	Hebrew	CR, Immigrant (30)	55	Arabic	CR
George	Psychologist in internship	eclectic psychoanalytic	Hebrew Arabic	Arabic	Israel	35	English	Israel
Alina	Music therapist	Lacanian psychoanalytic	Hebrew Russian	Russian	Israel, Immigrant (18)	55	English	Israel
Inbal	psychologist, supervisor	eclectic psychoanalytic	Hebrew Spanish Portuguese	Portuguese	Israel, Immigrant (22)	50	English	Israel
Edith	psychologist	analytic hypnotherapist	English Hungarian Hebrew	Hungarian	Hungary	35	French Czech	Hungary
Joel	psychologist, supervisor,	analytic hypnotherapist	Hebrew English French German	French	Israel, Immigrant (24)	75		Canada

Antonella	psychologist	CBT+ Interpersonal psychotherapy	Italian French English	Italian French	Slovakia (temporary)	45	Italy
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*Names and identifying details have been changed to secure participants' anonymity.

** *Analytic*, also referred to as psychodynamic psychotherapy, is a general name for various methods of treatments derived from psychoanalysis (Laplanche & Pontalis, 1988, pp. 373). *Eclectic* represents an approach that draws on multiple psychoanalytic theories, without strictly adhering to one, in order to understand and work with patients.

CBT is "a psychotherapeutic approach to solving problems concerning dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure. It derives from theories of learning and memory." (Lee & Edget, 2012, p. VII)

Interpersonal psychotherapy is a time-limited method of treatment that has its roots in analytic as well as short term and cognitive methods of treatment. Instead of focusing on past, original relationships, it deals with current social relationships. It is not focused on personality, but on symptom creation and elevation, and social dysfunctions associated with mental illness (de Mello, de Jesus, Bacaltchuk, Verdeli & Neugebauer, 2005).

Music therapy is a general name for methods using music as well as language as a therapeutic tool. Music therapy refers to technique. Interpretation of the therapeutic situation and its dynamics, the nature and intervention as well as therapeutic goals are determined by the therapist's therapeutic theoretic perspective (in Alina's case, Lacanian).

*** Languages in therapy are presented according to frequency of use, from the most frequent to the least frequent.

**** Number in parenthesis represents age at immigration.

Procedure

Semi-structured in-depth interviews were conducted. Interviews opened with a request that participants would describe their language and professional Curriculum Vitae. Then they were invited to reflect on their experience 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 as part of a doctoral project. The researcher conducted all the interviews and data processing herself. The researcher was not in direct professional interaction with any of the participants. Through conversation and a written consent form, participants were made aware of the identity of the researcher, the university and the program to which the research 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 work 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 them in their 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.

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, *Psychoanalytically-Informed Qualitative Data Analysis* (Midgley, 2006) that will be presented later in this work.

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. 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 presentation

of the suggested themes to a group of colleagues and a following discussion brought about a clearer definition of theme meaning and names. Finally, citations that reflect the essence of each theme and subtheme were selected. The present chapter is a text that was created describing the themes, their relationship with each other, relevant literature and connection to the research question.

Thematic Analysis Findings⁸

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

Following is a description of themes and subthemes.

Before proceeding to discussing the results, I shall also refer to some between-participants differences in the use of language in therapy, that appeared and are connected to their different theoretical affiliations.

1. Polyglot Therapists' Relationships with their Different Languages

In her book *The Multilingual Subject*, Kramsch (2009) writes: "The first thing one notices when reading the testimonies of foreign language users is the intensity of their multilingual experiences." (p. 14). This was found to be true for the present research as well. Participants expressed a personal and professional interest in the issue of language and were keen to describe their experiences and share their thoughts. Many of their observations and insights went beyond the question of therapy and concerned the process of language learning and its context, their relationships with the different languages and their awareness to language. Since these elements make the foundation of the polyglot therapist's work, these general comments of relationship to language make the first theme.

Luciana immigrated to Israel in her forties. She described a dramatic moment that preceded her active Hebrew speaking phase. For a while, she experienced herself as not able to communicate in any language:

...maybe 2 months when we were in Israel and went out for a pizza, and I found myself not knowing how to order a pizza. Such a trivial thing. Then I went through a serious crisis, accompanied by the crisis of immigration ...well, I went through some distinct

⁸ This chapter is an adaptation of an article published in *Scientia et Societas* (Or-Gordon, 2021b).

periods. This pizza crises, we can call it, I became mute... really, I could not speak. Not totally but I really found it hard. I had a crisis with the language itself!

Inbal immigrated to Israel and started her internship in a foreign language, Hebrew. She described her first years in Israel as dominated by language difficulties:

I think that this is a traumatic experience, an ongoing trauma, for me, at least...

I did not think that it would be traumatic, or, I did a little, at home, think that I would never succeed, to see everything black...

It seems that Luciana's and Inbal's encounter with a new language created in them an experience of incompetence or even impotence. This brought Luciana to a state of muteness.⁹ In Inbal's case, decreased levels of competency in the new language brought to pessimism and depressive feelings ("Seeing everything black.").

Inbal went on to describe **a state of split**, alternating between feelings of competence and incompetence in regards to her lingual functioning:

I think that I lived in two dissociative worlds. I had my work life in which I pretended to function and...as if someone else does not speak the language, not me, with me all is well, I asked what things meant...I also got this supervision suggesting me to use this impediment and ask and get more information, to expand the relationship, so I did it but it did not feel real to me. And in my heart, when I returned home, I broke down.

In his description of immigration processes, Akhtar (1999, pp. 75-108) refers to the phenomenon of splitting between the experience of competence and incompetence in the different languages as a part of a process of gradually owning the new language. He describes the new immigrant as living in two separate linguistic worlds.

I believe that a similar process can be seen in some unique non-immigrant situations. George, an Israeli Arabic native speaker, is immersing himself for the first time in the Israeli majority language, Hebrew. George's description starts with a split in his professional self-perception, but then develops to a more complex view:

⁹ Granger (2004, pp. 40-62) writes that muteness during foreign language learning is a common stage. She associates this stage with the confrontation with incompetence and its effect on the learner's self-perception and self-esteem.

At the beginning I thought that with Arabic everything is perfect, I can do therapy, I am a superman in therapy. And all of a sudden, I realised that when I feel the difficulty of the Hebrew it is not only the word. There is the knowledge, reading, studies, what I understand and not understand, what I should still learn, more than language it has to do with knowledge, with my ability to do therapy...I see that also in Arabic, that when I seek for a word, it is also a professional difficulty and something is weaker...

As we can see in George's example, in time a process of integration occurs. For George, this integration enables the understanding of his relationship with language in a more complex way. He becomes aware of professional difficulties through noticing changes in his language functioning both in his foreign language and in his mother tongue.

A similar process going from split to integration can be found in the relationship with **reading and writing in the foreign language and the mother tongue**. Luciana talked of not allowing herself to read in her mother tongue while learning Hebrew: "the next stage was that 3 years I did not touch a book and had no contact with the Spanish language...[I] did not allow myself to read in Spanish. Only in Hebrew. With a dictionary, a Sisyphean work...".

Referring to much later stages of language proficiency, Inbal and Alina mentioned that they enjoy reading fiction in Hebrew, as well as in their mother tongue. Alina: "I think in Hebrew, I write in Hebrew, I usually read books in Hebrew, literature, I mean." These citations demonstrate that the process of language learning progresses also through reading channels.

The fact that Luciana, Inbal, George and others chose to go back and describe the experience they had while encountering the new language indicates that **the nature of the process of learning the foreign language had an effect on their relationship with that language**.

Unlike the mother tongue that is the ever-present sound envelope to which the baby is born, (Anzieu 1985, Hebrew translation, pp. 211-229), with a foreign language the subject experiences its foreignness, and then gradually moves from a state of not knowing to a state of knowing. **Remembering, emotionally and cognitively, this first experience of foreignness, makes the basis of the relationship with the foreign language** (Connolly, 2002).

Indeed, **participants had complex relationships with their different languages.** When George was asked to say something about each of his languages, his choice of words expressed a strong emotional component:

To the Arabic I would say I love you, mmm.... But I also must love your sisters. English – stay a little, one day we will be together. Hebrew – I love you and need you.

Another element that was found in research to influence polyglots' relationships with their language is the symbolic meaning it had for them (De Leersnyder, Mesquita & Kim, 2011, Schrauf & Durazo-Arvizu, 2006, Pavlenko, 2005, pp. 227-240). This was also found in the present research. Consider David's next quotation, regarding his Hebrew mother tongue and his other languages:

Hebrew is easy and I love it. English is easy and I love it, but not as I love Hebrew...Czech was never close to me and I did not like it...

German is my...grandmother tongue. This explains why it was so close to me, I heard my mother use it and almost swear in German. This is why I learned it so fast.

For David, being his grandmother's tongue and the language that his mother used to emotionally speak to her ("almost swear") is what gives German a unique status.

Edith also presented an association between relationships and language. Edith's mother tongue is Hungarian and second language is English. She also speaks Hebrew, a language she has learned as a child in the context of her Jewish heritage. She has an Israeli spouse and, in the interview, she talked of the fact that in spite of her good command of Hebrew, she does not feel self-confident speaking this language, because of her familial context:

It is hard when I have a lower status in the family because Hebrew is not my mother tongue and it is a language I started to learn when I was fourteen, it puts me in a whole different situation.

Participants were not always aware of the full scale of their emotional reaction to a specific language. For example, David talked of his second and most therapeutically used language, English, as being as natural to him as his mother tongue. But later on, when he was asked about the possibility of treating patients exclusively in his mother tongue, he reacted quite emotionally: "Oh, that would be great! Great! I would not miss the English at all. Not at all."

Discussing the intense and partially unconscious relationships polyglot therapists have with their different languages, Walsh (2014) proposed the term *Transference to Language*:

I suggest that we each possess what may be termed “transference to language” or 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. (p. 69)

I can conclude and say that **the first theme described participant’s *transference to language* and the elements they described as affecting this relationship.**

2. Identity

The second theme that surfaced in the thematic analysis was identity. This is not surprising. Languages is the medium in which identity is created, through one’s name, the words spoken to him and about him, and one’s own self-reflection (Hallowell, 1953, pp. 75-91). Since first language acquisition takes place as part of the child-mother unit and is a process of psychic separation (Winnicott, 1963), in some people, foreign language learning might **trigger separation conflicts** that would make the process difficult and anxiety-provoking for them.

In the present study, David, who immigrated from Israel to the Czech Republic, expressed such a conflict. He said that he does not use his Czech language for work, and talked of not feeling connected to the it:

I think it has a lot to do with my relationship with my current family, Dana [ex-wife], her parents, there is an unresolved issue there...When I have to talk to anyone in the family in Czech, I do feel this resistance. So, I deduce that it has to do with that. Not the Czech Republic or the language but the fact that I belong and come from a system that functioned in Czech and it is still problematic in some way to me.

By talking of the issue of the new family in the new country, David expresses his difficulty to leave the mother language and land, and join the new family, the new mother (his wife, who is the mother of his children, and her parents).

The process of separating from the mother tongue and land demands an adjustment of identity in a new and foreign lingual context (Kramsch, 2009, pp. 78-88). Luciana said:

I felt very helpless, very insecure. Who am I what am I, this is why I added the issue of identity. Who are they, what is this, there was also the thing that time, I came here the year when there was a lot of terror attacks in busses, and I did not have a car yet, and I could not identify who is who. Who might be a terrorist and to identify signs, signals,

everything looked different, also to the contrary from what I heard from people who immigrated the same as me, that they would say “I went down the street and saw this person who looked like a guy I knew in Paraguay” ...or, “this situation reminds me of...” I did not identify or remember anything. Everything was new. And very different. Which was a crisis.

For Luciana, the other was totally unknown, and associated with real danger. This endangered her life as well as her identity, as it brought up the question “who am I what am I”.

Participants talked of **great losses** to identity associated with their move to a new language. Luciana went on to describe her experience upon immigrating to Israel:

Together with my mother tongue fell also my identity. Everything that I was and believed that I was, a psychologist, a mother, all the names we give ourselves, names of identity. When I started to work, it was hard for me to make them [colleagues] know who I was. And I came [to Israel] when I was 40, I had a history behind me... it is not like I started here.

Luciana mentioned that her parents were known in the professional community in her city of origin, a situation that changed as she immigrated: "when I came here, I was no longer the daughter of.... I had to – it is me and **me** [last word stressed]. So, who am I?"

The solution to this question was found in the very basic level of death and (a new) life: "I had to kill my identity in order to gain other identities ...But it is not about flexibility. It is much more drastic. I had to be nothing, to be nothing”.

The idea of drastic changes in identity was expressed by more than one participant. Alina described the practical need to solve the crisis:

I think that this is where the topic of language lies. As if it was cut off. I moved. There was a need to enter this life, yes, somehow, so what I did was to cut, to suppress...

Inbal also expressed thoughts regarding foreign language and her identity:

the feeling I had all through my internship was that I am retarded. I mean, I knew I was not really retarded just because I did not know the language, I had many rational explanations to convince myself that I was not, but the feeling was that I was retarded. Also, when my Hebrew improved, even more so.

In the article *Second Language Learning by Adults: Testimonies of Bilingual Writers*, Pavlenko (1998) explores identity changes in immigrants. Pavlenko describes **a phase of losses** that are experienced in the sense of identity, context and inner voice. It seems that the statements of Luciana, Alina and Inbal demonstrate these identity losses. Through a painful process of a search for one's voice in a state of constant translation, the immigrant enters the second phase, **the phase of gains**. The immigrant gradually achieves the reconstruction of the self, and grows into the new language and into self-integration. Inbal described such a process:

Today, I dream in Hebrew. It is interesting after all these years that I refused to learn Hebrew well, it was always like – well, I am Jewish so I need to know a little Hebrew. ...I fantasised about Israel as if it was ideal and to this idyl [utopia] I came, and the language was a part of that. Today I don't see Hebrew as ideal but I like to speak it correctly ...I feel that Hebrew is not...also when I find it hard to understand nuances, it is no longer artificial. It is mine.

Luciana described an experience starting with separation and ending with integration: “Now that I am grown up and I don't have my parents, it is up to me, it is up to me. I invented myself anew, rebuilt myself.”

A few words on the case of Jewish people, Hebrew and Israel

As was mentioned above, transference to language is associated with the language's symbolic meaning for its speaker, as well as the context of its learning. This also affects the language-learning consequences on the speaker's identity.

Alina and Luciana, as well as Inbal and Joel, represent what might be considered a unique situation of immigration: Being of Jewish descent, they all immigrated to their symbolic mother-land. They all had some relationship with the Hebrew language before, either through Yiddish and the Biblical prayers (Joel), through some Hebrew language learning in their background (Inbal, Luciana) or simply through their status in Israel (Alina): A Jewish immigrant to Israel is not considered an *immigrant* (Hebrew: *Mehager*) but an *Oleh* (English: *ascending, going up*). This semantic difference has tangible consequences – it entails special rights and privileges reserved only for Jewish immigrants to Israel (for example, financial support, citizenship). It also carries a deep symbolic meaning: the use of the specific term *Oleh* states that the Jewish person coming to Israel is ascending to his pinnacle position. The parallel

word for immigrants *leaving* Israel is the word *Yored*, *descending*, *going down*, that has derogative connotations in the Israeli culture and ethos.

George is an Israeli Arab and thus not a part of this Jewish heritage. One of his comments expresses the confusion that might be created by this situation of non-Israeli Jewish people having an inherited symbolic and emotional relationship with a language and state that are in reality foreign to them. When he was asked if he had patients speaking Hebrew as a *mother tongue*, he got confused:

It is their mother tongue but not their first language...They returned to Israel...How do you define mother tongue? New *Olim* [the plural of *Oleh*] are not...? For example, from Italy, born there and returned to Israel.

George's confusion about Jewish immigrants to Israel is apparent in his use of the verb *returning* for a Jewish patient who have personally never been to Israel. This reflects a perception of Jewish as a nation in diaspora, in a generational state of exile from their mother land, returning to it when they can. The confusion is also apparent in the following quote, where George discusses his difficulties in understanding the subjective situation of his Jewish, Italian born immigrant patient:

He talked of *Aliyah* [English: *ascent*, Jewish immigration to Israel] and the trauma connected to *Aliyah*, and it did not connect, in my mind. The loneliness, missing, leaving his neighborhood, the people, his family, what it felt like.... Because you returned to the Land! Why do you describe a difficulty, I cannot connect to this difficulty and trauma and dependence...I tell myself, what is the issue here? He was born here, he returned, he is with his parents, it is not so hard.

So, George sees Hebrew as the mother tongue of non-native Israeli Jewish people, even if it was not their first language. His slip of the tongue ("He was born *here*", instead of *there*) also implies such a perception. Unlike his own Hebrew, that is a foreign language (and the language of the majority, that might be perceived as oppressive), for Jewish people it is their language even before they start speaking it. George also uses the verb *Return*, although this patient have never been to Israel before immigrating.

David's case is different than the cases presented above, since he immigrated *from* Israel to the Czech Republic, a country that became emotionally significant to him only when

he met his wife-to-be. Very much like Luciana and Alina, he talked of the effect that immigration and language had on his identity: “I might be feeling whole because I kill a part of me for it not to hurt too much. So, I feel whole. I am not aware of the unease.”

The difference between David and the previously described Jewish immigrants *to* Israel might be found in David’s use of the present tense, “I *kill* a part of me”, David’s acceptance of the new language or culture might be less natural and deep, and he might feel less intitled to belong than the *Olim* participants, who gradually integrated their old and new identities in the one framework of a whole Jewish identity.

Going back to the process of identity changes upon immigration, the dramatic nature of the statements presented is noticeable, and indicates how traumatic the transfer of language and culture can be. Some immigrant therapists talked directly of the trauma involved in immigration. Inbal said: “these years were traumatic in a sense. I really have a kind of a scar in my heart.”

Identity changes in the process of immigration. Moreover, some suggest that polyglots have a different sense of self in the different languages (Burck, 2004). This experience can be found in the literature, in personal testimonies of polyglot therapists, some of which were presented in the literature review (Gulina & Dobroliubova, 2018, Szekacs-Weisz, 2005, Clauss, 1998).

In the present study, all participants were asked or spontaneously related to the question of whether they perceived themselves as being different in essence in the professional context, while operating in different languages. Participants reacted by talking of technical issues such as matters of accent, issues of comprehension and the need to concentrate more in a foreign language. Others perceived their use of language as different, Pavel talked of his Italian behaviour as warmer, Luciana talked of speaking more directly in Hebrew. Some, like Luciana, Alina and Inbal also talked of the new language as being the language of their mature life. Still, **when asked how they subjectively perceived themselves in the different languages, they all replied that they did not feel different in essence.**

Offering an alternative model to that of a different personality experience in different languages, Akhtar (1999, pp. 75-108) describes the immigration process as resulting in a

Hyphenated Identity. In an adult and extended version of the separation-individuation process described by Mahler (Mahler, Pine & Bergman, 1975, chapter 1), the immigrant gradually distances himself from the past, from language and culture of origin, and incorporates a new language, culture and relationships into his identity. This process leads to a *psychic rebirth* and enables autonomy and separation from the country of origin.

Inbal described such a psychic rebirth through her subjective experience of her mother tongue and the language she currently lives in:

Portuguese, I like the way it sounds, a musical language, I am attached to it. And Hebrew... You know what? The two languages are like two homes. Two homes. Both are mine and I feel at home in both of them... Portuguese is my childhood home, my parent's home, and Hebrew is the home I built. The adult Inbal. I also chose this language.... Something opens. From the cognitive to the experience level, something expands.

Upon immigrating to Israel, Alina chose to leave the Russian cultural “bubble” typical to many Russian immigrants to Israel (Dewaele & Stavans, 2012)¹⁰, and to establish herself in the new language, in her relationships and career. These choices affected her identity and her experience of herself: “The Hebrew language is the language of my independent life, not from home, not from my parents... my life when I exited home was in Hebrew.”

Unlike Alina and Inbal, who have experienced immigration as a distinct and adult phase in their lives, Joel presented an identity that was formed by immigrations from the start. His parents immigrated to France before he was born, then the family was forced to move to Canada when he was a child. As an adult, he chose to immigrate to Israel. Joel described his sense of self as a mosaic: “... a continuum of mosaic. I am composed from all kinds of parts,

¹⁰ As a group, Russian Jewish people who immigrated to Israel in the 1990s did not tend to perceive themselves as *Olim*, returning to the mother land, and their emotional ties to language and country were less distinct than other Jewish cultural groups immigrating to Israel. Dewaele & Stavans, 2012:

It is one of the largest linguistic minorities in Israel (nearly 20% of the population), with an interesting historical background. The Soviet immigrants kept close ties with their fellow immigrants. They were secular, non-Zionist, highly educated and professional immigrants. Their attitude towards Hebrew acquisition was that it was necessary but not obligatory, in that it had to be sufficient for employment and survival but not more than that. (p. 210)

experiences, countries... That it is not only a language but also a place and a stage in life.” The fact that Joel’s identity was built around change and multitude of languages and places is evident in the next quotation:

I walked around Basel with a brother-in-law and he told me; You see? This is where I grew up, and this is where I went to the neighbourhood university and there is my clinic. [I replied to my brother-in-law:] I can’t even comprehend what you are telling me, because I started here, was born in France, we were thrown away right after the war, go away, don’t stay here, then we moved to Canada, then I moved to...what does it mean one language, one place? I don’t get this.

Discussing the nature of the hyphenated identity that develops as a result of immigration, Akhtar (1999, pp. 75-108) write that this person is “one that might possess greater than usual breath of experience – a sense of relativity, knowledge and, at times, wisdom.” (p. 83).

Luciana expressed a sense of her personality being enriched, going beyond the two specific cultures she has lived in:

I have changed, my identity has changed a lot and I see myself today as a woman of the world. Not even as an Israeli or as a Paraguayan, not that, a little of this and a little of that and I can be today, maybe I exaggerate but to be anywhere in the world and also to speak more languages. A woman of the world.

Other participants in the present research also spoke of **feeling enriched by the process of immigrating and the process of language acquisition and integration**. The act of choosing a new life and language seem to entail a sense of competence and liberation. Luciana described the moment of deciding to move with her family from her country of origin to Israel as a moment of free choice, and strength. It was in times of great political and economic unease, she was looking at her work colleagues talking about the situation, and suddenly realised, “I don’t want to live this reality. I am not willing to do it.” With this, came a sense of choice of a new destiny. As was cited above, Luciana feels that she has reinvented herself.

Inbal: “I remember this [immigration] and I feel proud, that I am a hero that, wow, the things you went through, but also...mmm...it was really difficult.”

Beyond choice and feeling of competence in conquering the immense challenge of immigrating, Inbal felt that being an immigrant was a state that gave her some unique inner

power: “The power of immigration, to me it gave power. I came from choice, with all the intention to make it work.” This power enabled her to do things she might have not done under the limitations of her original life and self:

During the process, this defence mechanism of telling myself: You are great, everything is OK, helped me very much. Today I look back and say – that is crazy! What was I thinking, saying that everything was OK??...I wasn't perceiving myself in an accurate way, not at all! I was in an omnipotent position, and grandiose, and I saw my friends feeling insecure in therapy and I did not feel that. The insecurity came later, when I was secure with the language. Then I started to understand ... And I feel that I had to be grandiose and think that I am the ultimate therapist, in order to survive this stage. Later on, when the language was less of an issue, I could slowly be more realistic.

Inbal's words demonstrate how in the case of polyglot therapists, identity is also connected to **identity as a therapist**. As Luciana mentioned, when she immigrated her whole identity fell, and with it her professional identity as well. Through a process of change and evolution, the ability to work in many languages was experienced as developing one's identity and as a source of self-confidence.

Foreign Language and Identity in Non-Immigrants

Up until now, I have explored contributions of **immigrants** regarding their polyglotism and identity. For immigrants, the assimilation of a new language is intertwined with the whole immigration process. But what about foreign language and its connection to identity outside the immigration context? It seems that **foreign languages itself can have an effect on identity**.

Edith and Pavel work as therapists in more than one language without being immigrants. Pavel seemed to have gone through some changes in his emotionality, as a result of his use of Italian and his contact with Italian patients. While working in both languages he realised he has to readjust to the Czech emotional codes of communication. Pavel said that when he had a Czech patient coming after an Italian one, “I had to restrict my emotions...For me it is more spontaneous to be emotional. Sometimes with Italians it is very emotional.”

Edith talked of her learning new languages and the mastery of more than one language as a source of self-esteem. She talked of all the languages that she has some command of, some more, some less:

the languages I am really using are Hungarian, English, Hebrew, I can still arrange things in Czech it is still a functional language to me, and French...I don't really speak Dutch...M.... Yeah, I definitely enjoy it... It's an intellectual challenge, it's beautiful, it's easy, a source of success.

Diversity of languages as a major factor in Edith's professional identity was expressed by the following words: "I call it my flying carpet. That my multilingual professional background is my flying carpet. I can go with it anywhere and I'm sure that I will live. I'll be able to make a living."

The connection between non-immigration foreign language speaking and identity is described by Kramsch (2006) who found, that a foreign language offers development and expansion of identity in teenagers and young adult non-immigrant learners. In these subjects, the foreign language provides a way of exploring and developing oneself beyond the mother tongue and family of origin. It enables the learner to project himself into an alternative identity (for instance, an American movie star, a French lover) or to creatively explore new ways of thinking about himself and the world and new ways of living.

In conclusion, it seems that foreign language had an impact on polyglot participants' identity, an impact that was more profound in immigrants, but is still present in non-immigrant as well.

3. The Polyglot Therapist's Work

Echoes of the complex relationship with language as well as identity issues find their way into the therapist's work. For participants, **language seems to be an object in therapy. As such, they observe it, interpret it and consciously work with it.**

Although all the issues that will be presented in this section are interconnected, the findings have been divided into a few distinct organising topics, in order to simplify reference to them in later chapters of this work.

"And she says to me – Go! Look for the reasons..." – Awareness to language

As was demonstrated in the first section, Relationship with Language, the experience of language is influenced by the context of its learning and use. The strong experience of language as an object brought participants to be **aware of language in their work**.

George, who is starting his second year of internship in a foreign language, is aware of his emotions regarding Hebrew and Arab. He described an active struggle with language: “Today I am at war with the language, it is still frustrating, as I said, some days I feel that I control it and some days I feel that it controls me.” George uses this awareness in his work as a therapist:

And she [the Hebrew language¹¹] says to me – “Go! Look for the reasons that make you have me weaker today, go look for the reasons when you feel that I am strong, why am I strong”. This is another thing that made me look and understand, while searching other things, learn other things, grow stronger and mature.

George’s use of the first-person direct speech in describing the language’s message to him stresses the perception of language as an object in his inner world. His experience of language enables him to identify dynamic processes that influence him in his work.

Considering what might be affecting his changing subjective experience of the Hebrew language, George stressed situational reasons. Other therapists showed awareness to **intrinsic lingual characteristics, having to do with languages’ different structures, that effected their experience of these languages**. Edith described English as a Lingua Franca:

English is an Esperanto, that I speak with people who are typically not American or English and it’s a kind of Esperanto, and then again, it’s a common language and its equalizing between us, but even with my American and British clients, somehow its OK that for me it’s a second language and for them it’s a mother tongue, it’s not...I think it’s more acceptable.

David expressed a similar view of English: “With English I don’t care because there is a lot of English languages, English is just a working tool for me...I use it off the shelf and don’t ask any questions.”¹²

¹¹ The Hebrew and Arabic words for *Language* are feminine. The interview was conducted in Hebrew. I chose to preserve the original, feminine, reference to Language, as it seems to be animated in George’s statement.

¹² The issue of English as Lingua Franca will be discussed in the Conclusions chapter.

Unlike the perceived neutral character of English, Czech's structure has for David a disturbing characteristic element:

I think I understand one of the reasons why I feel less connected in Czech. This is similar in Hebrew and English, that there is the *You* form...this [other, Czech] form of addressing with *Vy* bothers me, yes. It bothers me, that is weird, because I do not say to my patient, let's use the informal form. Because I am his therapist. But it bothers me. This distance makes me feel bad and it does not exist in English.

Luciana expressed an opposite experience. Speaking a mother tongue that does have honorifics¹³, she talked of the lack of the formal form *Usted* in Hebrew as a lingual limitation:

[The lack of honorifics in Hebrew] does effect. It creates closeness. The therapy goes in the ways of the obvious, the friendship, the similar, the other, it is less possible to do this movement, to gain distance...*Tu*, *you* in Spanish, is the mirror, you and me are similar. *Usted* gives distance and allows asymmetry.¹⁴

Beyond the fact that Luciana first learned to use the *Usted* form as a therapist, it seems that Luciana is relying on the language structure to support her in maintaining the right position versus the patient in therapy.

The differences in perceived appropriate position versus the patient, closer for David and not-the-similar for Luciana, stem from their different theoretical perspectives. Those will be discussed in the following subchapter. The issue that is common for the both of them and relevant at this point is their awareness to the ways different languages affect discourse and relationships, awareness that stems from their multilingualism. A similar awareness was expressed by other participants, for example, by Edith. She talked of Hungarian as inherently

¹³ Honorific subject pronoun system uses designated pronouns to signal relative social status and closeness between speaker and listener, in many European languages expressed by the T-V distinction (such as *Ty* or *Vy* in Czech, *tu* or *vous* in French) (Agha, 1994).

¹⁴ Clauss (1998) mentions another interesting difference in pronoun presentation in different languages, *in their written forms*. The English *I* is capitalized while the Spanish *yo* is not. Clauss sees this difference as reflecting a different position of importance to the self versus group in the two languages/cultures. The English capitalized *I* reflects the importance of the self. The uncapitalized Spanish *yo* reflects the fact that in the Spanish culture, the self and the group are of similar importance. I find it interesting to add to this equation the Czech writing of a small *I*; *já* (as in Spanish) and capitalized *You*; *Vy/Ty*. It is plausible to interpret this as reflecting the cultural emphasis of respect to others over the self.

more emotional than Czech. Luciana talked of characteristic differences in levels of enjoyment while speaking Spanish and Hebrew:

In Spanish, and I also see that for the French as well, there is *jouissance* in the language. They like to say things that you can summarize in two words, say them in a looong sentence and there is enjoyment in the language, yes, of the use of language, and I was like that.

Luciana's comment "I was like that" reflects changes in her own use of her mother tongue in therapy, that accompany these realisations.

Luciana went on to describe Hebrew as fundamentally more to the point than Spanish, due to its lean structure and relative lack of embellishments. In saying that Hebrew is "more to the body", she describes it as almost literal:

But Hebrew... is more direct, says to the point. But demands another presence. Not of a mirror, not of the similar, but another presence... I had this patient [in Hebrew], who suffered...he was widowed and suffered from longing. He missed....and he always said "I don't know if my heart can stand this". I always heard it metaphorically. Until one day he passed away due to his heart...he really died...the heart could not any more. So, you see, the language is more...speaks closer to the body.

Luciana's realisations regarding her Spanish mother tongue and her own use of it became possible due to her experience in Hebrew. Being a polyglot gave her an outside perspective on Spanish, that is insinuated in the first quote by her use of the word *they* to describe Spanish speakers.

Pavel also identified a structural difference between the two languages he uses in therapy, Czech and Italian, as he commented regarding the latter,

The language has a different structure and I think that says something about the person. In Italian there is a possibility to say much more in the passive, but it does not necessarily have to be so, so it says something about the person. In Czech this form is less usable.

Linguistics literature addresses the question of structural differences between languages. Specifically, Pavlenko (2002a, 2002b) relates to differences in passive and active forms. She shows, that when comparing Russian and English speakers, in English emotions tend to be formulated in a passive form or as an adjective, and that English speakers use a limited array

of emotion vocabulary. On the other hand, Russian has relatively higher pressure of emotional expression, that is characterised by a greater and more detailed vocabulary of emotion words. Emotions are expressed through the active verb form, and many of the emotions are verbally connected to the body.

In a much earlier work from the field of psychoanalysis, Ernst Jones published in 1922 (pp. 391-397) an article titled *A Linguistic Factor in English Characterology*. In this article, Jones presented a relationship between the English language structure and the English nation's character. Jones relates to the fact that English has more than one linguistic source, namely Saxon and Latin and later Norman-French. He shows that each of these separate systems carry a different emotional weight. Saxon words carry more emotional weight, Norman-French are less emotional and Latin created an intellectual distance (for example, the Saxon *Gut*, the Norman-French *Bowl* and the Latin *Intestine*). At the same time, words from the different sources are interchangeable. This gives English a unique richness of vocabulary which enables its users to practice an exhausting and defensive use of language against the experience of emotions, causing them to be prudent in character.

I would like to question Jones's hypothesis, given the differences in character between different English-speaking nations such as English, American, Canadian and Australian. Still, I find the claim that language structure embodies and at the same time influences emotionality, world views, social structures and interactions is highly interesting and relevant. In any case, what is central to the discussion here is that **polyglot therapists tend to be more aware of between-language differences, and work with them in mind**. It allows them the flexibility of observing language from the outside.

David noticed, that it was easier for him to be flexible and open with his English-speaking patients than while working in Hebrew, his mother tongue. This, on the lingual as well as the subjective level. He talked of slightly changing his accent to adjust to English speaking patients from different countries, while feeling his Hebrew as more rigid:

In English it is easier to do. Maybe in Hebrew I am what I am, I am deep in my hole and I cannot change, while in English it is shallower and I can change according to need. According to the surroundings. It is not bad for therapy, this tendency. I am not always aware when it happens but it is not bad for me and maybe not bad for the therapy.

Much like Luciana's statement "I used to be like that", David's "*maybe* in Hebrew I am..." hints that his use of a few languages in therapy enables him to gain a new perspective on his

mother tongue. This outsider's perspective enables the therapist to experience working in his mother tongue as only one of the few alternatives available to him as a therapist, in terms of position, distance, emotionality etc. As David says, "maybe [its] not bad for therapy".

"If I think I know, I miss" – Listening and understanding

Awareness to language affects listening. Many participants talked of listening more closely to their patients. Joel: "My rationalization as a therapist was, I don't understand everything, so I need to listen better."

George noticed his mode of listening is different in the foreign language. For him, the transfer from his Arabic mother tongue to Hebrew in the therapy room extracts him from his usual verbal context, and stresses the uniqueness of the therapeutic situation:

According to Bion, you need to enter therapy with no memory. When I go in to see a patient in Hebrew and I open the door, and tell myself, OK, I need to refresh my vocabulary, I need to refresh the language. It is not what you tell yourself when you enter therapy with an Arabic speaker. It is more spontaneous, without this worry, without this concern. Without standing at the door and telling myself, OK, now I enter this room to do therapy.

This different mode of listening more carefully was perceived as positive and contributing to the therapeutic work. David: "I guess it makes me try harder, because it is not as fluent. I am more aware, try harder, even English is easy but not as easy as Hebrew so it makes me make greater efforts."

Luciana:

Some things I understood more thanks to the shift to another language, helped me locate myself in a different position in therapy... it makes me work more on the language. Not to take it for granted...

Not assuming to instantly understand what the patient means creates a less matter-of-fact attitude towards knowledge in therapy. This happens first of all in the foreign language. As David said, "In mother tongue someone is too immersed and does not stop to ask about the meaning of basic words." Inbal described:

I think that the theme of languages is very sensitive to me, being understood by the patient is important to me, and also vice versa, it made me very sensitive to the question of what is the meaning of what is being said. In regular meetings with colleagues as well, I am the one who asks this question all the time...Many things are taken for granted. For example, a father says “the child is very stubborn”. What does he mean by that? I will not rest until I hear some examples and understand. I do not assume that I understand, and this is an advantage.

Talking about the necessity to ask more and to decode the patient’s lingual message, Joel added a remark that seems to show **an implementation of this awareness to all languages, not particularly to the foreign ones**, “I discovered that if I think that I know, I miss. This is the disadvantage that is an advantage.”

“I understand less, and that brings closer” - The therapeutic relationship

Language appeared to have an effect on the therapeutic relationship mainly on two levels: vocabulary, and embodiment.

On the vocabulary level, Antonella felt that her poorer English vocabulary is limiting her in her ability to become emotionally closer to her patient: “The way I talk of course I don’t have the vocabulary of Italian... [So] I am more rational then emotional.” Unlike her, Joel saw his comprehension discrepancies as creating closeness:

I need to overcome this distance. To think, what did she mean? What does he mean? I have to be more active in decoding. To ask, to listen, it is less natural...I need to ask more questions, I have no choice, I understand less, and that brings closer.

Some participants noticed that their foreign language is differently embodied and experienced in a shallower manner. Edith said: “There is definitely a depth to the [native] language that cannot be repeated.”

It seems that awareness is the key for dealing with this issue. Pavel said:

I did notice some time ago, that words [in Italian] don’t touch me so much, because after all this is not...I need to understand more through logic than through emotions. I notice that: Attention, this is strong emotion that is being expressed here, but I don’t get it immediately...

“We cannot be psychologist working with only one language” - Being a polyglot therapist

The ability to work in more than one language was perceived by all participants not only as technically enabling, but also as profoundly enriching. George said:

We cannot be psychologist working with only one language. Language contains many levels – language, culture, another world, other people, to look into, to go deeper to our world. And here in this country the political aspect that you referred to before, it is important to see how people see the other, if we started and finished our career in only one language, I would say that something would have been missing. Something big and meaningful.

Edith related to a feeling of freedom to speak and work in more than one language, “If I couldn’t work in English, I would feel very close up and I would feel claustrophobic in my Hungarian.” And Joel expressed a difficulty perceiving the possibility of a monolingual life and professional life: “I can’t process the idea of speaking, doing therapy, thinking in the same one language? To dream in the same language? How come? Not in our school” [Joel uses an expression in Hebrew meaning *not here, not according to our rules and norms.*]

Joel talked of the advantage of enabling his patients to choose their therapy language. Alina described her ability to offer therapy in Hebrew to her teenage clients and parent’s counselling in Russian to their parents as enabling and important. More than that, she could actively direct her patient to work in Hebrew, when it was established that this language is the language that enables separation and growth:

These adolescents, they all speak Russian but they don’t speak Russian to me. The girl with bipolar is a child that...[is] crushed in her mother’s maw. Again, and again. With psychotic attacks and so on. So, I initiated the interaction with her in a different language, intentionally. And she cooperated...this is what I do. With her I try to speak Hebrew and she sometimes tends to drift to Russian and I do not see it could contribute her. I gradually return her to Hebrew; I think it contributes to the process.

To sum up, the participants seem to be using their polyglot abilities in their technique and therapy management, and see their multilingual capacities as part of their work situation. Being flexible and choosing between languages with relative ease, they seem close to the forefathers of psychoanalysis, who performed in trans-lingual contexts in a natural way.

Working in the mother tongue

Another issue that was commented upon by polyglot therapists was the experience of treating patients with the same mother tongue as their own. As was mentioned in the literature review (Akhtar, 2006, Szekacs-Weisz, 2005) this situation is not as straightforward as it may seem, and not equal to the case of monolingual therapists who do not have the experience of treating in multiple languages. In the present study, further data analysis revealed that for polyglot therapists, the experience of working in their mother tongue is shaped by and depends on additional factors, mainly their particular language of training; mother tongue or foreign language. In order to refrain from repetitions and for the sake of presenting a fuller picture of this aspect of the polyglot therapist's experience, I shall refer to the issue of working in the mother tongue as part of the next chapter, Psychoanalytically-Informed Qualitative Analysis: Therapeutic Mother Tongue.

3.1 Subtheme: Non-verbal elements

Non-verbal elements were referred to by many participants, who paid attention to them as part of language or communication. Pavel saw non-verbal elements as expressing culture styles:

[Italians] have many expressions, nonverbal ways to express things without words. It might be international ways but for them it is more important and used much more... I know that I [also] do that...All kinds of sighs are very common [for instance] "Ma, Dai!" there is relatively a lot.

Joel talked of intonation and rhythm as universal and going beyond specific languages. For him, these elements present a way of understanding and communication with his patients, when his verbal skills are not perfect:

The listening is for tonality. To emotions that express themselves. Because I don't understand each and every word... So, even if I tell a story in a language that the patient does not completely understand, the message will pass through the tonality. Because of the flow.

In *Illusions and Disillusions of Psychoanalytic Work*, André Green (2011) explores the relationship between the unconscious and language. He brings a captivating description of the sensual aspects of language at the dawn of life. Before the baby becomes engaged at the very

basic level of actively crying, it is already exposed to sounds and language in the womb, and as it is born into a speaking surrounding:

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. (p. 20)

Green writes, that **the element of the speaking voice is the soul of communication**. Language is present in the human life as a **sensual experience**, way before words start to have symbolic meaning,

the voice is much more than a physiological mechanism. There is a destination before there is an addressee...A pure, "scientific" linguistics, without subjectivity, without affect, without a speaking subject, seeks implicitly to eliminate the human dimension of language. (p. 20)

When Joel talks of telling a story in a language the patient might not understand perfectly, he points at two distinctive elements of communication: the verbal element, and tonality. While the verbal element relies on the cognitive structure and content of lingual signs, tonality is the subjective aspect of language Green is describing. Joel's speech might not be perfect in some languages, but his ability to communicate remains high, and, as he points out, this sometimes even becomes an advantage.

Pavel noticed that working in a foreign language, he tends to "react more to the nonverbal information." He elaborated:

Again, most of the time when they use emotional language it is accompanied by a tone of voice, the body movements, everything. And this I experience immediately. I read it more in his total expression than from his words. This touches me more.

David talked of the advantage of being highly aware of non-verbal communicational elements, as he considered what he called the masking element of verbal language. He came to realise this about language thanks to his position as a foreign language speaking therapist:

I lost one more thing as my language skills improved, some things you lose. We used to have therapy groups, I liked them and I felt I was doing well...because I was not good at understanding the language. And thanks to that I could see the unspoken, nonverbal reactions of people. Hesitations, someone trying to be dominant, someone being shy. You see that clearly because the language does not reach you. Today the

language gets to me so I deal with the language. I almost do not see what is going on. The language masks, I have gained the language and lost something, I see less.

As can be seen in this example, as his language skills improved, David's attunement to non-verbal elements decreased, but his awareness to these elements and to language have remained high.

3.2 Subtheme: Technical issues

Participants mentioned different technical issues concerning language mastery, comprehension and flow. While taking their first steps as therapists in a foreign language, they sometimes dealt with concerns and even fears. Luciana said: "I was afraid of the language. Of not being understood, of not understanding". George said:

The beginning was difficult... what now? What next? What will happen? I know that the language is not that good and I shared this in the interview and I said and they knew that...but I did not understand that it was not a big deal.

Pavel: "I had some concerns. Will I understand, what kind of people will come, what will they need, will we understand each other." Antonella felt limited by her vocabulary:

...especially for synonyms, when you say something, the same word can have different meanings so it is very important. When I speak Italian or write I am so careful in using the right word...that my sentence would have the right.... meaning...it is very important.

These concerns and technical issues created heightened attention to language. As was mentioned above, some perceived this heightened attention as positive. Luciana commented of her first months of practicing therapy in Hebrew: "When I started, I felt I was a better therapist because I did not take anything for granted".

Unlike Luciana, Pavel perceived his heightened attention to language as an interfering factor: "I think I might be more concentrated on the [technical aspects of] language, more than on what the patient says [content], unfortunately, more than with Czech."

Some participants referred to technical issues concerning literacy. Pavel mentioned being intimidated by the Italian dictionary: “The Italian dictionary is much larger. When I saw the dictionaries they work with at school...here in Czech we don’t have that”.

The therapist’s work relies on professional reading and writing that goes on in the backstage of his practice but has a great effect on his work. Edith said:

I just think that the written language is more important in our profession than we think because this is, we learn a lot and we develop constantly and we have to write case studies and, in that sense, the written element can be a factor, at least in my case.

Edith noticed having different technical abilities and subjective experience while reading and writing in the Latin system, as opposed to Hebrew. This made her experience Hebrew differently than languages with a Latin-Based writing systems: “...And it’s definitely a barrier I don’t feel in English and I do feel with Hebrew.”

Eventually, Edith decided not to work with Hebrew, partly due to the reading and writing demands of the profession. Other participants also moved from one writing system to another while learning a foreign language. Alina moved from Cyrillic (Russian) to Hebrew alphabet. Luciana, Joel and Inbal moved from a Latin writing system (Spanish, English and Portuguese, respectively) to the Hebrew one. Unlike Edith, these participants *immigrated* to the new system. They eventually surpassed the barrier of the different systems. Still, they presented some difficulties; Inbal lived in Israel for a few decades, and was highly fluent in her Hebrew interview. She described doubts in her use of written language. Regarding the pace of her reading and writing, she said:

WhatsApp [social and professional colleague groups] – I don’t know if this is related but I am the last to react, I feel not understood, it is another language and to combine it with Hebrew is a huge challenge for me. Also, to follow long texts, at some point I lose patience and cannot concentrate, I miss nuances. I don’t know how it would be like in Portuguese.

Regarding professional writing:

I am positive that due to the language issue, I read it all [patients’ psychodiagnostics reports] with them and also can correct spelling mistakes as we read them. I also apologise and tell them that if they have any problems with authorities due to mistakes, I will correct them.

Research shows that reading and writing have an effect on language learning processes, and that the more the systems are far apart in terms of technical rules and writing systems (such as different alphabets), the more the learner has to overcome and invest in order to contain these discrepancies. Finally, a combined system appears, one where the different systems are active in parallel and inspire each other (Bassetti, 2005).¹⁵

Some participants referred to the technical aspect of **verbal fluency**. Shortcomings in the therapist's language mastery can cause disruptions in the flow of the session, for example when the therapist pauses to look for a word, or when he asks regarding the meaning of an expression the patient has used. George said that when he started working in Hebrew, he felt discomfort and stress whenever he had to stop and look for a word. After a while he could see the positive aspects of his pauses:

This I learned from a psychologist who also had the same difficulties at the beginning and today has great experience and she once told me that sometimes you need this silence, when you want to remember or to find the right word, and this time is good, also to see the patient, also silence is meaningful in therapy.

David realised pauses create an opportunity for the patient to take his own words less for granted, to think and listen to himself more closely:

I sit with one client with whom all is fluent and with another with whom we are sometimes stuck. Stuck because I don't understand something and I need to ask him. Then he has to stop and interrupt his own flow, which can be a little brutal, to explain something. Which patient experiences more development, more change? I am not sure the patient with the flow is better off in therapy. I don't know, maybe the second case is better. Now, when does it get stuck? When two people do not share the same language, because he says something in his own language and I ask what he meant by that, I interrupt him and he stops and explains. But maybe I made him think by interrupting and asking.

¹⁵ A parallel concept, the complementarity principle, regarding different spoken language systems existing in parallel in the polyglot mind and influencing each other will be presented later (Grosjean, 2015).

Another technical aspect brought up by participants is familiarity with patients' **cultural context**. Inbal described struggling with situations in which she did not understand the culture-specific expressions of her patients:

I remember this boy [client] who cried out “Mommy!” in the middle of the session... I brought this to my supervision, as I thought the patient was calling me “mother”. But the thing was, that he said this word as a sign of being scared and startled. I did not know that that was the way kids [in Hebrew express the state of] get startled.

Antonella recommended other polyglot therapists:

Studying the language of course, culture as I told you before, and if possible, having a life experience from that country or meeting people from that country. It is very very important to understand the approach these people have and their general aspects.

Pavel:

To be in contact with the language – communicate, talk to people, listen to music, but, again, for me language is connected to culture. With the development. When a person uses language to describe what he went through, he talks of the surroundings from which he came.

An interesting finding is that **the proportion of time and thought dedicated to technical issues during the interviews was significantly different between participants**: Joel, David, Edith, Inbal, Luciana, Pavel and Alina spoke very little of technical issues and did not tend to develop this theme even when asked of them directly. Antonella spoke of technical issues somewhat more. George talked of technical issues spontaneously, much more and also in the context of the interview itself:

OK, I can start and use the task we are performing now. If I was to do the same task in Arabic I would have given more, I would have expressed more, and...from this point we can refer to therapy. In this conversation there is also this frustration sometimes, that I want to say something and it is hard, to express something more accurately, the same happens sometimes.

It seems that the amount of time and thought dedicated to technical issues is in correlation with the duration of time these therapists work in a foreign language. All the participants who spoke little of the subject had more than ten years of professional practice actively using a foreign

language. This fact suggests that after a while, technical issues become less prominent and also less interfering. This hypothesis is supported by participants' associating their difficulties to the first stages of their foreign-language work (see Antonella's and Pavel's first quotes) and also by the following quotes that demonstrate, that after the first adjustment period, technical aspects of language were not perceived as an issue or an obstacle:

David: "There is a good flow also in Czech, for me. I don't find it hard to talk...the experience is fluent." Edith: "Yes, maybe [in my mother tongue] I am more sophisticated in my metaphors and...or...maybe my jokes are different... But still, I don't think it has any influence on the effectivity of the therapy."

Unlike the experienced polyglot therapists, Antonella and George referred to technical issues more often during their interviews. They both work in a foreign language less than three years, and thus have acquired less experience in this kind of work, and have not yet adapted. Both of them were also interviewed in the foreign languages to which they were referring as connected to technical issues (Antonella in English, George in Hebrew). This might explain why they related to technical issues more. Still, George was much more preoccupied with the subject. What might explain the difference between these two participants?

A possible explanation for George's higher preoccupation with the technicalities of the foreign language might be that unlike Antonella who is incorporating English and French after having acquired many years of therapeutic experience in her mother tongue Italian, George is at the beginning of his career as a therapist. **He is simultaneously dealing with the task of becoming a therapist, and the task of performing in Hebrew.** This means that he is dealing with technical issues that have to do with foreign language as well as difficulties that have to do with the acquisition of therapeutic skills. This makes the whole process more taxing for him.¹⁶

Joel's next citation supports the hypothesis that experienced therapists deal less with technical issues due to their ease with in their position as therapists, as well as with their lingual discrepancies in the professional context. It is interesting to notice Joel's ease at combining languages in a playful way:

¹⁶ The issue of the language of training will prove to be central in the next chapter applying psychoanalytically-informed qualitative analysis.

I must show that I am fluent in Hebrew but it is OK to stutter, freely. Did you ever have a stuttering patient?... At first it is about saying what you have. You sometimes sssstutter, the problem is the reaction to anxiety, to depression or to a stutter. Once you calm down it helps the flow to come. So, if I can sssstutter, then it is OK, it is accepted. This is the *meta*, the message above. If the therapist is comfortable, the things are accepted. relaxed and open... If there is calmness and openness, it flows. Nous est compris maintenant ? Capisce ?

As was presented in the literature review, past research also found that technical issues associated with conducting therapy in a foreign language become less troubling in time (Costa, 2010, Sella, 2007), although they might not become irrelevant altogether, as the following quote brought by Gay (1988) shows: “I listen and talk to Englishers four to five hours a day but I will never learn their d---d language correctly” Freud wrote. In a letter to Ferenczi he admitted, “in the evening I am not useful for anything.” (p. 388)

Regarding participants with a long history of foreign language use, many described the process of **foreign language learning as never-ending**, demanding constant practice and efforts of improvement. Pavel: “There was a time when I tried to read and enrich my [Czech] vocabulary, but with Italian I still do it. I have a feeling that it is still not enough.”

Luciana experienced this element as exciting and refreshing: “Not a week goes by that I don’t learn something new. Still! Yesterday we celebrated 18 years in Israel.”

There was also a **perceived advantage** in having to overcome some technical difficulties in therapy. Joel talked of “The disadvantage becoming an advantage.” An interesting example of this can be found in the next example, from Edith’s interview. Edith describes her work in English with a Czech patient. In this case, both therapist and patient have an occasional technical difficulty with the therapy language, and the solution, using a third language, helps keep the flow and enhances communication:

It happens a lot with my Czech patients that they don’t find a word [in English] and they say it in Czech. Or I have a weird vocabulary in Czech that sometimes I know a word that I remember first in Czech. I just had it yesterday, I used the word for small gym ladder, *Žebřík*, that I don’t know in English. I wanted to use it as a metaphor and I used this word, and she [the patient] felt encouraged to also say a word in Czech and so we had an exchange. She did not switch to Czech but she had an expression

afterwards in therapy that she didn't find an English word so she said it in Czech... [This feels] nice. It's nice because I feel that they appreciate it...from the point of transference- countertransference it's as if I can give an extra. And they do feel as if they could receive an extra. Because our agreement is about English so anything that comes on top is...It's more like a funny thing.

Edith's work and flow with her patient demonstrate the **flexibility and diversity** that can be achieved in a multilingual environment.

I would like to conclude this section describing technical issues and the position of the therapist with Luciana's words. These demonstrate a meta-perception of language in therapy, that resolves technical issues and sees them in a wider context of language and its effect: "It is not a matter of command of language. It is a matter of work. You need to work inside the language."

Theory-Based Between-Participants Differences

In *Psychical (or Mental) Treatment*, Freud (1905) writes:

Words are the essential tool of mental treatment...for the words which we use in our everyday speech are nothing other than watered-down magic. But we shall have to follow a roundabout path in order to explain how science sets about restoring to words a part at least of their former magical power. (P.283)

In the hundred and twenty years of post-Freud psychoanalysis, analysts who followed in his footsteps developed his theory, enriched and sometimes dramatically changed it. Ego psychology, Self psychology, Intersubjective psychology as well as Lacanian and other theoretical directions created diversity in the understanding of the human psyche and its pathology, and with this diversity appeared also diversity in the use of language in therapeutic thought as well as technique (Mitchell & Black, 1995, Hebrew translation pp. 37-46).

As was mentioned in the opening words of theme number three, all the participants in the present research perceived language as an object in therapy, observed it and consciously worked with it. But it sometimes seemed, that **therapists work differently with language, as a result of their theoretical perspectives.**

It is beyond the scope of this work “to follow this roundabout path” in an attempt to explain the subtle theoretical differences in language perception and their implications on language use in their theories.

In addition, in the present research, the interview themselves were aimed at **the experience of language** and not the at exploring participant’s **theoretic position** and its effect on language use in their practice. Actually, when directly asked about their understanding of the role of language in therapy, many participants did not have a well-formulated idea. For example, in Inbal’s interview:

Interviewer: What are your thoughts about the place of language in therapy?

Inbal: Wow! It depends on the theoretical...I think that Language is everything in my therapy, mmm.....wow, I am left speechless, what was the question again?

Thus, it is not possible to bring a full account of participants’ theoretical model of language use in therapy. However, it is important to notice the differences that did surface during the interviews, and that are associated with differences in theoretic standpoint. In the present section, the differences in what participants focused on or stressed in the interviews will be presented and associated to differences in theoretical standpoint. In order to systematically refer to these differences, I shall rely on the information participants gave regarding their theoretical affiliation, and then proceed to specify their unique use of language in therapy, to the extent that it was expressed in their interviews. Issues that were shared by most across theories (for example, the realisation that language is subjective and therapists’ efforts to understand the particular meaning of a word for a particular patient, the assumption that the unconscious is expressed through language) will not be mentioned again. They are a result of the shared, most basic, psychoanalytic view on language that was shortly presented in the chapter In the Beginning.

Eclectic psychoanalytic therapists; David, George, Inbal, Pavel

This group includes the four therapists who identified themselves as psychodynamic psychotherapists, but did not affiliate with a specific psychoanalytic theory. These participants seemed to put transference-countertransference aspects of the therapeutic dynamics in the foreground. Regarding their own polyglotism, they tended to notice language as reflecting their reaction to their clients. For example, David and Inbal express attention to the therapeutic

relationship through talking of closeness to the patient as a positive element. Inbal said: “There is something fun in speaking my original language...When someone speaks Portuguese, I feel closer.” David said that it took him a long time “...to feel comfortable, to show warmth in a natural way, to enjoy it.” while specifying that this was not about feeling more comfortable in a given language, but in his role as a therapist. David also spoke of the lack of closeness to patients, when he shared his thoughts about the difficulties of working in a language with rigid honorifics¹⁷, but he also expressed awareness to the need to find the right distance, not too far and not too close.

George's statement “And she says to me – Go! Look for the reasons...” that was quoted above¹⁸ is also a manifestation of his work with countertransference, through the use of language in an inner discussion. This inner discussion can be theoretically perceived as an internalisation of the supervisor (Freud, 1912).

Working with the transference entails paying attention to the exchange unravelling in the therapeutic situation, the dynamics created during the session and the interaction between patient and therapist (Freud, 1926, Hebrew translation pp. 172-180). George indeed noticed and worked with these elements in the interview itself, as he analyzed his own situation in the interview.¹⁹

Hypnotherapists; Joel and Edith

Edith expressed a sensitivity to power relations between herself and patients, and to the way these power relations are affected by her own fluency. She called her appropriate position “a

¹⁷ “I think I understand one of the reasons why I feel less connected in Czech. This is similar in Hebrew and English, that there is the *You* form...this [other, Czech] form of addressing with *ty* bothers me, yes.” (Quote presented on p. 60)

¹⁸ “And she [the Hebrew language] says to me – “Go! Look for the reasons that make you have me weaker today, go look for the reasons when you feel that I am strong, why am I strong”. This is another thing that made me look and understand, while searching other things, learn other things, grow stronger and mature.” (Quote presented on p. 59)

¹⁹ “Well, as I said before, if we had this conversation in Arabic, I would have been 10 times better in expressing my thoughts to the subject. I also wrote some of my thoughts before our meeting today, if you were to write the questions and sent them to me and I would have taken the time to answer in writing, maybe in Arabic and translate, and look for translations, I would have given you more material to work with. 10 times is quite too much, I just threw a number, but more.” (Quote presented on p. 193)

healer”, and chose to work in languages in which she felt fluent enough to have this position. She was not inclined to work in less fluent languages, in which she felt as a “service provider”. This seems to be connected to the hypnotherapist position, that works with suggestion and thus relies on the suggestive status of the therapist in the therapeutic relationship (Erickson & Rossi, 1981, lecture B: Utilization Approaches to Indirect Communication).

Unlike Edith, Joel expressed a willingness to work with different power positions in therapy, including experimenting with changing roles and allowing the patient to lead in situations of resistance. It seems that this flexibility stems from Joel’s conviction that his power of suggestion is maintained in any language and almost all the time:

Joel: You see, my therapeutic style changed after I learned hypnosis. So, it is always hypnosis, but only in very specific cases it is hypnosis. I distinguish between formal hypnosis, and between what happened to me as a therapist, that I am much freer to insert all kinds of elements. So, the atmosphere has hypnotic dimensions, also when it in psychotherapy.

Interviewer: *Also, when it is a conversation about languages?*

Joel: *Yes.*

This last exchange (in italics) reflects the interviewer’s strong impression during the interview, that Joel was using the emotions and relationship created during the interview to express some of his points. I find that this is an expression of his analytic affiliation that uses transference to influence the patient (or interviewer).

As was mentioned above (in the section Non-Verbal Elements), Joel works with tonality. In fact, his attraction to the suggestive methods started as a result of his shortcomings in formal verbal communication. In his case, the situation of being a foreign language speaking therapist made Joel more focused on tonality, which, in turn, affected his theoretic inclinations and choice of technique. Joel’s work with the tonal aspect of lingual communication has later on developed into a unique technique of working with a gong, sometimes without words. In his interview, he refers to expression through playing the gong as speech:

This language works on more levels. I use this [play the gong] ...and then I invite the patient to communicate with the gong. And very interesting dialogues emerge when not a word is spoken. Talk to mother. To father. Through the gong, no words. It bypasses

the criticism of the language. Of thought. Very interesting things surface. It evokes many emotions. Abreactions, and so on.

To sum up, Joel's and Edith's work goes beyond the dynamic and incorporates suggestion – this kind of work can develop into non-verbal realms that define language differently than the classic psychoanalytic perspective; the invitation, “talk to mother” through means other than verbal goes well beyond the classic psychodynamic setting. It shows, that hypnotherapy and music therapy brought those therapists to use language in additional and different ways than their dynamic, non-hypnotherapist colleagues, with additional tools beyond verbal intervention.

This dynamic-suggestive combination that further develops into the abstract realm of wordless sound might explain Joel's ease at telling stories containing words his patient does not necessarily understand, while at the same time stressing the need to deeply understand the words being spoken by the patient²⁰.

Lacanian therapists; Alina and Luciana

Lacan's position clearly excludes suggestion from the psychoanalytic-therapeutic realm, and urges the therapist to locate himself in a position towards that patient, that would allow full speech, speech that is truthful to the subject's unconscious, to emerge (Lacan, 1953-1954, p. 108).

In the section Awareness to Language, it was mentioned that Luciana relies on language structures of honorifics to maintain the right position in relation to the patient. She talks of the importance of refraining from being in the place of friendship, of the mirror.²¹ This position, as well as the way it is formulated, is a direct result of her Lacanian perspective. While Ego psychoanalysts (like Anna Freud), Self psychoanalysts (like Kohout) and others rely on the

²⁰ “Even if I tell a story in a language that the patient does not completely understand, the message will pass through the tonality” (quote presented on p. 66) vs. “I need to overcome this distance. To think, what did she mean? What does he mean? I have to be more active in decoding. To ask, to listen” (Quote presented on p. 64)

²¹ “[The lack of honorifics in Hebrew] does effect. It creates closeness. The therapy goes in the ways of the obvious, the friendship, the similar, the other, it is less possible to do this movement, to gain distance... *Tu, you* in Spanish, is the mirror, you and me are similar. *Usted* gives distance and allows asymmetry.” (Quote presented on p. 60)

therapeutic alliance in their work with patients, and aim at defense mechanisms and the strengthening of the Ego over the Id, Lacanian technique does not cooperate with the Ego but listens directly to the unconscious and its subversive messages. Reactions in the sessions are aimed at these messages, as the therapist does not aim at including the Ego, assuring its reign or bonding with the patient (that is, the analyst avoids from playing the role of the *other* for the patient). This position stands in contrast to David's perception of closeness as important in therapy.²²

Another aspect noticed by Luciana in association with her Lacanian prism is her perception of her own reactivity to language. Unlike Inbal, who is happy to enjoy her mother tongue in therapy, Luciana considers such joy as problematic. She refers to the *jouissance* the therapist has of his use of language as a misuse, and attempts, as a therapist, to retain a pragmatic, working-tool experience of her own use of language in therapy (Lacan, 1953-1954, for example section 1, pp. 30-33).

Luciana and Alina seemed to appreciate the healing potency of the act of speaking in therapy: Alina: "The psychoanalytic language needs to hear the way it is told, the healing somehow comes from there."

Luciana also showed attunement to her own moving in the therapeutic listening between the overt nature of language, the known, and the foreign nature of language, the unknown, the unconscious being revealed through language:

[in this case referring to her work in Hebrew] In therapy you need to be in a clean position. To shed all your identities so that something might exist there. If the *I* or *me* is there, the therapy gets stuck. And if I don't know the language, I ask...

Interviewer: Do you realise you just said "I don't know the language"?

Luciana: Yes, I don't know.

Interviewer: We have been talking Hebrew for an hour and you say....

Luciana: Again, I move between the therapeutic position and...I really don't know what he [the patient] has to say to me.

As was mentioned above, Joel's diverse language skills directed him to work with tonality and developed into work with the non-verbal gong. Alina's formal education as a music therapist

²² "This distance makes me feel bad and it does not exist in English." (Quote presented on p. 60)

is also connected to her immigration, but in a different way. Having immigrated as a young musician, music therapy was a sort of reincarnation in her new life in Israel; after spending a few years studying music in an Israeli academy, she has decided to change her career, and turned to use her musical background to become a music therapist. She then went on to study Lacanian psychoanalysis. In the present, Alina formally works as a music therapist, but prefers to work verbally. She rarely uses music in her praxis. It is interesting to notice, that despite her music-therapy background, and unlike Joel, Alina did not speak of musical elements in her interview, not even of tonality of speech. She focused strictly on language. This way of working by being fully attentive to speech can be seen as directly associated with her Lacanian affiliation.

CBT and Interpersonal psychotherapy; Antonella.

CBT is symptom-oriented (Dobson & Dobson, 2017, pp. 1-15). Interpersonal psychotherapy has some common assumptions with psychoanalysis (Markowitz, Svartberg & Swartz, 1998), yet it is also focused on current symptoms in regards to the patient's mental health and social relationships (de Mello et al., 2005).

Working with symptoms implies working with clear definitions and formal diagnoses. Antonella's attention to these elements manifested itself in her interview. Antonella was not focus on the accuracy of her understanding of the patient's words, but on the accuracy of her own verbalisations, stressing her role as diagnosis-provider:

I was scared to start to work as a psychotherapist in Bratislava because as I told you language for me is very important especially for synonyms, when you say something, the same word can have different meaning so it is very important.

Antonella's use of language mainly to share diagnosis and explain symptom formation and emotional reactions in a mechanistic way is apparent in the following quote:

for Italians it is easy to give a diagnosis and explain the effect of medication, inform the patient about effects and so on. In English I can do it but in English the problem is to explain in a deeper way the mechanism of emotion for example.

Interviewer: And in therapy, a little more to the level of interpretation, intervention?

Antonella: Yes. More difficulties in giving deep interpretations because regarding giving advice or diagnosis I think that this is easy, you can say, "I think that this could

be this kind of disorder for that you should do this or that” ...But when you want to analyse better the causes, the reasons of the way in which he shows his emotions, that is a little bit different, I think.

Antonella also stressed her role as referring patients to the right professionals. In the following citation, the interviewer reacts to Antonella mentioning that she is not connected to colleagues in her current place of residence:

Interviewer: Do you think it affects the way you sit in therapy and the interaction?

Antonella: No, but I consider sometimes that medications are important so with Italians my job is more complete because I can help the specific person also for that. I remember also a lady that attempted suicide so I suggested to...because they don't speak the language so here is a problem to go to the hospital and so on, so I suggested to.... I called to the responsible of the clinic in this part of Italy and explained the situation and we decided to recover her in that clinic in Italy. So, I am happy of course to support the patient also in these, for those aspect, when necessary.

It is important to mention, that most therapists aim to be accurate in their verbal expression and in diagnosing their patients. Like Antonella, many of them see cooperation with other professionals as important when needed. The way Antonella stands out in comparison to the other participants in this research is in her tendency to focus on these elements. This difference can be associated with her CBT and Interpersonal affiliation, that put these elements in the focus of therapy.²³

Thematic Analysis: Conclusions

In 2017, an article titled *No One Ever Speaks About It*, by Jindy Johal brought findings from interviews with bilingual therapists working in their training language, English, as well as in their mother or heritage languages, Punjabi, Hindi, Asian languages and Gujarati. The main finding of this study was that these therapists had no theoretical framework to deal with their

²³ Beyond the use of language, differences between therapists in perception of knowledge in therapy, and in Antonella's case, listening and sources of information, will be presented in the chapter Being a Therapist, Being a Stranger Within.

situation. They felt alone and isolated, having no one to discuss their experience of multilingual work with. In fact, Johal's research was their first opportunity to talk about their unique experience.

Like these therapists, many of the writers who deal with the issue of polyglot therapists point out the relative scarcity of professional discussion on the subject (e.g., Gulina & Dobrolioubova, 2018, Stahl Freedman, 2017, Clauss, 1998, Amati-Mehler et al., 1993, p. 33).

In the present study, many participants were eager to share their experience, and the impression was similar: that it was an issue that they did not have the opportunity to discuss on the subjective level and to which they had very little theoretic reference. At the same time, they felt it was an issue that needs to be addressed.

In their interviews, participants spoke of their perception of language in general – the process of learning it, their relationships with their languages, and thoughts about languages that expressed high awareness of the process they were going through, and to language itself. They also talked of identity and the ways they perceive it was affected by their different lingual contexts. Relating to their role as therapists, participants mentioned technical issues such as vocabulary and language fluency, and nonverbal issues such as accent. **These findings demonstrate the complexity of the process of becoming a polyglot therapist, and the wide personal and professional effect it can have on the therapist.**

Findings also show that **across theoretical analytic orientations, and beyond differences in the perception and use of language in these different traditions, the polyglot therapist's situation can enrich his work and promote sensitivity to patients' speech, attuned listening and empathy.**

In Johal's (2017) research, non-native-English-speaking therapists who studies and lived in England **felt less professionally comfortable in their mother tongue than in English.** A similar finding was mentioned in the literature review, in a study by Costa and Dewaele (2014). In an interesting switch of roles, the traditional question of the difficulties associated with working in a foreign language turned into remarks on difficulties with working in the mother tongue, as if the mother tongue was the foreign language. This seemingly "reversed" situation was apparently created due to the fact that these therapists were trained and worked mainly in their foreign language, English. This resulted in a situation of difficulties with working in other languages, including their mother tongue. The next chapter will present

findings from the present research that were the result of further, psychoanalytically-informed qualitative data analysis, and relate to the same issue of gaps between mother tongue and language of training.

Psychoanalytically-Informed Qualitative Analysis Findings: *Therapeutic Mother Tongue*²⁴

One data segment remained unresolved even after the thematic analysis was completed. Alina 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.”

Alina’s statement stood out as it was expressed with great conviction, was about the nature of the language itself, and at the same time, inexplicable to Alina.

Understanding this particular statement seemed to require a level of interpretation that would go beyond the thematic. Further exploration was carried out in the spirit of *Psychoanalytically-Informed Qualitative Analysis* (Midgley, 2006), a method that was not used before in this particular field. This process yielded the formulation of the concept *Therapeutic Mother Tongue (TMT)*, in relation to which all data was further explored. The present chapter will describe the reasoning process building up to the formulation of the idea of TMT, the follow up analysis of data in relation to it, and some thoughts regarding its importance while considering polyglot therapists, and for our understanding of language in therapy in general.²⁵

Performing psychoanalytically-informed data analysis, very much like analysing patients’ statements in therapy, presents **an attempt to interpret** Alina’s remark while

²⁴ This chapter is an adaptation of an article published in *Language and Psychoanalysis* (Or-Gordon, 2021a).

²⁵ Psychoanalytically-informed qualitative analysis states that the qualitative researcher should also consider unconscious levels of the participant’s and interviewer’s psyche, and see the interview as a manifestation of their psychic complexity. The researcher explores the interview dynamics, interaction with the interviewer and countertransference data, and uses psychoanalytic theory (and in the present case also the linguistics theory of Language Embodiment, Pavlenko, 2005, pp. 153-158, see below), very much like it is done in analytic psychotherapy. Validation of possible interpretations is sought through considering the participant as a whole, looking for associated materials in all relevant participants’ contributions, and based on theory. This line of data analysis can be highly relevant when the researches come across data segments that seem puzzling in their lack of inner consistency or consistency with the rest of the material, such as in the case of Alina’s statement regarding the Russian language. (Hollway & Jefferson, 2000, chapter 4)

considering and integrating a few 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, data from other interviews with polyglot therapists, and theoretical information.

Starting with the dynamics of the interview, Alina tended to return 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 otherwise not felt during the rest 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."

On the countertransference level, as Alina struggled to find an explanation, the interviewer found herself engaged while exploring with her. She also found it puzzling that Alina's mother tongue, a language she knows to be 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 language²⁶:

Looking for an explanation, Alina considered her personal history as a source for her impression regarding the Russian language. Alina grew up in an intellectual Russian family. As was mentioned before, upon immigrating to Israel and unlike most of her family and compatriot immigrants, Alina assimilated in the local Hebrew language and Israeli culture. She came to Israel as an aspiring musician, but after completing her academic degree at the university she decided to abandon these plans, and learned to become a therapist. Alina was certain that her conviction of the unsuitableness of Russian to psychotherapy was objective, not a result of her personal history, and also not cultural. She was convinced that there was something about the language itself making it less fit 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 suggest that even though she is not consciously aware of this,

²⁶ The interview was conducted in Alina's strong therapeutic language, Hebrew, by a native Hebrew speaker who is not a Russian speaker, a fact that Alina was aware of.

Alina's life 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.

This was actually asked in the interview, and so we can see Alina's reaction to this particular speculation:

Interviewer: ...Could it be...I am just speculating here, that it is connected to Russian being the language of your childhood, the language you grow up in before becoming a therapist, that makes you personally feel this way, makes it difficult for you to take the therapist's role in Russian?

Alina: Not so much, I don't think so, but there is probably something in what you are saying. Something with this language that is associated, to me, probably, that makes it harder. Nevertheless, there is something that is less inclined to the direction in the language itself.

We could also consider agreeing with Alina's statement, that the two languages are objectively different from each other, following similar theoretical claims regarding innate differences between languages, as was mentioned above (Jones, 1922, pp. 391-397, Pavlenko, 2002a, 2002b, see also Whorf, 1956, pp. 315-344).

Yet a closer examination of Alina's additional statements might point us in a different direction. For example, she said: "What is the most important is that for me this language, Hebrew, is the language of psychoanalysis." It is interesting to note that again and again, the issue, as well as the perceived difference between Russian and Hebrew, centre specifically around these languages' fitness for psychoanalysis.

Could it be that Alina's experience of Russian and Hebrew is the result of her encountering psychoanalysis and herself as a therapist first and foremost in the context of Hebrew, not Russian?

This possibility might seem reasonable given two important elements: One is what we know of the subjective aspect of language. The way context and relationships influence mother tongue and foreign language experience. The second is what we know of the unique circumstance of becoming a therapist.

The subjective aspect of language is described and explored in the field of linguistics through the concept of *Language Embodiment*, developed by Aneta Pavlenko (2005, pp. 153-

158). The model describes the wholistic aspects of language development in the context of the mother-child and child-world experience:

Affective socialisation in early childhood occurs as language (words and phrases) is being acquired in integration with sensual input; auditory, visual, tactile, olfactory, kinesthetics and visceral. It is also integrated with emotions and memories. This wholistic process results in language being **embodied**, that is, language experience being not only cognitive but also emotional, bodily and biographical.²⁷

Learning a foreign language is a different process. It takes place at a later developmental stage, and is usually more analytical, relying heavily on translation of words and lingual structures from the mother tongue to the foreign language, and less on direct experience. In this process, the sensual elements that exist in the mother tongue are not present, and the result is that a foreign language is more of an echo, a shallower version of language, lacking in associative and emotional depth. Accordingly, hearing and speaking in these languages might be experienced as detached (Pavlenko, 2012)²⁸. 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 thinking (Dewaele, 2015).

Yet research shows that the differences in embodiment between mother tongue and other languages is not dichotomic. Many factors influence levels of language embodiment, experience and preference, to the extent that sometimes the mother tongue loses its status as most emotionally experienced or preferred (Pavlenko, 2005, pp. 153-158, 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 their speaker (Dewaele, 2004). Another factor is the **context of language learning**. A language that is learned in the context of a natural environment that offers a variety of experiences while being exposed to the new language tends to be more embodied in comparison to a foreign language learned in a formal setting such as a classroom (Pavlenko, 2005, p. 155, Kramsch & Gerhards, 2012). In addition, foreign languages are better integrated to the polyglot's sense of self and are more

²⁷ Neurophysiological evidence supports this theory, showing an involvement of sensory, emotional, and also motor neural systems in the processing of native language acquisition (Kühne & Gianelli, 2019).

²⁸ An array of linguistic, neurological and cognitive research demonstrated the *Foreign Language Effect*; spoken as well as written information in a foreign language is being processed in a more logical and less emotional manner than the same information in the mother tongue (e.g., Iacozza et al., 2017, Caldwell-Harris, 2015).

embodied when there is greater **personal involvement and motivation** in their acquirement (Panicacci & Dewaele, 2017, Pavlenko, 2005, p. 155), and when they are experienced in the context of emotional relationships (De Leersnyder, Mesquita & Kim, 2011, Schrauf & Durazo-Arvizu, 2006, Pavlenko, 2005, p. 185). 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).

A century before Language Embodiment research was presented, Sandor Ferenczi offered a psychoanalytic explanation to differences in emotional experience of words in different languages. The article *On Obscene Words* (1911) was the very first psychoanalytical comment on multilingualism. In this article, Ferenczi presents the phenomenon of obscene words not creating the same affective response when being expressed in a foreign language.

Ferenczi explains, that this difference is due to the fact that words in the mother tongue are highly charged with bodily and sexual contents, while in a later acquired language the parallel words are not connected to the same inner associations. Amati-Mehler (2010) adds, that when it comes to words in a new language, much less or no inhibition and repression have taken place. As a result, the act of saying obscene words in the mother tongue is an emotionally charged act that usually includes embarrassment, while in a foreign language these elements are missing, rendering the pronunciation of obscene words much easier (Ferenczi, 1911).

Going back to the question of the therapist to be, I suggest that **in some emotional and cognitive aspects, the future therapist's situation is closer to that of the infant language-experience, than to that of a second-language learner**. This, because of the unique circumstance of becoming a therapist:

Acquiring psychotherapeutic skills in any psychodynamic paradigm is a complex process, that involves deep psychic change. 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. Thus, we can hypothesise that **in such a context, the foreign language used while becoming a therapist is experienced in such a wholistic, emotional, relationship-associated and deep way, that it develops to be experienced and used as a sort of a mother tongue, at least in the therapeutic context**.

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 the personal therapist/analyst (and other

influencing objects such as teachers) have in that process the role of parents. 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? (Pedder, 1986, p.4)

I suggest that Alina represents a case of experiencing her foreign language in an intense context of professional “infancy” while training to become a therapist, and that her experience of her foreign language as well as her mother tongue was influenced by the training process.

This hypothesis is supported by the next extract from Alina’s interview, a dialogue that occurred while she returned to the question of her different experience of Russian and Hebrew in therapy:

Alina: 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. *With Russian I am like a small child.* Maybe this is related to what you just asked [laughing]. It is a fact that I just said that... so I am like...I like...don’t feel professionally secure somehow. Not protected. Not professionally protected. This place of identity does not sit well as with Hebrew. Oh! Maybe this is it.

The remark “With Russian I am like a small child”, contrasted to her Hebrew experience of mature adequacy, hints that in her training process, Alina indeed progressed from a child to an adult position. This happened in Hebrew, the language in which she finally feels more appropriate for therapeutic work in general.

If the hypothesis regarding developmental stages of the training therapist and his language experience is correct also beyond the case of Alina, we should expect to find signs of such influence in other participants who acquired their therapeutic skills in a foreign language.

Indeed, some evidence support this hypothesis and enrich our understanding of the actual process of a training language becoming a Therapeutic Mother Tongue:

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. George's words demonstrate that foreign language speakers in the process of training use this safe environment also in order to internalise their foreign language itself. George continued:

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.

George referred to the internship context as a family. Relating to the fact that, like himself, the interviewer also did her internship at P. clinic, he said: "It gives me hope, to meet people like you who came from the same place, same family, and made it..."

Inbal started her internship in Jerusalem a short period after immigrating from Portugal. She expressed similar sentiments, talking of her supervisor's attitude as motherly accepting and protective:

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 Z. [home town] to work and she helped me a lot.

In her description, the supervisor is portrayed as maternal, combining professional qualities; “taught me the professional language”, as well as emotional ones; “used to drive me...and helped me.”.

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 the baby needs in order to develop in the first stages of 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, pp. 162-182) sees language acquisition itself 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 did not acquire her analytic skills in Hebrew, still, her description of the reincarnation of her name while adopting a new language is a wonderful demonstration of language as a transitional phenomenon allowing inner growth, adjustment and development:

My original last name.... is GeXXXX, not GaXXXX. 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.

Very much like the infant creating his transitional object that was already there to be created, so 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 personal ethos connecting between herself and Hebrew, enabling her to embrace her new name and language.

The connection of this potential space (Winnicott, 1971, pp. 47-52) to Luciana's professional context as a therapist is revealed when she gives 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 simultaneously given 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. George's comment about choosing his own Hebrew speaking therapist repeats itself twice during the interview ("And I also chose to have a Hebrew speaking therapist."), thus demonstrating how important this transitional object (therapist) is for George.

Inbal might have agreed with such a construction of language functioning as a transitional object. While referring to Portuguese and Hebrew functioning as her two homes, she talked of the importance of her children speaking Portuguese and Spanish: "It was important for us that the children would speak the languages to be in touch with the families that are still in Portugal, and also, it is like a transitional object."

Not only potential space, also everyday wholistic professional experience turns the foreign language into a deeply embodied language of therapy. The next extract from George's interview demonstrates such a complex process, combining the verbal and textual channels:

sometimes I feel that I do better therapy in Hebrew... when I learn more in their [Hebrew speakers'] therapy, also to write verbatim for supervision is much easier when we both speak Hebrew, the verbatim is easier to write then when I have to write in Arabic, then translate it all to Hebrew, and translate also the emotional language, and to do all this, it takes me about four hours sometimes. When I do therapy in Arabic it is very hard to write in Hebrew, if I try, I am totally outside of the therapy room... I try to write in Arabic when I see a patient, in Hebrew I write Hebrew and it takes about thirty minutes, one hour, but in Arabic I have to translate, I hate that.

George's move from Arabic to Hebrew in the therapeutic context is reflected in his writing behaviour during and after sessions:

with a Hebrew speaker [I write] only in Hebrew, with an Arabic speaker both language, whatever comes first. Sometimes you see a sentence with Hebrew and Arabic in the same sentence. In the end when I write the verbatim, I write everything in Hebrew.

In their chapter *Textual Identities: The Importance of being Non-Native*, Kramsch and Lam (1999) show that foreign language students create their foreign language identity through active writing in the new language. Here, George comments on his negotiation with his own textual identity as a psychologist, writing professional texts for himself and in order to communicate with others (peers and supervisors).

It seems plausible to conclude, that the language in which a therapist-in-training acquires his therapeutic skills, **be it mother tongue or a foreign language**, is experienced in a deep way, that is also associated with psychotherapy.

Consider the following citation that unexpectedly appeared in a study regarding multilingual therapists conducted by Costa and Dewaele (2014). One participant talked of not seeing herself as 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 is quoted to say:

I wondered whether I wasn't really a fraud [participating in a study about multilingual therapists], 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 focuses on her 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, maybe issues of language experience, self-confidence or identity, are involved. Other therapists in this quoted research referred to their language of training as a factor that affects the way they conduct therapy and even sometimes refrain from conducting therapy in their mother tongue.

Walsh (2014), who coined the phrase *Transference to Language*, writes of a personal experience similar to that of Alina's: Walsh left her homeland, England, and became an analyst in Israel. In her article *The Bilingual Therapist and Transference to Language* she describes

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 (1911), Szekacs-Weisz (2005) and others, Walsh describes her first language as more emotionally charged, but in her case, as a result of this emotional burden, this mother tongue is also laden with conflicts concerning immigration and the loss of her motherland and mother tongue. Hebrew is for her lighter and more enabling. Considering these differences, Walsh writes that training to become a therapist in Hebrew developed and deepened her Hebrew as a language for psychoanalytic consideration of patients and of herself, while her English remained less emotionally developed.

In conclusion I suggest, that in the case of psychotherapy, **the unique training paradigm that involves supervision, personal therapy and intense formal learning is intensive and wholistic, with aspects that are reminiscent of the process of acquiring a mother tongue in terms of association with strong emotional and bodily connections and deep meaning. Across psychodynamic therapeutic methods, for those who learn to become therapists in a foreign language, this language becomes their *Therapeutic Mother Tongue*.** Going back to Alina and her statement, we can conclude that Alina’s Therapeutic Mother Tongue is Hebrew, not Russian, and this is why she experiences it as a language fit for psychoanalysis, as opposed to Russian.

Diversities in Mother Tongue/Therapeutic Mother Tongue Situations

This section will present the different possible mother tongue/therapeutic mother tongue situations and their implications, using examples from the participants in the present research. 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 therapists, each therapist has two or more psychotherapy languages.

Considering three variables, Mother Tongue, Therapeutic Mother Tongue and Psychotherapy Language, an array of possible combinations appears. As I shall demonstrate later, each combination creates a unique therapeutic situation from the perspective of the therapist.

Table 2 presents some of the major combinations of Mother Tongue, TMT and psychotherapy language, and three languages; a, b, c. Additional possible combinations have been omitted for simplification, as they do not provide additional explanatory value:

Table 2: Mother Tongue/Therapeutic Mother Tongue (TMT) /Psychotherapy Language major combinations

	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.

Polyglot therapists with same mother tongue and TMT, when treating in their mother tongue (a a a)

The classic case of congruency is when mother tongue is also the Therapeutic Mother Tongue and the language in which psychotherapy is conducted. As was briefly mentioned above in Findings: 3. The Polyglot Therapist's Work, polyglot therapists in such a situation are not in the same position of monolingual therapists:

Their work-experience in their mother tongue is but one of multiple lingual work-experiences, and thus **they might know themselves to be different in diverse lingual situations**. Thus, Pavel talked of **the need to adapt himself** while changing the foreign language Italian to his Czech mother tongue. 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!"

Polyglot therapists working in their mother tongue deal with **transference issues associated with moving from a foreign language to their mother tongue in their work**. Luciana identified in herself joy associated with going back to treating in her Spanish mother tongue, a tendency that was also mentioned by Szekacs-Weisz's (2005). Luciana identified that in cases of Spanish-speaking patients, she experiences joy of the language itself: "I go back to the other side, so I tend to slide to the jouissance of the language." Luciana stressed that this kind of satisfaction is problematic for her as a therapist, since her self should not be invested, and she should only be focused on balanced listening to her patient's speech, conscious and unconscious.

In a situation of immigrant therapists working with compatriot immigrants (that is, not only therapist but also patient is an active polyglot going back to his mother tongue), there might also be **a countertransference involvement, a wish to be more helpful, stemming from identification**. Luciana saw this tendency as a pitfall:

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.

Another countertransference problem can be **a tendency to see compatriot patients as similar to the therapist, and to assume to know their experience, and to feel united against locals** (Akhtar, 2006). Edith, who worked a few years in Greece, described the implications of treating Hungarian patients in a foreign country:

When someone came into my office and they were Hungarian, then they came to a Hungarian therapist in Athens, immediately we use the second person. In Budapest it might have been different with the same person.... immediately we start closer because we are one kind, type. [Hungarian] 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.

Edith's citation demonstrates how the encounter with a compatriot patient immediately creates transference and countertransference, expressed by the otherwise atypical use of the second person, reflecting the feeling of closeness. The emotional closeness of compatriots and the

otherness and less worthiness of locals is insinuated by the metaphor of Magicians versus *Muggles*²⁹.

Polyglot therapists with same mother tongue and TMT, when treating in a foreign language (a a b)

Polyglot therapists mentioned in the previous section, with the same mother tongue and Therapeutic Mother Tongue, sometimes see patients in a foreign language. This can happen in a context of their own immigration, or not.

The complexities of this situation were highlighted in the previous Findings chapter. Foreign language goes from being at the frontstage at the beginning, to becoming an enriching and perspective-enhancing, integrated part of the therapist's identity and professional essence in later stages.

In the context of the current differentiations between language-combinations, I shall bring only one additional quote from Edith, that catches the essence of the experience of foreignness of the foreign language in therapy. Edith talks of Hebrew, a language in which she is fluent but prefers to avoid from using in therapy.

This decision has kept her professional experience of Hebrew in the "raw" stage of foreignness, without integration:

I think that this kind of inferiority thing is there, that I feel limited in my language abilities... I more feel that I am like a service provider then like I'm a healer, I don't know. Interestingly. Or.... mmm.... It's like I think that when...it stops me from owning the therapist chair completely and maybe this is why it's so tiring, because I don't feel complete in my task, that, mmm, that I feel like you know that they, mmm, come with a kind of advantage and I come with a disadvantage, but I still, they.... mmm.... they don't have a better option on the spot so they deal with me...

I think that my Hebrew is not...I am getting many compliments on my Hebrew but I think that one can catch me fast that I am not reading enough.

²⁹ *Muggles* are non-magic people in J.K.Rowling's Harry Potter books (1997).

Edith later mentioned that all these feelings were experienced by her in a “small scale” from her very first therapeutic encounter in Hebrew.

This quote expresses the technical challenges faced by the foreign language (non-immigrant) speaking therapist, some countertransference issues of feeling the patients as having an advantage over her and making do with her, transference issues, and identity questions – service provider versus healer. The quote, with its repeated pauses and segmented sentences, reflects the emotional difficulty entailed by the unprocessed experience of the foreign language.

As was mentioned in the previous section through countertransference reactions described by Edith and Luciana, the literature is warning the immigrant patient against identification and access wish to help compatriot, same-language-speaking immigrants (Akhtar, 2006). **A parallel countertransference reaction that is not mentioned in the literature** was presented by Pavel, a Czech therapist treating Italian speaking patients in the Czech Republic. Pavel described a pressure to help these patients in particular, because of their relative weaknesses in the local language and culture:

Maybe when there are these cases where they [Italians in the Czech Republic] have nowhere to go and I unconsciously feel responsible, I need to pay attention...when they feel that they don't know where to turn, that they are lost, I have a tendency to find a doctor for them...to help them. If they were home, they would have known, would have no problems with communication...They come and say finally, someone with whom I can speak Italian, I tried English but it didn't work. So, the weight is bigger on me, to take care of them more. I feel that.

As Pavel identifies (“I need to pay attention”), much as the pressure to help compatriots in the context of immigration, **the pressure to help immigrants while being a local, foreign-language-speaking therapist is also an issue to notice and resolve.**

Polyglot therapists with different mother tongue and TMT, when treating in TMT language (a b b)

Alina's case presented at the beginning of this section is the case of a different mother tongue and Therapeutic Mother Tongue, as Alina learned to become a therapist in Hebrew and went on to work mainly in this language.

For such therapists, a discrepancy can appear between the 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. Alina also talked of feeling professional insecurity while working on the premise of her mother tongue. With Hebrew, she feels the opposite: "It is accurate to say that in Hebrew I feel that the professional place fits very well."

Inbal also felt the most comfortable treating patients in her TMT, not her mother tongue: "Today, I can't imagine myself doing therapy in Portuguese, because I learned my whole professional language here, in Hebrew."

Gulina and Dobrolioubova's (2018) immigrant participants can all be considered as "a b b" cases, since they were all trained in English. These participants expressed concerns and anxiety regarding their English, in matters of accent, vocabulary, understanding and communication. Still, most of them perceived English as "an important component of their professional identity" (p.12)

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.

Inbal described a technical difficulty with her mother tongue, Portuguese, being experienced as a professional foreign language:

There were two families with children with suspected ASD that came especially to me, from other counties, asked to be referred to a Portuguese speaking psychologist as they were new immigrants, 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.

Johal (2017) describes a similar experience:

As a psychodynamic practitioner trained in English, working for an organisation that offered counselling in other languages, I became aware of differences in my practice when working in Punjabi or Hindi. Language was not discussed between peers or in supervision, and I could not apply my training to multilingual work as effectively as work in English. (pp. 292-293)

As was mentioned above, Alina's remark "With Russian I am like a small child" insinuates, that beyond the technical aspect, Alina's development continued, through immigration and her own therapy and training process, in Hebrew. At the same time, her Russian self remained less developed, like a child.

While mother tongue can be experienced as a foreign professional language for those with a different Therapeutic Mother Tongue, the possibility of working in the mother tongue can also be a unique experience. For example, Inbal said:

there is something therapeutic [for me] in the experience of having a therapeutic relationship with a Portuguese patient...one of the things is that I know that I have a better ability to help this person than a therapist that does not speak the language, I might understand better, maybe... For families who don't speak Hebrew yet I can help them in many levels, also bureaucracy, I explain and they finally understand.

As Inbal continues to think of this particular situation, it turns out to be not only about the patients' needs for better lingual comprehension and bureaucratic help:

Although it is a little harder to translate from Hebrew, there is something fun in speaking my original language, it is like mixing between the two worlds...

This "mixing between the two worlds", the opportunity of integration, might be the "something therapeutic" Inbal is talking about.

Polyglot therapists with different mother tongue and TMT, when treating in another foreign language (a b c)

This combination represents a situation in which one was born to one language, became a therapist in a second language and proceeded to work in a third language.

Joel moves between languages with ease, while treating patients in different languages, including ones (Hebrew, German) that are not his mother tongue (French) or his Therapeutic Mother Tongue (English):

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.

Many of the forefathers of psychoanalysis were born into one language, learned to work in another and immigrated and continued in yet another language. As was presented in the literature review in the cases of Krapf (1955) and Velikovsky (1938, quoted in Amati-Mehler et al., 1993, p. 45), these therapists' attitude towards practice in different languages was instrumental. It seems that Joel uses his languages in a similar way, as available tools that are at his disposition according to need. Due to lack of early days comments on the subject, one can only speculate that unlike his predecessors, Joel allows himself to move between languages in the same discourse, in an act that invites the patient to play, to explore his own language, and to look at it from a new perspective.

Polylinguals

Polylinguals have two mother tongues, and a complex associative system that connects between things and words in both languages. Thus, they have two differentiated lingual systems that are united as they exist on a somewhat similar level in terms of embodiment, wholeness of the experience, cognitive depth, and technical ease of use (Amati-Mehler et al., 1993, pp. 100-102 Pavlenko, 2006, pp. 227-245).

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. Unlike the “a b a” situation in which the foreign language becomes a Therapeutic Mother Tongue leaving the mother tongue professionally and developmentally “behind”, this “a,b” situation might 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. Unlike the “a b a” situation presented above, as a polylingual, Antonella had no trouble adding French to her therapeutic repertoire. French is so natural to her, that “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 (language c) is for Antonella a foreign language she has learned at school. She is experiencing difficulties with adjusting to the use of this language in psychotherapy: “The way I feel a little bit yes, I am not so confident, so I am really careful. It is not automatic.”

As was mentioned above, Antonella associated her lower levels of confidence in English with her poorer vocabulary. The model of mother tongue versus foreign language suggests that Antonella’s experience might also be affected by this language being less embodied, which might be making it harder for her to be engaged on the emotional level.

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 formal 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 [Edith herself trained others for therapeutic roles] 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.

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 although English is not her mother tongue, she experiences it as such on the therapeutic level.

This expansion of skills and professional identity to encompass Hungarian and English is not applicable for Edith's Hebrew, a third language that she has decided to avoid from using as a therapist, as was presented above.

Difficulties: When Training Language is not Internalised as TMT

Not only developmental processes such as the creation of potential space and internalisation support the hypothesis of training language functioning as a Therapeutic Mother Tongue. Cases of difficulties with language and with the development of a secure professional role also demonstrate its validity. David's case represents such difficulties in 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 psychology studying and training in Czech. He described his Czech language skills as good and, as was cited in the previous chapter, does not experience major technical obstacles while treating patients in Czech. Given this situation, David's Therapeutic Mother Tongue is expected to be Czech. That would imply that he would be comfortable working in this language and might even prefer it.

But immediately after becoming an independent psychologist, and while still living and working in the Czech Republic, David started to work in English, Hebrew and German, and abandoned Czech. He did not even publish his webpage in the Czech language. 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 seem 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 is the language's honorific system, that was mentioned in the Findings: Relationship with Language section. David never grew comfortable with the distance entailed by the *Vy* formal form used in professional contexts in the Czech

language and culture. The second element is 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 the 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.

David's dislike of what he perceives as 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. **These resulted in reduced internalisation of the supervisor's function, a less wholistic experience of language, and subconscious reluctance to embrace Czech as a Therapeutic Mother Tongue.** It is clear that David's difficulties are on the emotional level, since in the interview he repeatedly acknowledged the quality of the Czech professional heritage, and also since, in the next quote, he refers to his bias as "not good".

The next quote demonstrates the difficulty in embracing the Czech Therapeutic Mother Tongue, through an ongoing reluctance to have a Czech supervisor. Talking about not working with a supervisor, David said:

What I think is stopping me 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 professional group in Hebrew had a profound effect on David's identity as a therapist. It seems that this group provided an identity-supporting 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 therapists' development. Its internalisation goes beyond the technicalities of professional vocabulary and proficiency in using it in therapy, to deeper levels of language embodiment and internalisation of the role of a therapist. This, through intense personal work, the creation of meaningful relationships with supervisors, and the internalisation of the language in which these processes occur as one's own Therapeutic Mother Tongue.

Therapeutic Mother tongue: Conclusions

The issue of **language of training versus language of practice** has gained some professional attention in the last few decades. Studies referring to cultural diversity in therapists' training went from focusing on cultural proficiency and cultural awareness (e.g., 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) review the literature regarding English-Spanish speaking therapists who have studied in the US and conduct therapy in both languages. They have found, that all sub-categories of Spanish speakers³⁰ 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 et. al. (2007) addressed experienced bilingual English-Spanish speaking therapists who were trained in English. They found that these therapists prefer working in English, even when their mother tongue is Spanish. Participants in the study described attempts

³⁰ Language sub-categories: 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.

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) found that amongst experienced bilingual English-Spanish speaking therapists who felt their professional abilities in Spanish were fluent and good, there was still 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 loneliness.

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 the present chapter support the claim that the language of training is indeed an important factor in the language experience of polyglot therapists. George pointed out the theme of technical issues associated with language of learning saying,

Now you are not interviewing a psychologist that is treating in Arabic but learned in Hebrew. You are talking to a psychologist who is a person who does therapy in Hebrew ...and studied in Arabic. This is a different difficulty. There are many psychologists here who also do the clinical internship and also treat people and they studies BA and MA

in Hebrew. They don't have these difficulties. They have some difficulties with the language, but less.³¹

But the current findings also demonstrate that due to the tendency of foreign languages to become embodied when experienced intensively, and due to the intensity of the training process itself, **the training-language's impact goes well beyond the proficiency level and creates an effect at the levels of experience and identity as a therapist, and embodiment depth of the language of training.**

Given that language embodiment is dependent on the age of acquisition (Dewaele, 2004), we can consider polyglot therapists' language experience as derived from their professional developmental stage upon entering the new language. Using the metaphor of human development to describe the situation of the participants in the present study, we could say that some started practicing in a new language when they were professionally mature. For example, Luciana learned Hebrew when she was already an experienced psychologist. Others, like Alina, George and Inbal, learned their foreign language in their professional infant-phase, more or less in parallel to their training to become psychotherapists. This resulted in integration of this foreign language into their professional identity, and in this foreign language becoming more deeply embedded and embodied.

This additional dimension of understanding the polyglot therapist's experience and development can contribute to polyglot therapists' understanding of their own situation. In addition, it deepens our understanding of **the profound importance of personal, good-enough and wholesome training processes for therapists in general**, as Freud (1912) writes: "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. 117)

³¹ George is referring to himself as having studied in Arabic and practicing in Hebrew, thus "a a b" situation. In this research, I am referring to George as "a b b", because although his university studies were conducted in Arabic, his internship and thus intensive practice (including intensive theoretical reading regarding psychotherapy) is being experienced in Hebrew. It would be more accurate to say that he is transforming from the first constellation to the second.

Reflections of a Polyglot Therapist

After presenting the findings from interviews with nine polyglot therapists alongside the relevant theoretical considerations, the current chapter will present my own experience of the process of becoming a polyglot therapist. This *biographical research method* (Liamputtong, 2020, chapter 6) provides an additional perspective, enriching the inquiry with my own observations as a subject-researcher. Some of the presented thoughts will be described in relation to relevant theoretical concepts.

I am a polyglot psychotherapist. I was born in Israel, and started to work in additional languages when I moved to the Czech Republic with my family in my mid-thirties, after having acquired academic and professional experience as an eclectic psychoanalytic clinical psychologist in Israel. Besides my Hebrew mother tongue, I had at my disposition a good command of English and some basic skills in French, languages that I have learned in a classroom context throughout the years. In my new situation, faced with the unfamiliar Czech language, my aspiration was to master the local language and to regain what I felt was my natural position as a psychotherapist.

Beyond the unease that seem to be a part of any encounter with a foreign language, I could sense, right from the start, the professional questions bubbling inside me: I was an analytic psychotherapist, and language was my medium and main tool. Will I ever be masterful enough to treat patients in Czech? Is my English good enough to work with? Can I feel as competent in a foreign language as I feel in my own mother tongue? Will I be the same therapist once I start working in the new language? Am I still a therapist, while not really practicing psychotherapy?

One conversation from that period stuck in my mind. About a month or so after my arrival to Prague, as I was preparing to embark on the great journey of language learning, a good-hearted local acquaintance heard of my intentions to learn Czech. She assured me, that no foreigner can ever master the Czech language to a level that would enable them to treat patient using it. But was that so? I was not sure...

In *The Babel of the Unconscious*, Amati-Mehler et al. (1993, pp. 122-130) mention that every professional discussion concerning the theme of multilingualism in the therapeutic

context rapidly becomes a discussion involving countertransference issues, and many therapists come to realise that they themselves are dealing with layers of multilingualism that they were not fully aware of. In her article *Living in Several Languages: Implications for Therapy*, Burck (2004) describes such an experience: “I was suddenly faced with the fact that I had almost entirely ignored my own experience of growing up with several languages.” (p.314)

I myself can testify to the same. My interest in issues of therapy in a foreign language started way before I myself became an immigrant therapist. I always paid attention to information regarding layers of language in my patients’ biographies, and took an interest in the experiences of therapists that were themselves immigrants. But it wasn’t until I started writing this work that I became aware of the deeper roots of my interest. The fact that I was completely oblivious to, was that my mother tongue was not my mother’s mother tongue.

As a daughter of holocaust survivors who escaped to Israel, my mother’s parents raised her in Hungarian. It was only when she started kindergarten around the age of 3 that she started hearing and speaking Hebrew. My mother adopted Hebrew as her main language. Unlike her faulty command of Hungarian, her knowledge of Hebrew was exquisite and her use of it natural and perfect. She never spoke a word of Hungarian to me, and I could only hear Hungarian as my mother talked to her parents. I guess this emotional distancing of hers from Hungarian was the reason why I never picked up this language, that was for me always there in the background.

My family’s relationship with our heritage languages (on my father’s side were Russian and Yiddish, but these were two generations back) is not uncommon in Jewish Israeli families. In the forties and fifties of the previous century, there was a strong trend of abandoning the mother tongue and adopting Hebrew as a native language among the first generation of born Israelis like my mother. This was a result of the historical movement of the establishment of the new state of Israel, and the pressure to repress and forget the horrors of the Holocaust and the burden of diaspora. The parent-generation, those who fled to the new land and hoped to make it their new mother land, were not always able to transform their lives to Hebrew. Still, they tended to encourage their Israeli born children to embrace Hebrew and, through it, be Israeli. Like Joel, they sometimes chose to use Hebrew to communicate with their children. As a result, heritage languages stayed in the background and were not always passed on to next generations (Demskey, 2018). In some cases, first-generation Israelis even forgot their mother tongues, as is the case of Stahl Freedman (2017) presented in the literature review, who

regained her command of her mother tongue German only after years of analysis and a switch to German that her analyst initiated.

But language can also hold unconscious traces and layered memories. In my Hebrew speaking family, one can find idioms unique to us, that are a result of the unspoken Hungarian of my mother's lingual heritage. Grandmother was called by everyone *Mamu*, a childish variation of the word *Mama* that was created as I, as the firstborn grandchild, heard my mother call her mother (the Hebrew word for *Mom* is different, it is *Ima*, and *Mamu* is not a natural derivation in the phonetic nature of Hebrew). Favourite dishes had Hungarian names, and, oddly enough, the family idiosyncratic word for *Plate* was *Oops Tányér*. This last term, that was used by the whole family including non-Hungarian branches, was a lingual memory of a story: when my mother was about two and a half years old, she dropped a plate and as it broke, she uttered in Hungarian baby-talk, *Oops Tányér* (*Tányér* is the Hungarian word for *plate*. *Oops* is a childish "word" expression of a negative thing happening by mistake).

While writing about the lost language of my family, I am filled with feelings of loss and sadness. But for most of my life, and due to my mother's conflictual relationship with her mother tongue, these traces of Hungarian were left unnoticed, the Hungarian aspect of my identity suppressed. To my conscious mind, Hungarian was considered totally foreign, a locked door, a language that was not mine and could never be used for communication in our lives.

It is interesting to note, that the psychoanalyst I chose for my training psychoanalysis was an immigrant, who was working with me in Hebrew while her mother tongue was Spanish.

So, for me, having a mother that had a different mother tongue than my own seemed natural. On some deep level, I think that this reality made the idea of seeing patients in a language that was not my own mother tongue and was also not my *Therapeutic Mother Tongue* plausible to me and protected me from good-hearted admonitions regarding the plausibility of such a lingual transfer.

I shall now turn to describe my own journey to becoming a polyglot therapist, and share some of my insights using examples from my life in a multilingual context, and my work with patients in all three languages.

Entering a New Language

The first few months of living in a new language were months of bewilderment and disorientation. In an interesting coincidence, my first patient these days was Efrat, an Israeli girl of 4 from a relocated family, who had severe communication and language acquisition difficulties. Unable to get help from local professionals speaking a language foreign to her, she was suspended in a state of incongruency between his Hebrew mother tongue (the only language the family used) and the outside world that for her was her English and Czech speaking kindergarten. Here is a short extract from my notes written in the year 2010, while observing Efrat in kindergarten:

Efrat is the first to arrive today. She is standing in the middle of the room, her blue teddy-bear Da in her hand. The teacher S. Comes close to her, and says in Hebrew: “Good morning, Efrat! I see you have brought Da with you! What colour is Da?” S. Speaks Hebrew with a strong American accent and addresses Efrat using the verbs in the (wrong) masculine form. Efrat says “Blue” and disengages again. Another girl arrives and S. turns her attention to her, they both start speaking English fluently. Efrat is alone. She is standing in the middle of the room, looking at Da. After a while, the teacher M. Approaches Efrat and says in Czech, then in English: “Let’s play with the dolls, Efrat.” Efrat looks at the dolls and remains in her place. Efrat’s friend Alex arrives, approaches Efrat and says in English, “Efrat, look at my barbie!” Efrat follows Alex and for a while they play next to each other with some dolls. Then Efrat stands up, she seems lost. She approaches the mirror and smiles to her own reflection. Then again. Then she sticks her tongue out and says to her reflection in the mirror “‘Blah Blah Blah’.

Merriam-Webster dictionary defines Blah as a “silly or pretentious chatter or nonsense “. Efrat was saying *Blah Blah Blah*. Speech sounds that are not actual words. A single nonsensical word being repeated over and over, not becoming any clearer from one utterance to the next. The world was talking to Efrat, she was surely understanding some of the formal meaning, but the experience was empty, it was Blah Blah Blah.

This moment of looking in the mirror saying *Blah Blah Blah* reminded me of a personal experience that happened to me a few weeks earlier, shortly after arriving to Prague. I remembered standing in a large bookstore, identifying many familiar titles and knowing I was not able to read a single word in them; thus, all familiar sentences became a nonsensical mix

of odd letters and syllables. The experience was strikingly surreal. I was suspended between languages. In my mother tongue I felt at home, in my skin (Anzieu, 1985, Hebrew translation, pp. 79-88). Confronted with a new language, I felt I was thrown to a through-the-looking-glass world, in which **all seemed familiar and nothing made sense**. It was all *Blah Blah Blah*.

For foreigners, the stage prior to language acquisition can be highly frustrating. At the same time, I consider it to be a priceless experience. In this and similar moments, I had a notion of **becoming aware of long forgotten pre-verbal experiences**, belonging to the time before my own language acquisition. Again, I was in a world of human communication, prior to being in the know of the code being used. It helped me understand the experience of language and to feel its absence. It helped me understand Efrat, but also subtle experiences of less lingually-disturbed patients. Inbal also seemed to appreciate this stage, and she talked of its usefulness for her at the clinic:

I do tend to make the parallel [to my own past experience]: oh, this child looks like a new immigrant... This means that it must be hard for them. They see the whole world communicating, acting, talking, especially the intelligent kids are overwhelmed, and these are the ones that look like immigrants to me.

As my Czech started to develop through very intense studying and efforts, sounds ceased to be meaningless and gradually were transformed in my mind to familiar whole forms. I remember walking down a Prague street one day, hearing a bit of random conversation between two people and understanding it for the first time. This one woman was asking the other about her dog's name. The moment of this first spontaneous meaningful hearing was highly moving and joyous to me. **I was suddenly aware not only of the verbal veil separating the world from me, but also of the cracks that were starting to appear, gradually letting me in.**

Another interesting realisation was that although my ability to understand grew rapidly, **comprehension was an act of choice**. When I was not interested and not focused on listening, I could quite easily "close my ears" and hear the meaningless rumble again, a thing I could not do with Hebrew. I think that after 11 years, I still can.³²

³² Cognitive research has shown that bilinguals have better skills of suppressing task-irrelevant information (Blumenfeld & Marian, 2011).

As I acquired a new language, I was also **becoming aware of the process of gradually building my lingual world and, eventually, integrating it in a way that effected the way I see the world.** I realised that words were not only their lingual meaning, translated from one language (my mother tongue) to another (Czech). They were “supposed to be” associated with experiences, experiences that I was just starting to gain. For example, I realised that learning the word for *Metro* in Czech meant little to me before I actually accumulated enough experience of actually using the Metro and going places. But when I did, the word *Metro* became whole, emotionally and physically present and strong (Metro riding is not a common experience in Israel, so I experience the Hebrew word as almost foreign, maybe connected to American movies. In Czech I found out I happen to love taking the Metro, that the word now has a strong positive sensation to me, with a taste of freedom, adventure, and a little sensual inconvenience associated with unpleasant smells of the underground tunnels).

Angela Connolly (2002) describes similar realisations resulting from three lingual encounters. The first experience described by her happened when she travelled for the first time to France. Connolly had learned French and considered herself a French speaker. However, upon arrival she discovered that her knowledge was only theoretical, and that in reality she was not able to differentiate distinct words in the stream of spoken language, or to pronounce words correctly. This experience helped her realise and feel the sensual nature of language. She describes a sense of derealization and depersonalization, that she connects to being thrown to a pre-verbal state.

Connolly's other pre-verbal experiences are a result of her moving to live in a foreign country twice in her life, to Italy and to Russia. These moves gave her an opportunity to experience the process of going from a pre-verbal state, through vocabulary learning to the integration of a new world view into the old self. Writing of her psychoanalytic work with a hysteric patient, she concludes:

Without my personal experience of what it means to find oneself without words, what it means to have to begin from the beginning to learn not only a new vocabulary, but a new way of looking at the world and speaking it. I am convinced that I would have been unable to help Françoise-in her task of finding the words with which to speak herself. (pp. 377-378)

In the chapter regarding technical issues, I made a distinction between the active stage of language acquisition, and the stage of language fluency. For me, the stage of active language acquisition was characterized by **a feeling of being overwhelmed**. Moving from a Semitic language to a Slavic one demanded a change of vocabulary, of word ordering, of the system to verbal structuring, and a change in the whole perspective on language as a communication system. It took a long time and some cognitive leaps to comprehend the attitude of the language. For example, the grammatical case system³³ was to me a scattering of meaningless technical tables, until one day, in a moment of revelation, it all settled into one whole meaningful system in my mind.

All these adjustments demanded of me a **high level of verbal and cognitive flexibility**. **An openness to new sounds and a willingness to allow for new signifiers to enter the lingual system and become meaningful and rich in associations**. It also demanded a **desire to embrace a language** system that was totally new and with a different attitude to the lingual world and to the world in general, and a new life in this language.

A good example for the efforts needed to accept a completely different attitude is the use of the Czech word *Paní, Mrs.* While in Czech this expression is emotionally neutral and is commonly used to appropriately address women with whom the speaker does not have close relationship, in Hebrew the parallel *Gveret*, although literally meaning the same, is used in common conversation almost exclusively in a derogatory way, while regular address is free of title. To use the word *Paní* in Czech requires the Hebrew speaker to retain the lingual meaning of *Gveret* while at the same time reassociate it with a neutral emotional context as well as with associations of politeness and a whole system of interpersonal interaction etiquette absolutely foreign to Hebrew (The same goes for the Hebrew word for Mr., although with a slightly different emotional undertone than Mrs.). It took me a long while before I stopped wincing with unease when I was addressed this way, and even longer before I almost completely resolved my resistance to it being used to address me, and while using it myself to address others (I still resist it, a little bit).

³³ Grammatical case is the way a noun is inflected (changes in form) to denote its function in a sentence. In Czech, these cases are nominative, genitive, dative, accusative, vocative, locative, instrumental (Hola, 2016, pp. 222-223).

As I immersed myself in the process, the space that was created between the three languages; the home Hebrew, the Czech lessons' English, and the Czech, became **a space for creativity and play**. Translation from language to language to language became a fun game. I liked watching television shows in the original English and then also watch the Czech dubbed versions. I realised I liked one character in the original English and the other was better in the Czech dubbing. Talking to bilingual friends, we switched between languages, practicing our new abilities. Words from one language leaked to the other. Like small children in the early stage of language acquisition, I had fun with overregulation, conjugating Hebrew and English words as if they were Czech and finding double meanings in transfers between languages.

For example, when my daughter's class had a raffle at school (it was before Christmas and the teacher raffled gift giving between children) we called the process *Grilování*, which is a mesh up of the Hebrew word for raffle, *Lehagril*, the English *to Grill*, conjugated in the Czech verb form. The result word *Grilování* meaning in Czech *Barbecuing*.

Treating Patients in Multiple Languages

Seeing a few patients in Hebrew in my own clinic did not feel like it was leading me to resolving my questions regarding foreign language and therapy. More than that, I realised that I was feeling isolated, lacking the professional support and context that I had left behind. Not only did I miss the companionship of other therapists, I also knew that since I had no professional connections, my potential of expanding my clinic and having patients referred to me was quite low. It was at this stage that I created an internet forum for Israeli therapists working abroad. Quite a few therapists joined and shared their experiences and thoughts regarding working in a foreign language. Although all of these therapists were dealing with English as their foreign language and were not facing the challenge of a whole new language, many had questions similar to mine, and many were happy to resolve their feelings of isolation.

I suppose that it was the forum as well as the time that has passed, some two years after my first arrival to the Czech Republic, that helped me dare and make the first step towards seeing patients also in Czech. I started working as a part-time psychologist in a local psychiatric hospital. I was assigned to work in a forensic ward, which was to me an unknown professional field.

My first patient at the forensic ward was a 30 years old South-African man working in high-tech, who lived in Prague and was hospitalised after setting his girlfriend's apartment on fire in a first psychotic episode. Since he did not speak Czech, Felix could not be treated by any of the Czech speaking team.

This was my first experience of individually treating a patient in a foreign language - English. Still, amongst the many hours of strenuous efforts to function in Czech, the few hours a week I spent speaking with Felix were a calming pause. While other team members talked of the efforts of communicating with Felix, I experienced the joy of communicating relatively fluently. I almost forgot that English was not a therapy-language for me, and that my command of it was far from perfect.

Finally arriving at the thought that had this therapy taken place in the context of an Israeli hospital ward I might have been as preoccupied with the English foreign language as my Israeli colleagues abroad were, I realised that my feelings of ease with English were due to the fact that at this point it was much more familiar and closer to me than Czech, and that I had a better command of it. In comparison to Czech, it seemed easy. Still, **this understanding helped me stay attuned to the foreignness of English, and not take it as a Lingua Franca used as a technical tool.**

Another aspect that helped me stay attuned to the lingual situation and not take it for granted was the role that language played in Felix's case. Talking of his existence in a foreign and unknown language, in a state where all his close relationships were with people with whom he did not share a mother tongue and who spoke a language he could not understand, Felix gradually discovered that he was actually estranged from himself and others. This was directly associated with the nature of his psychosis, that was characterised by strong feelings of not being understood, of being alone and of being plotted against. We also knew that, although he did not remember this, while attacking his girlfriend he was uttering nonsense words. Realising the impact that being outside language had on him, Felix went on to explore his choice of a life in a language he does not understand, and to explore the psychological roots of his difficulties in learning the local language in the nine years he has lived in the Czech Republic. He worked through issues of belonging and being foreign, not understanding and not being understood, that were present in his life since an early age and that exhibited themselves in his psychosis.

Exploring these themes with me in therapy, Felix sometimes experienced me as a fellow foreigner in a Czech environment, and sometimes as a foreigner to him, given my different

mother tongue. The move between these and other positions in the transference was interesting and enabled him to better understand the processes he was going through.

My experience at the forensic ward lasted 5 years. Working with patients and with a supportive professional team enriched my Czech skills in many ways. I got used to conducting individual and group therapy in Czech, negotiating therapeutic boundaries and dealing with dynamic and behavioural aspects of therapy. My vocabulary evolved. I gained a lot of linguistic knowledge of street talk, slang, and plenty of synonyms for drugs and swear words. At one point I realised I knew more synonyms for the word *Marihuana* in Czech than in Hebrew, and the drug name *Pervitin* (Methamphetamine) had no parallel in my Hebrew or English vocabulary.

Having never lived in a foreign language, this was also when I started to notice **my perspective becoming double: both outside and inside**. I did not have to translate in my head anymore. I could think in both languages. But an echo remained, words represented in one language started having a shadow of the other language. For example, when I hear the word *Sobota, Saturday*, in Czech, I also feel the Hebrew word *שבת, Shabat*, which has a whole range of specific Jewish associations to it, as a festive day of rest, purity and calmness. In a mirror image, the Hebrew word *יום ראשון, Sunday* (literally: the *First Day* of the working week), echoes for me the Czech *Neděle*, with its meaning of a day of rest (literally: *not-doing*), that is totally absent from its Hebrew parallel.

At the cultural level, I was already assimilated enough to feel some of the local codes of behaviour and cultural associations, still I carried with me my own personal Israeli cultural context.

A double system was being created in my therapeutic identity as well. The Hebrew language is highly informal, while the Czech has strict levels of formality forms for different social situation. While to my Hebrew-speaking patients I was Enav, at the ward I was *paní* (Mrs.) Gordon, addressed in the honorific form. Adjusting to this change has been one of the greatest challenges for me. The honorific version made me feel estranged to my name and also distanced the relationships with patients (in comparison to Hebrew) to an extent that made it very hard for me to establish a working therapeutic relationship. It was clearly my issue, my problem in adjusting, and I think that to a great extent I was resisting accepting this difference,

resisting the changes that I was asked to make in myself in order to embrace the new language, culture and therapeutic position.

Then one day, about a year after the start of my work at the ward, a young patient with antisocial personality disorder called me by my given name, Enav. My reaction surprised me: I felt offended. I felt that the patient had crossed a boundary. This was not a premeditated, cognitive reaction, but an immediate emotional one. It made me realise that I am changing, that I can no longer feel and perceive things only through the lens of Hebrew, that a second system, the Czech, is being internalised. I also realised what I was not able to understand before. That the Czech language provided me with a lingual personal space that became very useful and protective to me, in my everyday work with highly disturbed and sometimes criminal patients. Identifying with my position as paní Gordon was enabling me to do my job in Czech as my Czech professional context taught me, and to assimilate Czech into my person and identity.

I was also noticing that my acceptance of Czech was not total. What was developing in me was my own personal version. Thus, with Czech patients I saw in my private clinic I developed a form of address that used the formal with the first (less distant than the traditionally used second) name. On the nonverbal level, while Czech therapists start and end sessions with a handshake and Israeli therapist do not shake hands at all, I found myself offering a handshake, but only upon departure.³⁴

Although I was changing and finding my voice and communication abilities in the new language, my hearing seemed to stay somewhat different than others'. For example, when a new patient called Mr. *Nejedlý* was admitted to the ward, as the team analysed his character, I was the one who noticed and address the verbal meaning of his name, Mr. *Inedible*.

I found out I was sometimes more aware of use of lingual patterns that for native speakers were sometimes masked by the overbearing of meaning: Mr. Hájek was a 45 years old patient who lived with a secret. When he was about ten years old, he found out that his parents were actually his grandparents, and that who he thought to be his older sister who had moved away many years ago was actually his mother. His parents never talked of this, and Mr. Hájek himself was afraid of confronting them with this complicated family truth. Mr. Hájek

³⁴ Szekacs-Weisz, (2005) discusses her own negotiations with hand-shaking rituals in her move from Hungary to England.

was referred to therapy by his general practitioner, having expressed different psychosomatic symptoms thought the years. He never had therapy before, but did take medication to treat anxiety in his thirties, for a period of two years. Mr. Hájek had a steady and undemanding job, and he had a few romantic relationships in his life that lasted for a few years and always ended due to lack of interest on his part. In the time of his referral, he was living alone for several years and was not inclined to get romantically involved. It seemed he was living in the present without plans, and was bored in all areas of his life: relationship-wise, sexually and professionally.

When Mr. Hájek started therapy, he was not able to present the narrative of his life story, and as I asked him to write down his chronological story, he came up with this secret that turned out to be the basis of his existence and the source of his difficulties in experiencing his life as stable, with a clear past and a possible future.

After a year of therapy, Mr. Hájek was starting to feel he could not live with the secret any longer, he needed to talk to his parents about it. At the same time, he felt he must not upset them, because they were elderly and his father was ill.

It was at this time in therapy that Mr. Hájek started to feel depressed and powerless. He brought a dream to therapy. The dream revolved around suitcases and the action of packing (he used the Czech word for packing, *Zabalit*) and a strong feeling of distress. The dream evoked some associations but we both felt it was still not well interpreted, when Mr. Hájek went back to talking of his current distress regarding the secret. He said: “I wanted to visit my parents and talk to them but I am afraid to unburden myself, to blur out (*Vybalit*) this thing.”

Mr. Hájek did not hear himself use the dream-verb *Balit* in the discourse regarding the secret. I, on the other hand, was struggling with the technical use of prefixes in Czech, so the pair *Zabalit-Vybalit* was immediately connected in my mind through the common core verb *Balit*. When I pointed out the reoccurring dream-verb, Mr. Hájek started crying. The feeling of being stifled, of having something tightly-packed inside of him, together with a somatic difficulty in breathing, flooded him. He went on talking of the need to exert the secret out of himself, and to create space for himself, with new words that had greater resonance in him.

These examples demonstrate the **advantages I could find in my foreign-ear**, a form of listening that I will later describe as a *Stranger-Within listening*.

Still on the topic of hearing, besides my stranger-within listening, I also encountered a disturbing disadvantage, that was also mentioned by Pavel and Edith, and that went beyond the

technical difficulties: **words in Czech were not embodied in the same way as their Hebrew parallels, not evoking the same associations and not stirring the same affective reactions.**

At first, and maybe because I was preoccupied with technically understanding what was being said, I did not notice that. The realisation came to me when I was driving my daughters to school one morning, and the radio was on. Happy morning songs changed to the 8 o'clock news-flash, and we heard about some political developments, a disastrous train accident, the weather... I heard the words, but did not realise their emotional gravity until my Czech speaking daughter asked me to turn the radio off, the descriptions of the train accident were too gory for her.... Then I realised: had it been the news in Hebrew, I would have automatically turned the radio off in order to guard my daughters from gory details and excess information. But since it was all happening in Czech, my automatic emotional guards were down.

In her insightful autobiographic book *Lost in Translation* (1989) the writer and English literature professor Eva Hoffman, who's family immigrated from Poland to Canada, describes a similar experience:

the signifier has become severed from the signified. The words I learn now don't stand for things in the same unquestioned way they did in my native tongue. "River" in Polish was a vital sound, energized with the essence of riverhood, of my rivers, of my being immersed in rivers. "River" in English is cold—a word without an aura. It has no accumulated associations for me, and it does not give off the radiating haze of connotation. It does not evoke. (p.106)

After my news-flash incident, I started paying attention to my lingually-based emotional reaction to patients. At the forensic ward, many of them talked of violent and traumatic experiences. And I was hearing, understanding, but not feeling as strongly as I knew I should have. For the beginning phases of my work at the forensic ward, this state might have been adequate. I had to resolve the technicalities of the language, and also adjust to the massive dealing with such difficult contents. But at the later stage that I was in I realised, that it was not adequate. I started being more aware, sometimes translating a key word (like *Rape* or *Choke*) to Hebrew in my mind, and worked actively on strengthening my emotional associations of words.

One case in particular helped me make a leap in my emotional connectedness to Czech words. Ivo was 23, with severe drug addiction and borderline personality disorder. Growing up while moving from one corrective institution to another, we knew very little of his inner world.

He had a father that would sometimes appear in his life and a mother and sister who died when he was 7. He was violent and impulsive. He was immature, and in our psychotherapy sessions I realised that inside, he was a child carrying traumatic memories that were not integrated into his psyche. These memories repeatedly surfaced in an intrusive and raw way in his dreams and in his awake life, were experienced as having no meaning, and associated with excruciating affect.

After two months of therapy, Ivo started talking of his dead mother. In between the memories and emotions appeared the traumatic, unprocessed scene of his mother's death. It turned out that Ivo was there that day. He was standing on the sidewalk and his mother wanted to cross the street to join him. While crossing with his sister in her arms, a car appeared and hit them. Ivo was seeing his mother and sister being thrown into the air, the contents of his mother's purse – a small pencil, a candy, a wallet, some money, keys - scattering on the pavement and road, then both mother and sister landing down, motionless, dead. Ivo's working through these raw, visual memories into words, were for me also transformational, because as the pictures took verbal and emotional form for Ivo, the same happened in my mind as I was there with him. I could sense the emotional burden of the words, this time without making the effort of translating to Hebrew and back to Czech.

Adjusting as a therapist to the new language, my biggest challenge was not the lingual one. It was **the need to find a way of being self-confident in my position as a therapist, while being less confident in my language.** The move to English and Czech made me realise, that as long as I was working in Hebrew, I was used to feeling very natural and competent in my language and that gave me a sense of control. Also, my natural command of the language made the language a non-issue. In contrast, working in a foreign language I was indeed flawed, making grammatical mistakes and was sometimes not as sure of my language and my understanding. I was also much more exposed and not in total control. I realised that while working as a therapist in Hebrew, I was inclined to feel safe not only in my language, but also in my knowledge. Not being confronted with doubts and mistakes in the technical and communicational level, not having to expose my doubts and imperfections to the patient, I was inclined to be falsely safe in an illusion of an all-knowing position.

Working in languages I was much less sure and perfect in, establishing therapeutic relationships with patients who saw these imperfections and doubts, who heard my accent and

knew immediately that I was a stranger, who most of the time had a better command of the language and felt safer in it than myself, this illusion of being totally proficient could not be sustained. I also could not hide doubts and insecurities from myself and my patients, and not only on the technical level (not being sure if I understood or considering what word to use) but also on the emotional level (feeling insecure, ashamed of a mistake I have made, frustrated with not being able to express something, doubtful of myself).

It took a lot of work, supervision and self-analysis. I kept notes regarding my own language experience after sessions, interpreting my own dynamics and experiences. I explored some of my dreams that seemed relevant. In practice, I started making a habit of commenting on my foreign language and offering to discuss unclarities at the beginning of every treatment. In time, I found that I could ask for help, laugh at some of my mistakes, show my weaknesses, and still be there as a therapist for them, and manage the transference. **I realised that the previous notion of being confident and proficient as a therapist was an illusion that was only protecting me from doubting myself, my understanding and my interventions. I realised, that I did not know. Not even while working in Hebrew. More than that, I understood that not knowing is good, it is the right position, and that feeling safe and sustaining curiosity while not knowing was the position in which I needed to be.** I stopped aiming at a perfect knowledge of my new languages and of therapy, and started a process of accepting my intellectual and performance imperfections. **This ongoing process made me more secure and spontaneous in my role as a therapist in all languages.**

At the ward I encountered many patients from the fringes of society, people with low self-esteem and a feeling that they had nothing to give to others. In our therapy sessions, I was learning from them (writing down a word they used and I did not know before, asking for explanations and thoughts about expressions or lingual connections between words) and they were happy to help me. I had the impression that this helped them accept my help as well.

These patients were also enjoying my efforts to understand them and to learn not only from them, but also about them. My striving to really understand their words and associational connections was evident. For many, it was the first time they experienced such an interest in their inner world, in their dreams, their thoughts and feelings. This in itself was for them a therapeutic experience.

Jan was a young patient who was hospitalized in the forensic ward due to 3 cases of destructive behaviour associated with his impulse-control disorder. He was also diagnosed with selective mutism, and only spoke after episodes of violent emotional outbursts that were, naturally, prohibited. We sat in silence for many hours. My attempts at communication, by asking questions or proposing shared activities, did not succeed. As all the other patients, Jan was obliged to write a journal that was read by us, the therapists. Unlike his spoken silence, Jan's writing was fluent, though technical. I also noticed his beautiful penmanship. The advance in communication with Jan came when I asked him to teach me the Czech cursive writing system, that was new to me. Jan agreed and started teaching me. After a while, he asked me to teach him how to write his own name in Hebrew. In between, he was able to communicate a little more and to share some of his thoughts and feelings. With Jan, our communicative disadvantages helped us find a way to communicate.

As I was working in a hospital, I started to gain a sense of professional context and belonging. I gradually realised that local psychologists and I share a common language when it comes to professional terms, perspectives and working traditions. Taking part in local conventions and lectures gave me a sense of reassurance as I found myself in a foreign language, but at the same time in a very familiar language when it came to the language of psychotherapy.

Still, I was the only foreign psychologist around. I turned to professional literature but found out that not much has been written regarding the experience of doing therapy in a foreign language. For a while, this gap in theory and context had to remain unresolved.

A Stranger Within Language and Culture

Arriving at a stage of relative language fluency, I still see myself in an ongoing process of enhancing and expanding my lingual skills in the foreign language. I am still learning Czech and still make a point of reading professional and nonprofessional materials not only in Hebrew, but also in Czech and English.

I am actively working as a therapist with three languages – Hebrew, Czech and English. For the past few years, I feel that I am less preoccupied by technical issues. Mistakes continue to frustrate me a great deal, but I have found ways to monitor and correct some of them, and

some inner peace that allows me to take them with a pinch of self-humour, at least most of the time.

I feel very much at ease with patients in all languages. Technical questions surface mainly when I encounter new situations:

When I saw my first Hebrew speaking patient with addiction, I found myself looking for Hebrew words for technical terms that were more accessible to me in Czech. It turned out that when it came to addictions, my Therapeutic Mother Tongue is Czech, not Hebrew.

When I need to discuss a patient with an English or Czech speaking psychiatrist, with whom I do not have an ongoing working relationship, I need to make a greater effort and I am less at ease. The reason for this is that while with patients I am already comfortable with my shortcomings and feel that I can manage the process, in other, less familiar, professional situations I am still not in my comfort zone. I think that this state of affairs is an indication that my ease in doing psychotherapy in Czech and English is not a result of a good technical command of the language, but of the work I have done compromising between my lingual abilities and limitations, and my role as a therapist, as I described above.

In his 2006 article, Akhtar writes of the importance of dealing with the motivations and transference issues of **patients choosing to work with a foreign psychotherapist**. In my own work I have found, that this is indeed a theme to be aware of.

At the forensic ward, almost all my patients were Czech, and none of them chose me in particular. This allowed me to learn a lot about transference in the unique situation of the foreign therapist. Some of my patients showed a tendency to project their split in relation to others onto me as a stranger. They talked of how the Czech Republic wronged them, and were sure that Israel treats the mentally ill much better. Others projected the devaluative side of the split, expressing a paranoid tendency. They wondered what I was doing in their country, and saw my relatively good Czech as a sign of me being a hostile element or a spy.

Jan but also others showed interest in my Hebrew handwriting and language. Some also looked for similarities and common themes. For example, a patient with strong religious sentiments saw me as close to him as he interpreted my origin, the Holy Land, as a sure sign of my own piousness. All of these projections had to be dealt with in therapy.

Outside the ward, in private practice, patients can choose their therapist and sometimes they choose me. Again, this is a theme to explore:

Cyril was a single middle aged Czech man who returned to Prague after living and working for 6 years in Dubai. He tried going to therapy there, in English, and realised that He preferred therapy in his own mother tongue. We talked about his choice to have therapy in Czech with a foreign-language speaker. Cyril realised, that he herself wishes to work in his mother tongue, but he could never expose his most intimate secrets and get advice (as he defined it) from a Czech therapist. This particular demand of the therapeutic situation, that was met in him finding me as a therapist, enabled us to explore to great depth his relationship with his mother, his language and himself.

Larry was an Australian man in his forties living in Prague, who started therapy after a few failed experiences with Czech therapists. We spoke English and on the third session he mentioned in passing, that he was not sure from which English-speaking country I was, having difficulties locating my accent. Since my English is far from being perfect both grammatically and accent-wise, this remark gave us a chance to talk of his phantasy of an English native speaker therapist that would understand his needs and from whom he would not feel as estranged as he was feeling in his life as a foreigner in Prague.

Israeli patients present for me different challenges, some also addressed by Akhtar (2006) and Szekacs-Weisz (2005) and in this research by David, Luciana, Edith and Inbal. This is the challenge of working with compatriots in the context of a new country. Israeli patients sometimes tend to assume closeness and sameness of opinions and experiences with me, due to the similar state of being an Israeli in Prague. Alongside the importance of exploring these assumptions, it also takes an effort on my side to keep countertransference at bay and stay aware of the element of strangeness crucial for the conduction of therapy.

With both Israeli and Czech patient, I find that **my position without the culture as well as within it gives me an interesting perspective**, as I listen to the different languages, and when I see different cultural contexts and styles. For example, many of my Czech patients struggle with shyness and have difficulties with assertiveness. When I hear them, I am aware of the possibility of life less bounded by shame, but am also curious to hear the experiences that have led them (each one in particular) to have these inner limitations. My Israeli patients almost never deal with issues of self-expression, as many of them are outspoken, assertive and well trained in conflict. But they do struggle with conflict-management. They also deal with

the challenge of finding the right social distance when it comes to communicating with Czech people, and when I hear them, I identify a similar difficulty in me, while simultaneously being aware of the inherent importance of social conventions in the local context. When it comes to English speaking patients, I feel relatively at home with the language, but am simultaneously highly aware of my utter lack of personal experience of living in their context and of their background. I listen and learn from them.

Writing this research is another stage in my professional development and another way of consolidating my perspective. This academic study that focuses on sense making of my own and colleagues experiences is deepening my understanding, and enables me additional space for creativity and development. Describing my journey in words, I am connecting between the past and the future, translating experiences that started in Hebrew, continued in English and finally incorporated Czech, into one, monolingual story. The work itself is being written in three languages. The raw transcript represents this language spectrum: I am writing the major corpus of the work in English, discussing comments with my supervisor in Czech and English, thinking and writing comments to myself in Hebrew. Pavlenko's term *translation therapy* (1998) refers to immigrant-writers, rewriting their life narrative in their new language and thus giving their immigration experience meaning, and creating inner integration. For me, the integrating language became the academic language – English, the story I am telling using my own experience, the experience of other polyglot therapists and literature, is the story of becoming and being a polyglot therapist. It is also my narrative, in my own words.

Concluding Thoughts

My journey to becoming a polyglot therapist started with highly private experiences of encountering an unknown language, not understanding and the process of the gradual creation of a new lingual structure in my psyche. This process involved cognitive as well as relational and emotional aspects of experience. It could not have happened without passion. It was mediated by phantasies and ideals regarding the new language, as well as my mother tongue. It required commitment, perseverance and awareness. Like all learners of a new language, I had to deal with my own incompetence, and had the fortune to discover my growing abilities. To accept my limitations and discover my communicative abilities beyond the technicalities of the language itself. As a therapist aspiring to use the new language in therapy, I found myself

highly aware of this process, and discovered that the negotiation with the new language had a general influence on my technique, deepened my understanding of therapy, and had an effect on my therapeutic position.

When I embarked on this journey, my aspiration was to *regain* my position as a therapist. My phantasy was of mastering the new language so that it would be as natural and easy as my Hebrew. Eleven years later, I reflect upon my languages: Hebrew, English and Czech. I realise that my story is not a story of language learning and improvement into perfection. I do not find myself technically equally capable of working in my different languages, and my work in and with Hebrew has changed as well. I did not master the abilities of a monolingual therapist in English and Czech.

But something else happened. By entering life in a foreign language, I crossed a border, the border of total identification with Language. Language changed for me. I used to experience my language as a single mother tongue to which I was born and that was my home and entire lingual world. It is now an existence of language relativity, where the mother tongue is a language amongst others, alternative ways of telling a similar story, alternative ways to live.

I also found myself **existing in a state of the stranger**. I am a stranger living an integrated life in Prague. In Israel, everything is familiar and mine, but I do not have a home there, and after so many years, I do experience things from the outside. I am not surprised or offended any more when Israelis see me as the one from Europe, or even refer to me as Czech.

This is the position from which I am working today. It is not a position of fully belonging and of perfect language command and identification. To my surprise, I find this position more profound and beneficial, as it enables me to **explore and experience language, and life, from without as well as within**.

The next chapter will elaborate on this polyglot situation from a theoretic perspective and demonstrate that the situation of being simultaneously within and without, the *stranger-within situation* as I call it, is typical for polyglots.

The Stranger-Within Situation of Polyglots and its Consequences

The previous chapters explored aspects of the **experience of polyglot therapist** working in different languages, and demonstrated how therapists handle the move to new languages in their work, and their overall ability to adjust and benefit from their situation.

The personal chapter crystallised a theme that was not explicitly referred to by the nine research participants, but I find to be **a leitmotif in all their interviews as well. This is the issue of the Stranger.**

To further explore this issue, **the following chapters will go beyond the findings level of the subjective polyglots' experience, and conduct a theoretical inquiry into the polyglot's existential state of the stranger and its connection to psychoanalytic thought and practice.** The present chapter explores characteristics of the polyglot situation that have been described by researches in different disciplines of theoretic literature such as psychoanalysis, psychology and linguistics. The following two chapters will consider these characteristics' connection to psychoanalytic theory and their implications on therapeutic practice.³⁵

The polyglot can be an immigrant, one who arrived from a country beyond the borders, perhaps well assimilated, but still, carrying his foreignness as a trace of the past. He can be a native, seemingly the same as others, suddenly opening his mouth and speaking a language strange to other's ears. In any case, the polyglot embodies a combination of the familiar and the strange, the local and foreign. **This is a unique state I shall refer to the *Stranger-within situation*.** It is a consequence of a few elements: Speaking the language of the other, having at one's disposition alternative perspective of language and culture, and perceived distance from language.

³⁵ As opposed to the research direction that led from the field (interviews) to conclusions in the Findings sections, the present and following chapters rely on a theoretical study, while snippets from the interviews are used to demonstrate and support theoretical claims.

Foreign Language: The Language of the Other

Every experience of foreign language learning is an experience of entering into the world of the other (Kramsch, 2009, pp. 1-22). In the present research, this truth was reflected in participants' comments regarding the foreign languages' respective cultures, and the description of the people. For example, George said about Israeli Jewish colleagues, that it is interesting to see "the different culture, how their food is, how they go on trips, what they do, what they wear, it was raining – how they deal with rain. Everyday things." Edith referred to the Czechs saying, "But it was always very difficult to for me to understand the Czechs." And referring to her neighbours,

We didn't know the first name of our neighbors in the Czech Republic, they were Mr. and Mrs. N. I had no clue what was their name I just heard them flushing the toilet every day but I didn't have the right to know...when they have their svátek [name day] I have no idea.

In both these examples, the use of the pronoun *They* reflects a situation, and a strong feeling, that the native speakers are others, not same.

And since **a foreign language is necessarily a language of the other**, second-language learning is associated with phantasies regarding this other. As can be seen in Edith's example above with its raw toilet content, these phantasies can be emotional and strong. As such, they can influence the subjective meaning of this language to its learner. These phantasies can be associated with **desire**, for example a desire to find oneself beyond the boundaries of one's mother tongue, to self-fulfil, to reinvent the world, to know the other. They can also create **fear** and frustration; of the unknown other, of being lost. These phantasies have a deep effect on the choice of foreign language, the process of its learning and the use of it in later years (Kramsch, 2009, pp. 53-77, Kramsch, 2006). They make the basis of the transference to language mentioned in the Findings chapters. In the present research, every participant had a story of his relationship with his language. Most of the participants had a good or excellent command of the foreign language they talked about. They had years of experience using it, and some lived in a culture using this language. Still, their relationship with their language was mediated by their unique way of entering the language, by phantasies about the language and by relationships with native speakers:

Edith's quote presented above has hints of resistance and anger towards the Czech other. George's curiosity about the others and the way they do everyday things can be

interpreted as a wish to belong, as can be also heard in the next example: When George described his interview to become an intern in Hebrew, he talked of having concerns and trepidations. He said: “I am in the interview, I succeed, they say to me – you are *popular* [Hebrew: *Mekubal*].” This is a slip of the tongue. Instead of saying “you are hired”, George (paraphrasing the words of his interview committee) is saying popular. Both words, *Hired* and *Popular*, are conjugations of the same roots (K B L, Hebrew: ל ב ק). George is using the wrong conjugation, carrying the slang meaning of being popular, *Mekubal*. I interpret this slip not as a technical mistake of a non-native speaker using the wrong conjugation, but as expressing George’s wish to be accepted into the new role and also to the language of the Hebrew-speaking other.

Alina spoke of her wish to become a part of the new language and the world it represents. As she talked of choosing an Israeli husband who does not speak Russian and of raising her children in Hebrew, she said:

It was emotionally important to me to feel life in the language that is being spoken. Until today I think that a person who does not want to learn a language or that only uses it in a utilitarian manner for some things he must in everyday life, it says something about his way of adjusting, being part of, entering something.

Inbal expressed a phantasy of the Hebrew speaking other as ideal and exiting:

the Hebrew was considered the language of my Israeli cousins and when they came to visit it was so exiting, we communicated in English and they spoke Hebrew and it looked so exciting...

Luciana stressed the intimidating and uncanny aspect of the other. In a quote brought in the section Findings: Identity, she talked of her encounter with the foreign language as evoking basic destabilising questions “Who am I what am I... Who are they, what is this.” and of the strong experience of actual danger, as the other might be a terrorist³⁶.

³⁶ “I felt very helpless, very insecure. Who am I what am I, this is why I added the issue of identity. Who are they, what is this, there was also the thing that time, I came here the year when there was a lot of terror attacks in busses, and I did not have a car yet, and I could not identify who is who. Who might be a terrorist and to identify signs, signals, everything looked different, also to the contrary from what I heard from people who immigrated the same as me, that they would say “I went down the street and saw this person who looked like a

The otherness of the foreign language is also reflected in the inherent difference in ownership between mother tongue and foreign language. **A language is owned by its native speakers, who, unlike strangers who enter it from the outside, exist first and foremost inside of it.**

Edith's Hebrew is a heritage language that she has learned since an early age, the language of her Israeli husband, used as a common language in her family. But it is not her own:

...You know, I can't really feel I belong there, I'm not sure I want to belong there, but I never, there is always this expectation, openly or not openly, that one has to do *Aliyah* [immigration to Israel], and always explain, "You didn't live here, oh, why didn't you live here? ah, and despite that you didn't live here your Hebrew is so good" and it's, you know, it's like, I didn't *do the army* and all this cultural stuff that is connected to Hebrew so in a way I can never catch up. mmm... I will never be a real Israeli.

This quote demonstrates, that Edith's relationship with Hebrew is ambivalent ("I'm not sure I want to belong there"), as she has a natural affinity to it through her heritage, her fluent speaking and through her native Hebrew speaking children, but at the same time experiences it as inaccessible and rejecting. Edith's conflict is also apparent in her repeated use of Hebrew and Israeli expressions in her English discourse, to refer to Israeli things that are inaccessible to her, such as the expression *to do the army*, which is a literal translation of the Hebrew-Israeli colloquial expression for *serving* in the army. This situation is not a result of lack of fluency or language command. It is a result of **a conflict regarding ownership**.

The subjective experience of not having a birth-right to a language can even exist in native speakers of minority groups, such as in cases of diaspora. The next citation is from a letter Franz Kafka wrote to Max Brod:

Jewish talk [*mauscheln* or the use of German by Jews], in the broadest sense . . . is the loud or silent or even torturous appropriation of a foreign property, which one has not acquired, but has stolen through a relatively rapid sleight of hand, a language that remains foreign property, even if not a single speech error can be detected. (Brod/Kafka, 1989, p. 359. Translated and cited by Kramsch, 2008, p. 318)

guy I knew in Paraguay" ...or, "this situation reminds me of..." I did not identify or remember anything. Everything was new. And very different. Which was a crisis." (Quote presented on pp. 50-51)

Although German was his native language, Kafka never felt he had the right for the language, that was for him *foreign property*, as he did not perceive himself as German but Jewish.³⁷

Research in the field of microaggression shows, that the language-owning majority tends to perceive same language native-speaking minorities as not owning the language, a fact that is expressed through seemingly harmless remarks, for example a white American complementing a Chinese-heritage American-born person for his excellent English (Yeo, Mendenhall, Harwood & Hunt, 2019). This is what Edith is quoting as remarks she fears from native Israelis complimenting her on her good Hebrew and wondering how come she never lived in Israel.

In conclusion, a language learner always approaches a new language from without, from the perspective of his own native language. Although in time this new language stops being foreign to him, it never becomes his own, and remains the language of the other, associated with relevant phantasies about this other and the world that it represents. Thus, **the fluent foreign language speaker is a stranger-within the language**. In time, the foreign language speaker might also become a stranger-within his own mother tongue, as shall be elaborated in the next subchapter.

Having Alternative Perspectives of Language and Culture

The entrance to the language of the other turns Language itself from transparent to a noticeable inner object, so that the subject becomes aware of his own language and the language of the other, his own culture and the culture of the other. Pavlenko (1998) points out:

The “language learning” narratives also testify that languages are indeed separate worlds, which cannot be reduced to a simple mentalese expressed in various codes. However, for those of us who are monolingual and monocultural, these worlds are deceptively transparent and, thus, hidden and lost in this seeming invisibility. It is only when an attempt is made to enter a new world at will, that the limitations, boundaries and confines of both the new and the old become poignantly apparent. (p. 17)

³⁷ See Kramsch (2008) for a fascinating analysis of Kafka’s story *A Report to an Academy*, portraying Kafka’s estrangement from his German native language and experience of not being intitled to it.

Anna Wierzbicka, a Polish-Australian linguist writes in *The Double Life of a Bilingual* (1997) of her own Polish culture becoming visible to her as a result of her immigration and life in a new language and culture:

One of the most important of these personal discoveries which I owe to my life in Australia was the discovery of the phenomenon of Polish culture. When I lived in Poland, immersed in Polish culture, I was no more aware of its specialness than I was of the air I breathed. Now, immersed in the very different Anglo (and Anglo-Australian) culture, I gradually became more and more aware of the distinctiveness of Polish culture. (p. 110)

Such a new visibility of language and culture enables the polyglot to move between languages and perspectives, to be sometimes a part of one and sometimes a part of the other, and to observe both.

Alina became aware of the Russian culture she grew up in when she immersed herself in the Israeli culture and language. In the following citation, she is examining her culture of origin from the outside, using the pronoun *They* and mentioning the distance of her venture point: “I love the people I know so much; they are intelligent and sometimes I look at interactions from a distance and I see how messed up they are [while] interacting with others.”

Identification can also move from one position to the other, from one language and culture to the other. Pavel sees himself sometimes in a position more Italian than Czech. For example, when he refers to some elements of emotional expression: “[Unlike Czechs,] for me it is more spontaneous to be emotional. Sometimes with Italian men it is very emotional.” Here Pavel does not refer to himself as an Italian but sees elements of the Italian in his own person.

In the next citation, Alina describes two contrasting positions in the mental health field, the phenomenological-psychiatric and the dynamic-psychoanalytic. She sees psychiatry as a Russian way of thinking, and psychoanalysis as non-Russian. Following her choice of words, one can notice the move between perspectives. She uses the pronoun *We* to describe the perspective of psychiatrists. At the same time, she places herself in the opposite position of analysts. I find that her choice to describe the first position using the pronoun *We* is not only rhetorical. It reflects her tendency to move between perspective as she is also Russian, and not only an analyst:

It is like two separate positions [in diagnosing patients]. There is a phenomenon, it has an answer. We [Russians, psychiatrists] need to describe it. While psychoanalytic

language needs to hear the way it is told, the healing somehow comes from there. These are two totally different things. So, I really think that Russians [they] are more appropriate for being psychiatrists.

The next two examples demonstrate the added value **awareness to the alternative perspectives** can have for the polyglot and sometimes to his surroundings. Inbal brought the next examples:

The fact that I know different worlds, I know that things don't have to necessarily be this way. Ah! For example, the topic of shyness. Here [in Israel] there is an expectation that a child would be an extrovert. Shy children are often referred to developmental assessment. And I think that [my perspective helps] to normalise the phenomenon, to understand that shyness here might be perceived as so and so but not necessarily elsewhere.

The following extract from David's interview also demonstrates an awareness to the alternating insider's and an outsider's positions. In the described incident, David realised that he was pressured to collude with the Israeli client, and chose the opposite position of the Czech:

I do remember the first Israeli that I insisted *not* to be my patient. A sad case. An Israeli woman who lived here [in the Czech Republic] asked me to see her depressed son because I am an Israeli psychologist, and she did not want to send him to be treated here. To the Czechs. I told her, "I am a product of the local system and I trust it" ...I did not agree with the attitude of foreigners thinking that the system is not to be trusted and abusing the language...This "let's be here together in this pleasant pool of shared language ... and avoid treating the problem".

Although the dialogue with the mother took place in Hebrew, and the Israeli woman appeared to be perceiving the situation as a meeting of two Israelis, David chose to take the place of the other, the Czech ("I am a product of the local system and I trust it"). David's ability to choose to take an outsider's perspective in regards to his Israeli interlocutor's position is possible thanks to his situation of a stranger-within in regards to his Israeli identity.

Distance from Language

Pavlenko (2012) writes that “a foreign language provides a greater emotional and cognitive distance than a native tongue.” (p. 405) As was mentioned above, the emotional distance from a foreign language has to do with levels of embodiment as well as issues of ownership. This is true for the spoken word (Pavlenko, 2012, Ferenczi, 1911), as well as the written word (Iacozza et al., 2017). The present subchapter will explore changing levels of closeness to language in polyglots, another element that contributes to the state of the stranger-within.

The first encounter with a foreign language is, naturally, an encounter with the foreign. This is the stage in which language sounds like Efrat’s “Blah Blah Blah”, overwhelming in its foreignness, as I have experienced it in the Czech bookstore.

Talking of one of his first encounters with Hebrew, George remembered the experience of not understanding:

I remember that it was very frustrating that I would go to Tel-Aviv with my parents and people would ask me in Hebrew and I could not answer and had difficulties answering, this was very frustrating for me as a child. A child that was told at home that he is smart and he is this and he is that, and suddenly he faces a barrier that he cannot understand, answer, react, I understood “what’s your name? how old are you?” but that was it.

The estrangement that accompanies this encounter is evident in George’s shift from the first (“*I remember*”) to the third person (“*A child* that was told at home...”)

While George stressed his own experience of not understanding, Joel referred to the experience of others not understanding him: “When I arrived to [a city in Canada], and I did not speak English, I had comics English, that was British, not American, no one understood a word I was saying.” Joel presented a shift in perspective similar to George’s. Here is how his story continues:

I came to the school... [I was] the only Caucasian at school, 9 years old, I was lucky to get a Jewish teacher. She asked herself, how can I communicate with a French boy...He is Jewish...she started talking Yiddish. And I understood her.³⁸

³⁸ More examples of the first encounter with the foreign language in a natural context are presented in the Findings section, Luciana’s pizza crises and Inbal’s traumatic experience.

When there is no common language, the perspective changes to the third person. Even as the speakers refer to themselves, they tend to see their estrangement through naturally identifying with their local interlocutors; the people asking for George's name and age, Joel's teacher. As communication is restored, the first-person perspective is restored: "And *I* understood her".

In the Quote above, Joel mentions that upon arriving to Canada, his English knowledge came mainly from the comics he was reading at the time. This comment touches on the issue of **written language**. It seems that the written word can also entail different levels of embodiment. In an insightful comment, Edith referred to the difference in writing systems that plays a role in her language experience:

I think that what can be crucial, especially when you compare my narrative [as a native Hungarian speaker] to an Israeli therapist's narrative, it's about the, I think that the writing is very essential. Hungarian and English have the same writing [different than Hebrew].

Indeed, research exploring technical issues such as speed of processing and word recognition shows, that learning a new language that has a different writing system is more difficult than learning a new language while staying in the framework of the same system (Koda, 2005).

Beyond the technical difficulties, Edith goes on to identify an embodiment factor in the foreignness of the foreign alphabet:

...I think that for many Israelis they can't make such an intimate relationship with a text or with a book, when it's not written in Hebrew, because it always remains an effort to write and to read the Latin letters. And in my case, it works the other way towards the Hebrew.

In other words, for Edith, the Hebrew letters are less familiar, and thus she is estranged from Hebrew also on the textual level. It is interesting to notice that this affect is presented after many years of language use and literacy.³⁹

³⁹ Although I could not trace research evidence to support Edith's subjective experience, my personal experience is indeed similar: with over 35 years of English learning, almost 30 years of academic English reading and writing and 11 years of active verbal and literal Czech use, I still notice not only technical differences in speed of processing and levels of concentration needed to process information written in the different systems, but also a marked difference in the emotional experience of language: written Hebrew texts

Hearing one's name pronounced in the different accent of a foreign language can also create a basic experience of estrangement. It was already mentioned that this was Luciana's experience as she heard her last name, but she also reacted to her first name pronounced differently in Hebrew: "Luciana is a much too long a name for Israel, people find it hard and they call me all kinds of names, Lutziana, Luciana, Lucy, Anna, and I laugh and accept." Luciana accepts other's mistakes in using her name, a mirror image of the fact that she is not being accepted with her real name.

Hoffman (1989) describes a similar childhood experience, on her and her sister's first day in their new Canadian school. Her description stresses the estrangement she felt as she was suddenly called in a way familiar yet different at the same time:

Nothing much has happened, except a small, seismic mental shift. The twist in our names takes them a tiny distance from us – but it's a gap into which the infinite hobgoblin of abstraction enters. Our Polish names didn't refer to us; they were as surely us as our eyes or hands. These new appellations, which we ourselves can't yet pronounce, are not us. They are indication tags, disembodied signs pointing to objects that happen to be my sister and myself. We walk to our seats, into a roomful of unknown faces, with names that makes us strangers to ourselves. (p. 105)

The foreign language continues to be foreign in the stages of learning it and adapting to it. A few years after immigrating to Israel, Joel and his immigrant wife decided to raise their children in Hebrew, despite the fact that they both had another, shared, mother tongue. The next remark demonstrates that even then the language seemed foreign to him:

We used to laugh at ourselves, my wife and I, we speak Hebrew at home, what kind of Hebrew? Hebrew of *Olim*... They used to call it Light Hebrew [an Israeli expression for simplified Hebrew, used in radio broadcasts intended for new immigrants].

Again, the distance from the language can be noticed also in the shift to the perspective of the third person, "*they* used to call it Light Hebrew", *them* being native Hebrew speakers.

feel much more homely and right for me, on the graphic level. Other polyglots using different writing systems might testify to feel the same.

The foreign language remains distant also when the subject becomes fluent, and after many years of use. It seems that there is a continuing flow from unknown to known, from strange to familiar. On the technical level, some words are actually unknown, and learned gradually. Luciana was quoted above saying that 18 years after her immigration she is still learning new words in Hebrew. Joel immigrated to Israel about 50 years before the interview took place. He was interviewed in Hebrew and was fluent and proficient during the interview. Still, his final remarks were about his subjective feeling in his different languages:

I am not as at ease lecturing in French or German that are as if acquired languages. In Hebrew I lecture, I do, but there is a big difference in my experience. [in English] I am at ease, I don't have to think of...As opposed to Hebrew, [in which] I still have a more limited dictionary...

Inbal's doubts about her written language, after many years of personally and professionally operating in the foreign language, were presented in the Findings; Technical issues section, as she talked of making sure her clients understand the psychological reports she is writing for them.⁴⁰

It is my impression, that beyond the technical issues, both Joel and Inbal express in their contributions a subjective feeling of still experiencing some distance from the language, even after many years. Some support to this claim can be found in Inbal's following remark regarding her spelling and comprehension issues in professional writing: "... I also apologise and tell them [the clients] that if they have any problems with authorities due to mistakes [in my reports], I will correct them but this never happened. I am happy with my reports I think they are OK."

Up until now, the discussion presented distance from the foreign language. Similar processes can occur in regards to the mother tongue. Linguistic research shows, that languages, including the mother tongue, become stronger or fade away as a result of their practical use (The *Complementarity Principal*, Grosjean, 2015). David's following quote suggests that he feels his mother tongue is distancing from him. He is aware of the dynamic and changing nature

⁴⁰ "I am positive that due to the language issue, I read it all [patients' psychodiagnostics reports] with them and also can correct spelling mistakes as we read them." (Quote presented on p. 69)

of language and is worried that as he spends time away from his Hebrew context, gaps are being created between him and the language. David experiences these gaps via noticing Hebrew slang: “To me it is important to be up to date with Hebrew. With English I don’t care ... with Hebrew I have a need to be up to date and if I realise I don’t, it bothers me.”

Not only vocabulary, but emotional aspects also play a role in the dynamics of closeness and distance from the mother tongue. Joel:

Immediately after moving to Canada, we went on a vacation with a family, and the son also spoke German. So, the German became usable language, and my mother said it is impolite to speak a language that others don’t understand. So, we stopped speaking French and the French faded away.

Joel is describing how he was asked by his mother to let go of his French mother tongue, and to speak German. Since this move is connected by Joel to the fading of the French, it seems that the request was not only practical, but also emotional. We also know, that the alternative German (the language that it was polite to speak in the presence of German speaking friends and the language that his teacher used to speak to him) was actually his parents’ mother tongue. Also, the family was exiled from France due to its Jewish descent. Thus, forgetting the French language (or, to some extent France) might have been a result of repression of a language that played a conflictual role in the psyche of the family and of young Joel himself, a language that embodied closeness but also estrangement, love and hate, between generations and between Joel and the country in which he was born.

Another expression of distance from language is found in the partly-automatic phenomena of *Inner Speech*. Inner speech is “the internal (covert) and nonaudible forms of speech for oneself, such as mental rehearsal and internal self-talk” (de Guerrero, 2005, p. XII). Pavlenko (2014, chapter 6, pp. 206-244) showed that foreign language inner speech is first being used by foreign language learners when they intentionally practice sentences that they plan to utter. Later they use it also as a tool for thought in the target language. It was also found, that although all languages are available for inner speech, **polyglots generally tend to think in their mother tongue, and think in a foreign language mainly in context-specific situations.**

Dewaele (2015) researched the phenomenon of *Emotional Inner Speech*, that is inner speech regarding subjective experience and emotions. According to Dewaele, this particular

type of inner speech is a stronger indicator of the level of subjective closeness to language. It is not surprising, that he found that polyglots tend to use the mother tongue especially in emotional inner speech. Dewaele thus names mother tongue *the language of the heart*, and in contrast calls the foreign languages *an obscure echo*.

The interesting findings regarding inner speech and emotional inner speech surface when they are measured with regards to language trajectories of the foreign language speaker over time. Dewaele found that in time, **the subject can become closer to his foreign language**. A foreign language can even turn into a language of the heart when it is learned at an earlier stage of life, when it is used intensively in natural relationships and environments and when the subject is fluent in it. **This same process was demonstrated earlier in the present research, concerning the possible transformation of a foreign language into a Therapeutic Mother Tongue, a specific type of language of the heart.**

In a parallel process, as the subject becomes closer to his foreign language, the experience of the mother tongue can undergo processes of estrangement so that the mother tongue is felt more distant and foreign. After years of living in a Hebrew context, Spanish has become strange to Luciana's ear. She calls this experience of Spanish a "buzz" or a "noise":

The thing is that today it is not so comfortable to speak Spanish... it is hard for me to speak Spanish. When we are with friends the Spanish kind of buzzes in my ear. It also happened to me, I went back to Paraguay a few years later, I did not return right away. Again, I was very much afraid of the language. That it would do something to me, mmm....and it was hard for me to hear, a hard language. I called this noise in my ear. As if...did not sound nice to me.

Talking of being afraid of the language, Luciana expresses experiencing her mother tongue as unknown, uncanny.

The process of distancing from the mother tongue is beautifully expressed in the following citation from Jan Novak's short autobiographical text *The Typewriter Made me do It* (1989). It captures the subjective experience of mother tongue fading into estrangement, in the case of this Czech poet who immigrated to America and became an American novelist:

...Now and then a straightforward Czech phrase would suddenly turn opaque and abstract on me. To comprehend it, I would have to replay it in my mind as if it reached me wrapped in a thick, unfamiliar accent. I would not be sure whether it was correctly

put; there was a sense that something was wrong with it, but I could not say what. The fleeting glimpses of Czech as a foreign language unnerved and depressed me... (p.1)

The literature and findings that were presented so far demonstrated elements of foreignness in the experience of foreign language as well as mother tongue in immigrants. This, because research tends to explore subjects immersed in their foreign language, mainly immigrants (Malt et al., 2015, Pavlenko & Jarvis, 2000, Pavlenko, 2000). In comparison, the question of foreign language influences on mother tongue in a non-immigrant context seems very much understudied. This lack of research is probably due to an assumption that foreign language students do not really become bilinguals (Kecskes & Papp, 2000, preface). Yet active polyglots often feel that all their languages inspire each other, and that distance from language is an element that is affected by the co-existence of multiple languages, even regardless of context. Some of the non-immigrant polyglots who participated in the present research (Antonella, Pavel, Edith) did not provide hints that would help answer this question, but the non-immigrant case of George might give us some information. As was presented in the Therapeutic Mother Tongue section, George is highly immersed in his foreign language due to his intensive experience of therapy as an intern therapist. This did bring about deeper Hebrew language embodiment, that would hint that a parallel estrangement from his Arabic mother tongue is being created, at least in the lingual content-world of therapy. I suggest that **actual levels of immersion, and not the fact of immigration, is responsible to experienced distance from language.**

In conclusion, foreign language entails distance between the user and the language. In time, distance can develop also between the subject and his mother tongue. The effects of foreign language on mother tongue experience can be found in cases of immigration, but might also be found, to some extent, in non-immigrant polyglots.

Presenting the Concept “*The Stranger-Within Position*”

As was elaborated above using psycholinguistics studies, psychological studies and vignettes from the present research, the polyglot finds himself in the stranger-within situation in regards to his foreign language and to some extent in regards to his mother tongue. The essence of this

situation is being an insider and an outsider, speaking the language of the other, having distance from language and having alternative perspectives on culture and language.

This claim is in accordance with current linguistics theories of multilingualism: it was established that in polyglots, lingual systems are connected. They complement and influence each other over time, making up one unified system (Cook, 1991). Cross-lingual influence is found in aspects of structure, form, knowledge and skill levels. It was also established that these influences are bidirectional. The mother tongue influences the foreign language, but after a certain fluency level has been achieved in the foreign language, it also affects the mother tongue (Van Hell & Dijkstra, 2002, Kecskes, & Papp, 2000, chapter 2, Pavlenko, 2000). The different languages in the polyglot's psyche operate simultaneously. When one language is being used it is in the forefront, the others are suppressed but continue to exist in the background, enabling the polyglot to use them as sources of creativity, perspective and more (Grosjean, 2015).⁴¹

This leads to a central claim of this dissertation: linguistically, cognitively and psychologically, the polyglot speaker is able to locate himself in a paradoxical place simultaneously encompassing these opposite perspectives. Kramsch (2008) writes:

[There is a] paradox inherent in the language learning enterprise. It shows that the speaker of several languages: ...can be at once an insider and an outsider; can be at the same time a self and an other; can use words that are both his/her own and someone else's. (p. 330)

Such a state that is a departure from the total identification with the one mother tongue **enables lingual and cognitive creativity**. Byford (2015) names this simultaneous perspective of an insider and an outsider "creative detachment" (p. 344). Jessner (2006) describes such a state as a "comparative, three-dimensional insight into language" (p. 42). Retaining the stranger element between the subject and his languages embedded in the basic state of polyglotism, **I suggest to name this creativity-enabling three-dimensional perspective that exists**

⁴¹ Research exploring inter-lingual intervention in response time to verbal stimuli support this statement, even when there is no overlap in input, when the two languages are not of the same modality (i.e., English intervening with Sign language, Shook & Marian, 2012). Friesen and Bialystok (2012) bring a list of researches demonstrating and exploring languages operating simultaneously in the polyglot.

between the polyglot, his mother tongue and the foreign language a *Stranger-Within Position*.

The next subchapters will explore how the stranger-within position creates space for creative thought and word play, creative listening and how it promotes multilingual awareness. Then I will turn to explore some implications on personality traits.

Creative Use of Language

The stranger-within position enables polyglots to be less bounded by language and less identified with it. This **relative detachment enables creativity** (Byford, 2015). Hoffman (1989) writes: “Each language modifies the other, crossbreeds with it, fertilizes it.” (p. 273)⁴²

Research into second language learning demonstrates, that second language learners are indeed inspired by their different languages, and actively use wordplay for purposes of learning, communication and enjoyment. Bell (2012) brings an example of creative wordplay that is possible only through the combination of two languages:

Kramsch (2009), however, provided an excellent example of intermediate French students in a U.S. college engaging in play with the L2 in an online chat. One student writes, “*vous n’etes pas des students mais des stupidents*” (you are not students, but stupidents). This is bilingual play, not only due to the insertion of the English “students,” but also in the coinage of the playful term “stupidents.” By infixing -pi- the writer manages to jokingly insult his peers by describing them as stupid, while also inventing a word that cleverly echoes both the English word *students* and its French equivalent, *etudiants*. (p. 192)

In the present study, Joel stated that none of the languages that he speaks is perfect. This has interesting consequences for him:

It means that I am allowed to make mistakes. My language is not 100%. This gives me the freedom to play with the language. This I do on purpose. I play [continues his Hebrew speech adding a heavy English accent]: “mmm.... You could actually change

⁴² An example of crossbreeding: When my four-years-old daughter learned to speak Czech, she showed the teacher her doll and said “To je moje bubanka”. (This is my Bubanka). *Bubanka* is a crossbreed between the Hebrew word for *Doll*, *Buba*, and the Czech *Panenka*. The example of Grilování was presented above.

this letter. It is interesting, a one letter difference between this and that.” It is an example for my style... playing with words has an effect. It is suggestive. It is possible to play.

Joel does not only talk about playing with letters, he is playing with his accent during the interview itself.

Luciana brought an example of her playful use of words while working in Hebrew with a supervisee:

The supervisee says she is treating someone and she is worried about him. The story is about the word *Worry*. So, she tells me the case and after a few words I say, the fact that you were worried about him...and she says – what? I was *fishing*? [in Hebrew the two words sound similar, but not identical: *Da’agt* versus *Dagt*] So I was saying *worried* and she was hearing *fishing*. And with this misunderstanding we built the supervision. That was the thing. she was so much involved, her *I* was so present, her worries, maternal worries, that she could not hear what was going on there [in the therapy]. But the thing was to fish. To be willing to fish. To be quite on a lake with a rod and wait. Wait for something to come up, to catch it.... [This wordplay] was also not on purpose. It was due to my accent, and because that was what she needed to hear, yes, it is also beyond my accent.

To conclude this section concerning the creative use of language, I would like to cite Kramsch’s (2006) words, as she characterises polyglots’ language:

Travelers between languages can, like the tricksters in folktales, play with double meanings in the interstices of words and codes. They can imagine possible scenarios based on cross-linguistic connotations; they can draw on the sounds and shapes of different languages to conjure imagined worlds inaccessible to the monolingual traveler. (p. 98)

Stranger-Within Listening

Wordplay has to do with the production of language. Another aspect of the stranger-within position can be creative and playful *Listening*, that I suggest to call *Stranger-Within Listening*.

Polyglots can hear lingual information in a unique way. It was found, that in the process of language learning they make analogies between words and things, they imagine and sounds to make sense of the new language, they play with grammar and dictionary definitions. These

tendencies create a highlighted awareness to aspects of the lingual input that native speakers unconsciously and automatically ignore, and allow them to hear the input differently (Kramsch, 2009, pp. 26-38).

The next anecdote from my own experience is an example of atypical hearing (of a Czech sentence) that was drawing on the sounds and shapes of a different language (Hebrew), thus spontaneously creating an imagined, playful world:

One of the first sentences I ever learned in Czech occurred to me in the following context: Newcomers to Prague, my 7 years old daughter and I were spending time with our new bilingual friends. My friend talked to us in Hebrew, and to her daughter in Czech, that we could not yet understand. As the girls were preparing to put on a little play, we heard my friend exclaiming to her daughter the following utterance:

nechty nechty!

Both my daughter and I were amused by the catchy word doubled in utterance, the one sentence we were able to capture from all the Czech verbalisations that did not seem to stick to our ears. We repeated this sound combination with an air of amusement. Our friends seemed baffled. They did not hear this double utterance at all! What they heard was:

Nech ty nehty! – Leave those fingernails! [Don't bite your nails!]⁴³

My daughter's friend was repeatedly biting her fingernails and for her, this sentence provoked annoyance, and not joy.

It is obvious from this example, that while we as non-Czech speakers heard the catchy funnily repeating meaningless phrase *nechty nechty!* Our friend said the sentence *Nech ty nehty!* and her daughter heard its meaning.

There are two things to be learned from this example. One, is how strongly interpretation influences our hearing, that is, how hearing is already processed through the lens of the known and expected. Fink (2007) writes:

Throughout our lives we learn to find meaning in what others are saying to us, even if it is sometimes rather incoherent, and this often involves seeing a whole image (or

⁴³ Due to assimilation, the consonant *H* in the word *Nehty* is pronounced the same as the consonant *CH* in the combination *Nech ty* (Short, 1993, p. 458).

gestalt) where only a partial one was presented, or hearing a whole coherent thought when only a partial or incoherent thought was enunciated. We learn to fill in the gaps, supply missing words, rectify the grammar, and correct malapropisms-and we do all of this in our heads without even becoming conscious of it, for the most

part. (p.21).

Since the processing system punctuates on the basis of prior knowledge, and native speakers do not tend to hear irregular or unexpected small sounds embedded in a flow of speech, our native-speaking friends did not hear the repeated phrase *nechty nechty!* but heard a meaningfully punctuated sentence, *Nech ty nehty!*

As was discussed above, polyglots have more than one lingual system, and these systems are active in parallel. Thus, it would be logical to infer that **the competing systems would weaken the force of Gestalt principles, making polyglots less bounded by the Gestalt of one language, and allowing for less common alternative ways of hearing verbal signals to reach consciousness.**

I define *Stranger-Within Listening* as a type of listening that is open to notice alternative punctuations and irregularities in the spoken language. It requires good knowledge of the language but at the same time a lower tendency to presuppose and fill in gaps. For polyglots, this kind of listening would be present mainly in the foreign language, but after a while also in the native language.

It is important to add, that a stranger-within listening is not a given state, automatically created by being polyglot. **It is a position.** It requires something more besides the activation of a few languages in parallel, and that is **an attitude open to the stimulus.** In the example above, all the people present were in a joyful mood, engaged in play. This enabled my daughter and myself to hear the expression that created an amused response, well aware of our ignorance of not understanding it correctly.

If we were to be in a different context, in a more stressed, limited and less playful state of mind, our listening might not have been free to let the unknown stimulus linger and interest us. Fink (2007, pp. 1-23) mentions, that due to their lacking vocabulary in a foreign language, foreign language speakers might engage in excessive filling of gaps, by tending to assume to

hear words they are already familiar with, thus neglecting even more of the stimulus and being more unintentionally blind to (seemingly) exceptional elements of speech.⁴⁴

So, I would like to suggest that **polyglots can listen as strangers within, but their ability to be conscious to this potential depends on their ability and willingness to adopt the *stranger-within position*: to withstand the tension caused by ambiguity, to accept not knowing, and to be willing to be creative – to play with sounds and meanings.**

The second thing to be learned from the *nechty nechty* incident is the fact that eleven years later, it still exists as a live memory of language perception in my mind. The incident made me aware of language, and evoked thoughts of language as an object for examination.

The issue of awareness to language will make the next section of this chapter.

Multilingual Awareness in Polyglots

Jessner (2006) writes that since they move between languages, polyglots tend to be aware of language: “bilingualism provides a person with a comparative, three-dimensional insight into language, a type of stereo linguistic optic on communication that the monolingual rarely experiences.” (p.42)

Jessner defines this as *Multilingual Awareness*, that is either cross-lingual or metalinguistic: *Cross-lingual awareness* is the awareness to differences and connections between languages. *Metalinguistic awareness* is “the ability to focus attention on language as an object in itself or to think abstractly about language and, consequently, to play with or manipulate language.” (p.42).

Psycholinguistics research has repeatedly demonstrated greater symbolic flexibility⁴⁵ and metalinguistic awareness in bilingual children, enabling them to perform better in tasks demanding an understanding the arbitrariness of language (Friesen & Biyalistok, 2012).

⁴⁴ Such an example of excessive filling of gaps in a state of poor language proficiency will be presented on p. 178, Luciana’s *Mitmodedet* vs. *Mitmotetet*.

⁴⁵ *Symbolic flexibility* is the ability to manipulate with symbols. For example, “Piaget’s sun/moon problem is a task requiring lingual symbolic flexibility. In this task, children are asked to acknowledge the arbitrariness of labels by switching the names of known objects, agreeing that if the sun were called the “moon” and the moon

Luciana talked of noticing a uniqueness to the Hebrew language, and said: “[As opposed to Spanish,] the whole language, I feel, is more concrete.” In the section dedicated to The Polyglot Therapist’s Work, I have brought many examples of participants’ multilingual awareness: regarding honorifics and language structure, passive vs. active emotional expression, the emotional use of language, and more.

Multilingual awareness in polyglots is also enhanced by living with two or more writing systems. Exploring Chinese and English bilinguals, Bassetti (2005) found, that the two language systems operated in parallel in the bilingual mind, very much like the parallel presence of the spoken language (Grosjean, 2015). It was found that this situation creates an enhanced awareness to language, an awareness that Bassetti defines as an advantage:

These research findings support orthographic relativism, the view that writing systems affect their users’ views of language...In conclusion, native users of English and Chinese have different concepts of the Chinese word and different approaches to word segmentation. The presence of two writing systems in the minds of these multi-competent L2 and L2WS users may lead to a new awareness of the Chinese word, and possibly of the word [in general]. (pp. 351-353)

Talking of the way cross-lingual awareness enriched her language perception, Luciana brought the following thoughts, associated with reading in a few languages:

It reminds me how these Freud Lacan reading groups occur, because we come from different origins, there are always a few books in different languages. The same book translated to some languages. And the work is enriched thanks to the fact that each one brings his own translation. Again, in the transferring between languages the work is being built... Something new is being created...like a network of meanings.

David expressed a general metalinguistic thought saying, “Maybe when we assume that two people sharing the same language do not need to translate – maybe this is not so true, there is a translation anyway.”

were called the “sun”, then the “sun” would be up at night and it would be dark”. (Friesen & Biyalistok, 2012, p. 48)

Polyglot Personality Research

The stranger-within situation has an effect on the polyglot personality. Discussing this issue Kramsch (2009, pp. 124-125) writes, that polyglots can choose not to rely on their familiarity with the mother tongue but, instead, focus on their multilingual sensitivity. This sensitivity enables them to understand people's behaviours through multiple meaning-giving systems (languages). If they choose this path, that is, **if they choose the stranger-within position, they become open to reevaluation of their own automatic assumptions, and develop their understanding of people and situation in a more complex manner:**

Their broader and more complex understanding of people and events can increase their opportunities for reflection on self and others and for a reappraisal of commonly held assumptions and beliefs. (p.125)

Following is a short review of research findings regarding the connection between multilingualism and personality traits:

Carlson and Widaman (1988) found that learning a foreign language while staying in a foreign country enhances **cross-cultural interest** and **cosmopolitanism**. It was also found to promote a tendency to be **more critical of one's own culture**.

Rubin (2008) found that the process of language learning creates an awareness to change as part of the dynamics of self-development, and makes the learner more **comfortable with uncertainty**. Dewaele and Wei (2012b) explored a similar trait they call **Ambiguity Tolerance**⁴⁶. They found this trait to be connected to learning a foreign language in a natural context (not in the classroom). The level of ambiguity tolerance grew with the learning of more languages and was higher the longer the student spent in the relevant lingual context. It was hypothesised to be the highest in immigrants, who have to deal with ambiguity on a much greater scale.

Another personality trait that was found by Dewaele and Wei (2012a) to be connected to polyglotism is **Cognitive Empathy**. The researchers found, that polyglots have a good

⁴⁶ Dewaele and Wei (2012b) define ambiguous stimuli (such as meeting new people or experiencing unknown situations) as stimuli that are less familiar, thus cannot be adequately structured or categorized by the individual because of the lack of sufficient cues. This definition is close to the concept of uncertainty, mentioned by Rubin (2008).

ability to intentionally change their perspective and put themselves in the place of the other. In the present research, Joel described this cognitive effort resulting in empathy:

I feel that it [empathy] does not come easily. I need to overcome this distance. To think, what did she mean? What does he mean? I have to be more active in decoding. To ask, to listen, it is less natural...I need to ask more questions.

Dewaele and van Oudenhoven (2009) found that bilingual teenagers who learned their second language upon immigration (Third Culture Kids) scored higher on **Openmindedness** scales and slightly higher on **Cultural Empathy** scales. Grades on both these scales were higher the more languages the participants spoke. An inverted connection was found between number of languages and **Emotional Stability**.

Korzilius, van Hooft, Planken and Hendrix (2011) present very similar findings in adults. Polyglot professionals were found to be more openminded the more languages they spoke. Also in their study, the Emotional Stability index was declining with the increase in number of languages.

Numerous researches (Dewaele, 2007, 2010a, 2010b; Dewaele & Stavans 2014, Dewaele, Petrides, & Furnham, 2008) demonstrated that polyglots have **lower levels of communication anxiety** in foreign language and in the mother tongue. Dewaele and Stavans (2014) hypothesise, that this characteristic develops as a result of the ability to draw from different languages and thus overcome “gaps in communication” (p. 205).

To sum up, findings suggest that learning and using several languages has an effect on the subject’s personality. The traits Cosmopolitanism and Appreciation of Diversity, Ambiguity Tolerance, Cultural Interest and Cognitive Empathy were found to be characteristic of polyglots. Polyglots showed lower levels of communication anxiety and a tendency to be more critical of their own culture. All these traits seem to be connected to social openness.

Although the choice of a stranger-within position was not directly explored in these studies, I suggest that the said characteristics are associated to the ability and inclination to perceive and experience situations from a stranger-within position.

The findings concerning lower levels of Emotional Stability in polyglots might be connected to these subjects having typically experienced more drastic changes (immigration)

and less stability in their lives (relative scarcity of stable roots, issues of belonging, being a part of minority groups), but these are assumptions beyond the scope of the present research.

Polyglots: Concluding Remarks

This chapter presented the situation of the polyglot as a *Stranger within* the language and culture of the other and the language and culture of his own origin. It demonstrated how *the Stranger-Within Position*, as a venture point that is simultaneously within and without, is accessible and even natural for polyglots, due to their inherent distance from language as well as their alternative perspectives. It has interesting consequences on listening, levels of lingual creativity, awareness and some personality traits having to do with ambiguity-tolerance and empathy. As Kramsch (2007) writes:

Some multilingual subjects...construct through language symbolic spaces that enable them to 'indulge, cultivate and ultimately valorize [their] experience of otherness and difference' (Luke, 2003, p.12). Their deep understanding that languages are fundamentally noninterchangeable has made them cautious to words, but at the same time it has given them a rich repertoire of linguistic means to express irreconcilable paradoxes, and a penchant for language creativity, play, and authorial maneuvering between distance and closeness. It is as if multilingual subject, rather than being condemned to some original division against themselves, can draw strength from the flexibility and versatility afforded by their various languages. (p.195)

Going back to the realm of analytic psychotherapy I would next like to propose, that **this stranger-within position played a fundamental role in the creation of psychoanalysis, and thus became deeply imbedded in its theory and practice.** The next two chapters will explore Freud's own stranger-within situation, psychoanalysis as the resolution of the stranger-within tension, and the stranger-within elements in psychoanalytic theory (the unconscious) and practice (the stranger-within position in the therapeutic setting).

Sigmund Freud, the Stranger and the Creation of Psychoanalysis

It is safe to assume that Freud's life story and the dilemmas he was dealing with influenced psychoanalysis (Phillips, 2014, pp. 1-28). Furthermore, Freud's way of working, being the first psychoanalyst, can be seen as a model for all psychotherapists that came after him. This becomes even more relevant to the present research since Freud was also **the first polyglot psychoanalyst**.

Freud's polyglotism of about seven languages was a result of his rich background, with several cultural and heritage influences. He was a stylist of his mother tongue German, and his command of it was so outstanding that he received awards for his literary-clinical work (Gay, 1988, Hebrew translation, pp. 456-457). As a European intellectual, he spoke French and in later years also mastered Latin, Greek and finally Italian. In the context of his Jewish heritage, Freud learned Hebrew as a child, and might have heard Yiddish as well. He was born in Moravia and had a Czech speaking nanny, thus heard Czech as a baby (a language he later forgot), and it was the wandering of his family, typical for Jewish destinies, that brought him to grow up in Austria. In addition, the scattered nature of his Jewish family, with close relatives living in England, might have been the source of his great affinity for English, a language he learned and loved from an early age (Anzieu, 1975, chapter 1, Phillips, p. 53).

Freud was using his rich polyglot skills by actively adopting a stranger-within position on the lingual level. He often moved between languages, a splendid example for which can be found in the opening of *The Uncanny* (1919), where he searches for a parallel for the German word *Unheimlich* in ten different languages. Freud's listening was attentive to irregularities, creative, and presented a deep understanding of word meanings and associations⁴⁷, that inspired and shaped not only psychoanalytic listening, but also modern thinking and attitude towards language in general (consider how culturally common it is nowadays to notice verbal irregularities and interpret them, while referring to them as "Freudian slips").

In the present chapter, I will explore **the strong element of the stranger** in Freud's identity as a Jewish-Viennese intellectual in diaspora, its effects on the creation of psychoanalysis and its traces in psychoanalysis' principles and technique.

⁴⁷ Some examples will be brought in the following pages.

Freud and the Problem of the Stranger-within

Freud's *Autobiographical Study* (1925) opens with the following words:

I was born on May 6th, 1856, at Freiberg in Moravia, a small town in what is now Czechoslovakia. My parents were Jews, and I have remained a Jew myself.

I have reason to believe that my father's family were settled for a long time on the Rhine (at Cologne), that, as a result of a persecution of the Jews during the fourteenth or fifteenth century, they fled eastwards, and that, in the course of the nineteenth century, they migrated back from Lithuania through Galicia into German Austria. (pp. 7-8)

Freud chooses to open his autobiographical study with a statement establishing his identity as **a stranger**; Being Jewish, and having a family history of wanderings in Europe, due to persecutions. Freud continues and describes how he himself was being considered **an outsider** by the majority:

...When in 1873, I first joined the University, I experienced some appreciable disappointments. Above all, I found that I was expected to feel myself inferior and an alien because I was a Jew. (p. 9)

I assume that like in any other psychoanalysis, the central place Freud gives to matters of origin corresponds with his appreciation of their importance for his personality formation. After establishing his origin as a rejected stranger, Freud adds an element of choice in **his own embracing of the outsider's position**:

I refused absolutely to do the first of these things. I have never been able to see why I should feel ashamed of my descent or, as people were beginning to say, of my race. I put up, without much regret, with my nonacceptance in the community; for it seemed to me that in spite of this exclusion an active fellow worker could not fail to find some nook or cranny in the framework of humanity. (p. 9)

Then he goes on to acknowledge **the advantages this life situation had on his intellectual development**:

These first impressions at the University, however, had one consequence which was afterwards to prove important; for at an early age I was made familiar with the fate of being in the Opposition and of being put under the ban of the "compact majority". The foundations were thus laid for a certain degree of independence of judgment. (p. 9)

So, analysing his own psyche, **Freud starts by establishing the centrality of his state of being a stranger, a state that was forced on him by others but also embraced by him, showing it entailed the advantage of developing resilience and freedom of thought.**

It should be remembered, however, that while being an outsider, Freud was very well situated inside the culture of his place and era. He was a brilliant student of the local education system and had a thorough and deep knowledge of European culture, a wide knowledge of history, literature, religions, science and philosophy. Moreover, he identified with the moral and social convictions of his time and in that sense was a part of the major society (Gay, 1988, Hebrew translation pp. 31-43, Yerushalmi, 1991, Hebrew translation, p. 46-47).

Considering both his nature as a stranger and his engagement and proficiency in the local culture, it can be concluded that **Freud was a stranger-within**, and by being aware and actively choosing to embrace this state, **Freud located himself in a stranger-within position.**

In his book *Becoming Freud*, Adam Phillips (2014, pp. 57-61) describes Freud as having the ability to hold more than one perspective at a time. Phillips argues, that this ability is what allowed Freud to discover what others failed to see; while working with his first hysteric patients, Freud was keeping his role as a doctor and scientist, and was also comprehending the position of his outcast patients. Thus, Freud the doctor was able hear his patients' message and develop a new theory of hysteria and the psyche, and a method that would treat these patients differently.

The ability to hold more than one perspective and creatively work in the space both within and without is the stranger-within position.

But besides the advantages that Freud's situation as a stranger within the scientific community gave him, **Freud's situation was a source of pain and conflict for him**, because he was kept aware of his state of a stranger: In spite of his excellence, enthusiasm, commitment and scientific achievements, because of his Jewish descent he was not fully accepted as "an active fellow worker". He was not promoted academically and was not offered positions and a status that would fit his professional and academic abilities. Freud was dealing with this painful issue throughout his life, as he writes analysing his own dreams "Uncle with the yellow beard"

and “My friend Otto was looking ill” in *The Interpretation of Dreams* (1900, Hebrew translation, pp. 128-133, pp. 249-251, respectively).

Freud was also a stranger within the Jewish context, since he was an atheist: Due to the fact that the Jewish nation did not have an organic geographical homeland, the Jewish identity kept existing throughout thousands of years of diaspora through the practice and belief in the Biblical God. Being Jewish was synonymous to being religious. But Freud, as many of his European colleagues, was a positivist and an atheist. He thus found himself a stranger to this traditional Judaism, **dealing with the question of what it was that made him feel Jewish, while he did not believe in God** (Yerushalmi, 1991, Hebrew translation, pp. 88-90). Hints of Freud’s unresolved issue with Judaism might be found in the fact that he sometimes declared that he did not speak Hebrew and was not familiar with the Jewish scholar writings, while his writing as well as biographical evidence suggest that he did learn Hebrew and that he was intimately familiar with Jewish heritage, literature, and way of thinking (Phillips, 2014, p. 53, Jennings & Jennings, 1993, Anzieu, 1975, pp. 49-51, Ostow, 1982).⁴⁸

Psychoanalyst Betty Bernardo Fuks (1999) suggests, that **psychoanalysis itself was created as a resolution of Freud’s conflicts as a stranger in the scientific world on the one hand, and the Jewish world on the other**. This, by creating his own version of being Jewish and being a scientist, withdrawing himself from the position given to him by his Jewish father (his heritage) and by his professional fathers (the scientific tradition), and positioning himself in the place of the outsider in respect to both traditions. In this movement, psychoanalysis was created as a new version of both; a new science with secular Jewish influences, situated, like the Jewish people and the Jewish ethos, in a state of permanent exile and nomadism. Presenting a similar opinion, Phillips writes “[Freud] wanted, and found through psychoanalysis, freedom from some of the limitations imposed upon knowledge by both science and religion” Phillips adds, that “Psychoanalysis was originally a science for outsiders.” (p. 159).

⁴⁸ I shall return to this point while discussing similarities between Jewish thought and Psychoanalysis.

The solution psychoanalysis offers to the stranger problem is presented by locating the stranger (and rejected) element in the core of the psyche, as the unconscious. The stranger thus becomes a stranger-within, an element that is common to all humans. Not only Jewish people, or other strangers, are strangers. Every subject is a stranger to himself (Kristeva, 1991, Hebrew translation, pp. 190-200).

To elaborate and clarify this element, I have chosen to discuss Freud's final published work, *Moses and Monotheism* (1939). This work presents the stranger as a central element in the dynamics of the (national) psyche, while addressing the two worlds central to Freud's stranger-within situation, science (psychoanalysis), and Judaism.

The Stranger-Within as a Central Element in both Psychoanalysis and Judaism: Freud's Moses

Starting with an etymological analysis of Moses's name, and continuing with historical evidence and close analysis of the Biblical text, Freud reconstructs a story of two leaders called Moses, who worshiped two different gods. The Egyptian Moses aspired to create a legacy of a **monotheistic, abstract, universal god** called *Elohim* (also called *Adonai* and ex-Biblically *Aton*). This ambitious and strong-charactered Moses adopted the Hebrews, emancipated them from Egypt and started their national emancipatory journey through the desert. He was later murdered in **an act of patricide**, by an angry people who was not ready for his abstract god and absolute rules. The terrible deed was **repressed** and Moses was replaced by a Midian Moses, a desert leader of tribes, who introduced the *Jehovah* god, a local, jealous god of volcano. With this god and this Moses, two peoples, the desert tribes and the Hebrews from Egypt, were united. This combined nation, with the repressed memory of the murdered founding father, and his religion, entered the land of Canaan. In the final stage, some hundred years later, the **repressed returned as the murdered Moses' monotheistic principals returned and grew stronger**, eventually and finally shaping to be the bedrock of the Jewish faith (Freud, 1939, Hebrew translation pp. 166-206).

The hypothesis about an amalgamation of two nations and of two original gods were put forward before Freud, and he refers to them in his essay. The hypothesis of the murder of Moses was also suggested by (a few) others. Freud's unique contribution is in **describing the Oedipal family drama** that took place in the early history of the Jewish nation and the power of such a drama to determine and shape its life for generations to come, thanks to processes of

repression and return of the repressed. Freud writes, that after the act of patricide, the Jewish religion had **a latency period**. The return of the original repressed religion, accompanied by denied guilt for the father's murder, resulted in a religion strong enough to withstand any torturous fate in later years. In this sense, Freud's description of the Jewish history makes a particular case of the theoretical dynamics described in *Totem and Taboo*, written 25 years earlier, in 1913.

Freud continues and interprets the development of **Christianity as a religion that acknowledged the prior patricide sin and atoned** through the sacrifice of the son, the Christ. This psychoanalytic analysis of the relationship between Judaism, the father-religion, and Christianity, the son-religion, brings Freud to explain some aspects of Christianity, as well as to offer a deeply embedded reason for the phenomenon of anti-Semitism (Freud, 1939, Hebrew translation pp. 233-269).

Freud's second unique contribution to the Moses narrative is that he **retells the Jewish Genesis story around the role of Moses, thus creating an analogy between Moses and God**. Much like the Biblical God, in Freud's version Moses is in the role of the father, choosing his people, creating the Hebrew nation, it was his beliefs and religion that they were asked to follow.

And since Moses was a stranger, "a great stranger" as Freud calls him (Freud, 1939, Hebrew translation p. 160), in this version **the core of the Jewish people and religion is built around the element of the stranger**. This, in two ways:

The element of the stranger-within; Moses the stranger, a murdered founding father whose memory was repressed and became the core of the Hebrew nation, the nation's **unconscious**.

The stranger-within position; **Moses the actual stranger** being of Egyptian descent, located amongst the Hebrews in a stranger-within position. This stranger, maybe because of his unique position, is able to bring with him a fresh and liberating perspective of monotheism, that changes the nation's paradigm and destiny. This stranger, who speaks a foreign language⁴⁹ and brings to the Hebrews his different philosophy, is the motor for change and development, the bearer of a higher, more sophisticated belief system.

⁴⁹ Unlike the Midrash tradition that interpreted Moses' words "I am slow of speech and tongue" (Exodus 4:10) as stutter (Tigay, 1978), Freud interprets it as **Moses speaking Hebrew as a foreign language**.

Freud goes on to identify the uniqueness of the Jewish people not in the religious belief in God, but in the abstract essence of the Aton/Elohim Jewish belief that rejected magic and life-after-death protective phantasies, and embraced transcendent and abstract ideas. Making the religious element in Judaism redundant and stressing the abstract element, Freud the atheist can now understand why he feels such a strong affinity to his nation. His atheist form of Judaism, descending from a highly abstract position, is what he perceives as making him an open-minded thinker (Yerushalmi, 1991, Hebrew translation, pp. 88-90).

The destiny of Freud's essay is interesting because it also had stranger-within implications to it, on the political level: Freud had trepidations regarding the publishing this essay, especially in the historical moment of its publication, when antisemitic trends were growing dangerously stronger and the Holocaust was at the threshold. His concerns are also apparent throughout the essay, in the form of apologetic doubts and self-limitations. Eventually, Freud chose to publish his *Moses*. Since our work is not an attempt on analysis of Freud as a person, I will not elaborate on the aspects of this act of publication as a symbolic act of returning to the father and the killing of the father (see Yerushalmi, 1991, Hebrew translation, pp. 65-90). I shall just mention that by publishing this work Freud not only located the stranger in the heart of the Jewish nation and in the heart of his own Jewishness, he also located himself and psychoanalysis, again, as a stranger within society. The one who provoked the anger of Jewish people and Christians alike, as he offered interpretations that exposed hidden, repressed truths that the conscious mind is afraid of, but at the same time have a healing potential.

Going back from the example of *Moses and Monotheism* to psychoanalysis as a science of the human psyche, one can argue that **Freud locates the stranger within the core of the human psyche, as the unconscious, and sees it as a motor of change and strength, as well as conflict and pain.** As was mentioned above, by defining the unconscious as a stranger-within, Freud has shown that not only strangers, such as the Jewish people, but **all people carry an element of the stranger within themselves** (Kristeva, 1991, Hebrew translation, pp. 190-200).

As a healing method and technique, psychoanalysis is the exploration of this stranger-within element, the unconscious. Much like Moses (a figure Freud clearly identified with), who was able to bring something new thanks to his stranger-within position, so does **psychoanalysis locate itself in the position of the stranger-within, in order to enables the unconscious to unravel**; It locates itself in this position in the clinic, when the analyst invites the patient to look at his psyche from an outsider's perspective and to be in the space between conscious and unconscious. It also locates itself in this position as a science, that is between the disciplines of art, aesthetics, philosophy, social and natural science. In other words, **psychoanalysis itself adopts the stranger-within position, and this position enables the encounter with the unconscious** (Bernardo Fuks, 1999).

In conclusion, **as much as Freud was the embodiment of the stranger-within, the theory that he constructed has the idea of the stranger-within deeply imbedded in it, since its central element, the unconscious, is a foreign element inside the subject, stemming from the patient's past, but highly relevant in the present.**

The Stranger-Within Position in Jewish Exegesis and in Psychoanalytic Work

Freud saw a connection between the psychoanalytic position and the position of the Jewish person. In *The Resistances to Psycho-analysis* (1925), he writes:

Nor is it perhaps entirely a matter of chance that the first advocate of psycho-analysis was a Jew. To process belief in this new theory called for a certain degree of readiness to accept a situation of solitary opposition – a situation with which no one is more familiar with than a Jew. (p. 222)

This subchapter brings similarities between psychoanalytic technique and Jewish exegesis. The claim that Jewish thought and psychoanalytic technique have common elements is not new. It was first explicitly and systematically presented by Bakan (1958), and was mentioned by some scholars before him⁵⁰ and keeps on appearing in studies until today, some of which I will cite

⁵⁰ See Jennings and Jennings (1993) for a review.

in the following text. Considering the similarities between Jewish exegesis and psychoanalysis is relevant for our discussion of the stranger-within in two ways:

First, evidence of such a connection, of Judaism inspiring Freud in his way of thinking, supports the claim that psychoanalysis was a solution to Freud's stranger-within conflict (in relation to his heritage, Judaism) and thus point to the great consequences the stranger-within situation had for Freud (Bernardo Fuks, 1999).

Second, the actual technical aspects of Jewish exegesis and of psychoanalysis have to do with the stranger-within position as such. Presenting them is an elaboration of the importance of this technical standpoint to psychoanalysis.

Bernardo Fuks (1999) describes the strong **element of the stranger** in the Jewish historical ethos; the monotheistic ethos starts with Abraham leaving his people, this act of distancing himself enables him to discover the Biblical truth of a monotheistic god. The stranger element appears again in King David's lineage, through the story of Ruth the Moabite, who left her people to join the Hebrews. The Biblical Moses who was Hebrew but was raised by the Egyptian royalty was also a stranger within his own people, returning to lead them (as was mentioned above, Freud's Moses is even more strongly a stranger-within, being an Egyptian joining and leading the Hebrews).

The stranger-within position in the Jewish ethos can be found in the Jewish idea of the **nomad**. The nomad does not belong to a permanent settlement and land, and is not obliged by local ideologies. This is presented in Judaism by the creation of a nation through wandering in the desert, and other epiphany stories happening in a state of wandering, such as the ethos of the burning bush. Thus, the Genesis truth, represented by an abstract god, can only be revealed in a state of being a stranger, a wanderer outside of his context in no man's land, in a state of in between. This state enables a new and deeper perspective (Phillips, 2014, pp. 29-31, Bernardo Fuks, 1999, Ostow, 1982).

Judaism's subject is the biblical text, and the traditional Jewish exegetic position towards it adhere to the principles of Midrash⁵¹.

⁵¹ The term *Midrash* means to investigate or to search (Jennings & Jennings, 1993). Merriam-Webster dictionary defines *Midrash* as:

1. a haggadic or halachic exposition of the underlying significance of a Bible text

The principles of *Midrash* text interpretation:

Interpretation is based on the assumption that the scripts hold hidden messages that already exist in the text, and need to be found. Midrash also sees religious scripts as dynamic, live sources that are to be perpetually questioned and reinterpreted. The uncovering of the meaning of the text is achieved through its perpetual studying, that discovers more and more of the unknown, strange and hidden. This text engagement is never considered as readings of past and irrelevant materials. The text is seen as rooted in the past but carrying highly relevant messages to the present (Holtz, 1984, pp. 11-30, Ostow, 1982).

Midrash assumes, that the text can contain contradictions. Different and sometimes opposite meanings can be found in the same text, and the tension between those is considered creative, not limiting (Jennings & Jennings, 1993).

Another Midrash premise is that words themselves carry multiple meanings. This assumption is natural to Hebrew, given its structure; The Semitic writing system is constructed around absent vowels and ambiguous consonants. This absence, that is, information gaps, prevents from establishing a fixed and exclusive way of reading each word, thus creating a possibility to read each word in numerous ways. Since the word in this system is flexible, the reader needs to actively fill in the gaps. The way to clearly determine a word's meaning is by vocally pronouncing it. Pronunciation takes some of its ambiguity away, as it determines the missing vowels. Thus, reading out loud is actually an act of interpretation (Bernardo Fuks, 1999).⁵² This written-language structure enables the unique way of analysing and interpreting words called *creative philology*.

2. a collection of *midrashim*

3. *capitalized*: the *Midrashic* literature written during the first Christian millennium

Appendix I brings a formal definition of the term *Midrash* as well as an example of a Midrash taken from the Passover Haggadah; a text read out loud in Jewish traditional families during the festive Passover dinner.

⁵² For example, the word שפא, *Language*, is pronounced “*safa*”. The ambiguous consonants are ש, that represents the consonant S and also Sh, and פ, that stands for F and also P. Thus, the word can also be read as *shafa*, *shapa*, *sapa*. The missing vowels add the possibility of reading *shefa*, *sufa*, *sufe*, *shufe* and so on....

Only prior knowledge of words' written forms enables a fluent and meaningful reading and writing. But the alternatives still remain possible (for example, a theoretical woman's name *Shafa* could be written in the same way, שפא).

Bernardo Fuks (1999) brings a case of Midrash creative philology of the word לֵאמֹר *Le'emor*, to say. In the original verse God tells Moses: "Speak to the sons of Israel *to say*." *To say*, in Hebrew: לֵאמֹר. One of the Midrash readings of the sentence is cutting the word in two; לֵא אֹמֵר, extricating the word אֹ that is, *No*, and the verb לֵא. This reading creates a negation of the original sentence, "Speak to the Hebrews *not* to say". It creates double, contradicting readings. The same sentence can now be read as God telling Moses *to say* and *not to say*. The tension between these two readings creates a space for interpretation (for example, that when it comes to faith what is important is not the information that is given, said, but the faith, that is, what does not have to be said).

Furthermore, Midrash reading of the Bible is motivated by gaps in the original, Biblical text, that is minimalistic in elaboration and explanation. Many of the Midrash texts are dedicated to explaining human motivations, emotional reactions and other human, subjective elements that are hidden in the thin description of the Bible. This is an effort to understand the unknown (Holtz, 1984, pp. 11-30).

Midrash scholars were highly acquainted with the Biblical and traditional texts, and were known to be able to find their way in it by memory in a precise and accurate way. At the same time, they were not identifying with the text, but keeping a constant distance to allow interpretational reading. The tension created between the insider's (highly familiar) and outsider's (analyzer) perspectives created space for creative play with the text and the possibility to find more and more messages in it (Holtz, 1984, pp. 11-30). **This is the stranger-within position, in line with the basic assumption that the text is built around unknown (strange) meanings that are enciphered in it and can be found beyond the literal ones.**

The psychoanalytic subject is the unconscious, and the parallel to the Jewish exegesis would be the psychoanalysis. The following description demonstrates the strong parallel between the two systems.

The basic principles of psychoanalytic interpretation and insight:

In *the Interpretation of Dreams* (Freud, 1900) the unconscious is presented as a hidden, core truth. Furthermore, Freud analyses the spoken dream and patient's discourse in general as if

they were written texts. Dream texts and patients' associations are dynamic and changing, and their potential meanings are exposed through the constant move of associations, and an exploration of the multiple meanings of words, wordplay, debating interpretations as well as symbols. Freud actually writes "we have treated [dreams] as Holy Writ" (p. 514).

The core truth can be recognized by deciphering hints, gaps in communication and information, and other layers in the subject's text – free associations or dreams. For example, in an analysis of a young, English-speaking bride-to-be, a dream description contained the verbalisation "I arrange the centre of a table with flowers for a birthday." (p. 374). Listening using his vast knowledge of English and while avoiding from assuming to understand, Freud points to a gap: *the centre of the table* is an unusual expression. Analysing the element *centre* in the context of the rest of the dream's elements exposes a symbolic meaning of *virginity*. In an analytic move parallel to the creative philology mentioned above (*Le'emor, to say*), Freud's further analysis of the flower names exposes a meaning opposite to virginity, *sexuality*: the flower names *Violets* and *Carnations* bring up patient's associations of the words *Viol* (French) or *Violate* (English) and *Carnal* (Freud, 1900, p. 374-375).

Another form of creative listening (play) with words is by recognising some words as condensed, made up of a few words. For example, in the "Hearsing Dream", the station name, *Hearsing*, is interpreted by Freud as a condensation of the word *Hearsay* and the typical station ending on his train rout, *ing*. It is interesting to note, that this particular condensation is cross-lingual, and that in this particular dream the key word *Hearsay* is in English, appearing in a dream of the German speaking (dreaming) Freud, and directly associated to a poem in the German language that he read the day before (Freud, 1900, p. 336).

Another point of similarity between Midrash and Freudian thought is that the same as the Bible is considered the original text and Midrash interpretations find its relevance to the presence, so is the unconscious considered the source of the dream text and all other texts in psychoanalysis. The unconscious is considered to originate from the subject's past, but this past is experienced and relevant in the present.

Sensitivity to every letter and number is also common to Midrash and Freudian thought. Anzieu (1975, p. 50) mentions Freud's attunement to letters and their numerical symbolism according to the Gematria principles, which are the alphanumeric code assigning a number to each letter and thus calculating words' numerical values. As Anzieu writes, this way of thinking

is a well rooted Jewish tradition of exploring lingual symbols through the analysis of letters and their numerical values⁵³.

Finally, much as in Hebrew the utterance of words makes for interpretation of their meaning, so in psychoanalysis the utterance of words is a crucial action causing unconscious movement and creating new meanings (Bernardo Fuks, 1999).

Relating to all the above-mentioned characteristics of Jewish thought and psychoanalytic theory, we can conclude that in his attitude towards patients' discourse and dreams, Freud adopted a position inspired by the Midrash exegesis one. Dealing with the human psyche, he gave life and an everchanging nature to texts through his creative way of listening, his work with free association and with layered interpretations (Bernardo Fuks, 1999, Jennings & Jennings, 1993, Ostow, 1982).

In the introduction to the book *Answering a Question with a Question: Contemporary Psychoanalysis and Jewish Thought*, Aron and Henik (2009) present a similar thesis:

Freud applied to the study of individual behaviour the traditional Jewish methodological principle of interpretation, in which every word — even every letter— of the Torah, even the decorative adornments of the letters, even the spaces between letters, was assumed to be meaningful and subject to multiple understandings. For psychoanalysts, the human being, created in the image of God, is like a holy text, subject to ongoing and interminable analysis and interpretation. (p. 17)

⁵³ Anzieu's understanding of Freud's gematria-influenced relationship with numbers and letters is valid, but he erroneously follows Freud's connection to the number 17, writing that this number is the gematric representation of the Hebrew word *Life*. This is an error. The number value for *Life* is **18**: The word *חַי* (*Life*, *Alive*) is composed by the letter *ח* equalling 10, and *י* equalling 8.

The word *חַי* makes a good example of the importance of letters and their numerical essence in Hebrew tradition. In this tradition, it has come to represent the essence of being alive. Sick people might adopt the name *חַי* as their middle name, to magically protect and preserve their life. Words that have the letters *ח* and *י* in them are sometimes considered as carrying good luck. Regarding its numerical value, due to its value as 18, in Jewish tradition it is common to bear financial gifts with this particular number symbolising *Life*. One might donate the sum of 18, 180, 1800 etc. to charity, or give similar sums of money as a birthday gift, thus symbolizing a wish for long life to the receiver (Adler, 2000).

An interesting support to the reading of Freud's technique as well as attitude towards texts as Midrashic in nature can be found in Abraham's letter to Freud:

Some days ago, a small paragraph in Joke strangely attracted me. When I looked at it more closely, I found that, in the technique of apposition and in its full structure, it was completely Talmudic⁵⁴. (Abraham and Freud, p. 36. Quoted in Ostow, 1997)

Jennings and Jennings (1993) bring a citation by the young Freud at the age of 26, who wrote to his fiancé about an argument he had with an elderly Jewish colleague about Jewish law. His counterpart is described as bringing different ingenious arguments and scripture citations to support his arguments (the writers read this as a Midrash style discussion), Freud adds, "I knew the method" (p. 56).⁵⁵

The present chapter demonstrated the centrality of the stranger-within situation in Freud's creative professional life, the solution he offered to the problem of the stranger in the form of the stranger-within element common to all humans, and the stranger-within position adopted by him in his exegesis-inspired technique. The next chapter will demonstrate how Freud directed psychoanalysts to adopt a stranger-within position in their practice, in order to allow them and their patients to explore the unconscious. I shall also claim that not only for Freud, this stranger-within position might be natural for polyglots.

⁵⁴ *Talmud* is a specific case of Midrash text, a collection of Jewish writings (Dimitrovsky & Silberman, 2020).

⁵⁵ See Ostow (1982, Introduction), Jennings and Jennings (1993) and Yerushalmi (1991), for a discussion regarding Freud's background in Judaism and Hebrew that, in spite his statements, seems to have been quite extensive.

Being a Psychotherapist, Being a Stranger-within

In the present chapter, I will establish that **psychoanalytic therapy's basic setup is designed to put the therapist in a stranger-within position**; the therapist should be highly familiar with (the *within* element) yet distant from (the *stranger* element) the subject's text (unconscious). This position is necessary for the exploration of the unconscious, and for the subject to experience what is estranged inside himself. I shall further claim, that **this position is familiar and natural to those who are indeed strangers within language, that is, to polyglot therapists.**

The discussion will be based on Freud's *Recommendations to Physicians Practising Psycho-Analysis* (1912). It will elaborate how three major elements mentioned in this article; **Self-Nondisclosure, Knowledge, and Listening**, are connected to this position.

The decision to focus on Freud's basic article was made due to the fact that besides being the original source as well as first ideal of the therapeutic position, the basic recommendations have not changed dramatically over the years and are still applicable to all forms of analytic psychotherapy, that is, all therapies working with the unconscious (Etchegoyen, 2005, pp. 8-13, pp. 505-506). Theoretical developments that take a different stand do so from a place of dialogue with these principles, and as their expansion.

Knowledge: Being a Stranger, not Knowing

The importance of not knowing

Interviews with polyglot therapists revealed that working in a foreign language and culture immediately brings up the question of knowledge. Specifically, how familiar or strange is the other. Pavel said that when he started working with Italian-speaking patients, he was concerned, "If I would understand the details and nuances, and I had to pay attention and often ask for some explanations."

What are the consequences of being a stranger to the patient's language and culture, and to know them less well than one's native language and culture? Is being familiar with a culture and its nuances synonymous to being more equipped to work with people from this

culture as a psychotherapist? Must the patient's background be personally familiar to the therapist?

Antonella talked of thorough knowledge of patients' culture as crucial for the practice of therapy, and of not being able to feel empathetic without this knowledge. She mentioned, that thanks to her experience with people from many parts of Italy, she is more culturally aware: "I think that an anthropological attitude towards a country is prior to making a psychological attitude. You need to understand the cultural background in order to understand the patient."

It is interesting to note, that for Antonella, the referred knowledge comes from outside of the patient. In her case, working in different regions in Italy made her familiar with different subcultures of the country. Antonella considers this knowledge as needed information, that she calls *skills*: "I think to have more skills to approach different people from different regions."

In the next extract, Antonella describes a word exchange with a wife in couple's therapy. The description of the dialogue was brought by her in the first person, and the three dots in the text represent Antonella interrupting the patient's sentences to complete them herself:

for example, for a couple from Cicely when the wife told me:

[wife:] 'Yes, in Cicely we are used to do it like this or that...'

I [Antonella] say '...Yes, I know'.

She [wife] says 'It's different for a woman to...'

I [Antonella] say '... Yes, I know'.

It is important to know and to understand the mistakes that could be for a couple for example.

The starting point of any dialogue is an information gap between the two parties, each ignorant of what is in the psyche and mind of the other. Antonella locates in her patient's words something familiar (*Cicely*) that allows her to fill in the gaps in information with her own subjective knowledge. She believes that having outside information about the patient's context or experiences helps her understand her patient better. It also motivates her to complete her patient's sentences, without hearing their intended endings.

In accordance with this position of the familiar, one can encounter the often-heard claim, that the more the therapist and patient are similar in language and background, the better

the patient will be understood. Discussing foreign therapists, Stahl Freedman (2017) asserts, that this approach only intensifies **an illusion of familiarity**, not only on the side of the patient, but also on the side of the therapist. Formal similarities of culture, mother tongue, gender, age, experience and so on can create countertransferential mistakes of assumed knowledge of the patient's inner world and experience. Since **psychoanalysis is the search for the particular, subjective, unique, the therapist should never assume to know the subject**. Stahl Freedman suggests that instead of aspiring to be in a position of familiarity, the therapist should always let the patient teach him of his inner world and his personal language, since, in essence, "Every analysis is a cross-cultural treatment." (p.95).

An example of a potential mistake due to an illusion of similarity can be found in the next case, from my own clinic: A young Israeli woman living in Prague, said in her tenth therapy session, that she could not live in Israel any more "because of violence and guns." The Israeli immigrant therapist left Israel for many reasons, one of them being the unstable security situation. She immediately thought that her patient, like her, was troubled by the danger to herself by others. Later during the session, the patient mentioned a toy gun she and her brother shared as children. The therapist echoed the previous statement "because of violence and guns", and the patient said, that in Israel, she felt tempted to use one of these guns to hurt herself.

This association between violence, guns and danger in the form of self-harm is utterly different than the association the therapist had between guns and danger due to external hostility. Assuming to know based on similarity in background (both being Israelis, immigrants, associating guns to their leaving) could have led the therapist to listening less carefully, and could have resulted in her misunderstanding her patient's subjective experience. Sustaining a position of not knowing and rejecting the spontaneous explanation (theory) that came to her mind enabled the therapist to notice the reappearance of *Gun* in the patient's discourse and to inquire further, enabling the relevant association to appear.

Freud's first recommendation in his article *Recommendations to Physicians Practising Psycho-Analysis* (1912) refers to prior knowledge:

... if he follows his expectations, he is in danger of never finding anything but what he already knows; and if he follows his inclinations, he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on. (p. 112)

Since psychoanalysis is a process of information gathering and the creation of theories (interpretations), **when the analyst keeps himself in the position of not knowing, he is promoting creative thinking and the creation of new theories.** In *The Origin and Development of Psychoanalysis*, Freud (1910) writes:

Complete theories do not fall from Heaven, and you would have had still greater reason to be distrustful, had anyone offered you at the beginning of his observations a well-rounded theory, without any gaps; such a theory could only be the child of his speculations and not the fruit of an unprejudiced investigation of the facts. (p.190)

Not knowing welcomes these gaps, that open the possibility for new things to be created.⁵⁶

The third important aspect of not knowing is directly associated to the subject studied in psychoanalysis: the unconscious, which is par definition, unknown. As Freud showed in *The Interpretation of Dreams* (1900, Hebrew translation, pp.133-151), in therapy (as in general), a range of defence mechanisms and resistance arise to guard the unconscious from being accessible to open and free exploration. But unconscious materials can still appear in therapy in an encoded way – through slips of tongue, through double meanings, idiosyncratic verbalisation and the presentation of dreams. **The therapist's role is to create the conditions that would allow the unconscious to appear, to be noticed and unravel.** The way to do that is through the position of not knowing, of forever listening to the unfamiliar and new. Lacan (1954) states:

How many times have I said to those under my supervision, when they say to me – *I had the impression he meant this or that* – that one of the things we must guard most against is to understand too much, to understand more than what is in the discourse of the subject. To interpret and to imagine one understands are not at all the same things. It is precisely the opposite. I would go so far as to say that it is on the basis of a kind of refusal of understanding that we push open the door to analytic understanding. (p. 73)

⁵⁶ It seems that Freud indeed preserved a position of not knowing, that brought him to publish his cases while presenting partial conclusions. He used working and ever-changing models in his pursuits, and never presented a finished and all-explaining theory (Nobus & Quinn, 2005, p. 13).

As was mentioned above, **polyglots tend to be more comfortable with information gaps and ambiguity, and are more identified with the position of not knowing**. Indeed, most of the participants in the present study seemed to be dealing with not knowing in an informed and productive way, as was shown in the findings chapter concerning The Polyglot Therapist's Work, in the section "If I think I know, I miss". For example, Inbal described her insistence in asking what does a father mean when he says his son is "very stubborn"⁵⁷. Referring to the question of patients' cultural background, Edith's position was that of awareness, wider perspective, and openness to learn:

[Being a polyglot psychotherapist,] It's easier to reflect on the cultural aspects this way. We are so much into the individual and we don't know how to deal with the collective aspects so we just ignore it but it shouldn't be ignored often. Sometimes the balance or the goal of the patients are elsewhere. When I had a patient from Kazakhstan, in Prague, it was very very difficult, because she doesn't have a sense of individuality, she has to function in the big system. I tried to explore the culture and to understand the meaning of her well-being in this setting. What does it mean to her, to suffer. I am more sensitive to the cultural aspects and I don't take for granted certain categories.

Edith represents an inquisitive approach, aware of her lack of knowledge and committed to learn (and resist the tendency to ignore this gap). This demands a certain acceptance of her own imperfection, and an ability to sustain ambiguity for a longer period of time. David said, "[I] feel comfortable also in situations when things are not in perfect flow, I have no problem working with ambiguity. It is in my character."

Not knowing and knowing at the same time: the stranger-within position

For therapists, not knowing is a position, a state of mind. It is not synonymous to ignorance. In fact, **the therapist's position must be paradoxical, such of not knowing and knowing at**

⁵⁷ "I think that the theme of languages is very sensitive to me, being understood by the patient is important to me, and also vice versa, it made me very sensitive to the question of what is the meaning of what is being said. In regular meetings with colleagues as well, I am the one who asks this question all the time...Many things are taken for granted. For example, a father says "the child is very stubborn". What does he mean by that? I will not rest until I hear some examples and understand. I do not assume that I understand, and this is an advantage". (Quote presented on p. 64)

the same time. Because the analyst should in fact know quite a lot. He must be thoroughly familiar with the theory of the human psyche and with the theory of psychopathology. He must be proficient enough in the psychoanalytic theory, to be able to work with the principals and tools that it offers. He should also collect and remember information about his patient. In her article *From Behind the Couch: Uncertainty and Indeterminacy in Psychoanalytic Theory and Practice*, Nancy Chodorow (2003) writes:

...Although the psychoanalyst wants to say that we know much more about ourselves as humans because of Freud and his successors and that individuals know more about themselves after participating in psychoanalysis, the hypothesis of the dynamic unconscious assumes that we cannot know most of what goes on in our minds and affects our lives. (p. 467)

The therapist's position of knowing and not knowing at the same time enables discovery and creativity, it is **the dialectical position of the stranger-within.**

An elaborate example of such stranger-within position in psychoanalytic technique can be found in *The Interpretation of Dreams* (1900), where Freud presents the technical challenge of working in a state of not knowing while knowing. In this monumental work, Freud builds a strong foundation of knowledge for understanding dreams, their mechanism and content, and the unconscious. In his discussion about symbols, Freud depicts elements that seem to be common to all humans, having specific unconscious meanings. This is followed by a "glossary" of generic symbols Freud presents, such as the Emperor/King and Empress/Queen symbolising the dreamer's parents, long objects such as ties, umbrellas and weapons of war symbolising the penis, boxes, cupboards and ovens symbolising women etc. Freud also presents exemplar dreams that clarify the meaning of some reoccurring symbols such as staircases, people and landscapes (pp. 353-373).

But the glossary Freud creates is meant to support the exploration of the **particular** subject. Freud warns against using these symbols in a technical, arbitrary way. He writes:

...it must be confessed that the presence of symbols in dreams not only facilitates their interpretation but also makes it more difficult. As a rule the technique of interpreting according to the dreamer's free associations leaves us in the lurch when we come to the symbolic elements in the dream-content. Regard of scientific criticism forbids our returning to the arbitrary judgement of the dream-interpreter, as it was employed in ancient times and seems to have been revived in the reckless interpretations of Stekel.

We are thus obliged, in dealing with those elements of dream-content which must be recognized as symbolic, to adopt a combined technique, which on the one hand rests on the dreamer's associations and on the other hand fills the gaps from the interpreter's knowledge of symbols. (p. 353)

Freud repeats his warning regarding the danger of use of prior knowledge:

I should like to utter and express warning against over-estimating the importance of symbols in dream-interpretation, against restricting the work of translating dreams merely to translating symbols and against abandoning the technique making use of the dreamer's associations. The two techniques of dream interpretation must be complementary to each other; but both in practice and in theory the first place continues to be held by the procedure which I began by describing and which attributes a decisive significance to the comments made by the dreamer, while the translation of symbols, as I have explained it, is also at our disposal as an auxiliary method. (pp. 359-360)

As Freud writes, since prior knowledge of universal symbolism is available, the task of dream-interpretation becomes more challenging. This information obliges the analyst to take these symbols (and other knowledge regarding dreams and the unconscious) into consideration, while, *at the same time*, staying open to other meanings, personal to the particular dreamer. Freud calls this a *combined technique*.

I find that adopting the combined technique requires and leads to the position of the stranger within.

Alternative positions of the therapist

The position presented here regarding knowledge is unique to the psychoanalytic theory. Other theories of psychotherapy do not share the same assumptions, since they do not work with the unconscious. Going back to the opening citations from Antonella's interview, it is clear that she is working not from the stranger-within position, but from the position of the familiar. Antonella affiliated herself with CBT and Interpersonal Psychotherapy traditions. In CBT, the therapist uses extensive exchange of knowledge from therapist to patient. The therapist educates the patient regarding universal mental mechanisms, shares some of his own ideas, associations, and experience with theory and other patients. He also provides exercises, techniques and protocols that structures the process itself. He represents the real, objective,

world and explores the patient's interaction with it (Dobson & Dobson, 2017, e.g., pp. 5-7). All of these elements are pieces of information brought to the therapy from outside the patient, structured by the therapist and his prior knowledge.

We can conclude, that **Antonella presents an example of non-analytic position, that we can see in contrast to the stranger-within position described in this work.** This conclusion is also in accordance with Antonella's language use as it was demonstrated in the subchapter Theory-Based Between-Participants Differences: a perception of therapeutic language that is focused on the therapist's own accuracy as a tool for symptom definition and symptomatically-oriented (as opposed to dynamically-oriented) therapy.

But the position of the familiar can sometimes be found also in therapists more directly affiliated to dynamic theories, working with the unconscious and with the transference. For example, talking of his first experience as a therapist in Italian, Pavel said:

The long stay in Italy helped me very much. That I lived with Italians and also with foreigners, so I knew the culture. If someone came from north Italy, from Venice, I knew his experience. His cultural background, his behaviours.

Pavel saw his long stay in Italy is a source of information that enabled him to presume to know the experience of Venetians. Why would Pavel, an analytic therapist, rely on his outside knowledge while working with patients in a foreign language?

It could be suggested, that Pavel's **position of knowing has to do with anxiety associated with encountering the unknown. The anxiety of the unknown can be the therapist's as well as the patient's.** In his interview, Pavel mentioned that when he started working with Italian patients in the Czech Republic, his patients had concerns regarding him not being Italian. He reacted by telling them of his life in Italy:

I told them that I lived six years in Venice, that I studied there, so they were happy it was not only six months, and they often say – you know what it's like, you lived there a while.

Maybe it was due to the fact that Pavel was only starting to use Italian in his work, that he was more sensitive to his patients' anxiety. His reaction was to create an illusion of familiarity, for

himself and for his patients. In this way Pavel resolved the tension associated with a meeting of strangers.⁵⁸

The way to deal with the tension associated with not knowing in therapy is by using what we do know about the therapeutic process, and by applying introspection. When asked about patients' reactions to him as a non-native speaker therapist, David said:

If there are reactions they appear right at the beginning, when they bring up the subject. I see this as having to do with their insecurities. They ask about not being sure if we could work together when I am from Israel... I understand that it comes from a need for control and from anxiety.

Alina presented a similar perception and reaction: "There was this one father, he was actually aggressive, and I saw [his reaction to me being a foreigner] in the context of the therapy and his personality. Nothing more. Something symptomatic."

David and Alina do not become anxious themselves, because they understand these reactions as part of the therapeutic process. They do not invest in subsiding their patients' anxiety through reassurance, but use it for therapy. It seems that these therapists are capable to maintain this position due to their understanding of and experience with cross-lingual therapy. Indeed, David added: "[It does not make me anxious,] Over the years I got used to this situation."

In conclusion, **the stranger-within position is the appropriate therapeutic position enabling working with learning and knowledge in therapy, and polyglot therapists seem to be capable of adopting such a position due to their natural stranger-within situation with its insights and mental capacities.**

⁵⁸ Still, and unlike Antonella who uses prior knowledge as a tool for meaning making, Pavel presents his prior knowledge as a reaction to tension, and does not necessarily rely on this knowledge of Venetians as an alternative to listening to his patients' particular experience. This is evident in the following citation, in which Pavel relates to his mother tongue: "[With Italian patients] I ask more about meanings, about what do they mean when they say something, and I perceive it as an opportunity for the person to talk more. Sometimes in Czech I have a feeling that I know but it does not have to be right. I assume that it is clear to me but fine nuances are important to explain."

Stranger-Within Listening in Psychotherapy

Freud dedicates most of the article *Recommendations for Physicians Practicing Psychoanalysis* (1912) to the concept of *Evenly-Suspended Attention*.

[The technique] consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly suspended attention' (as I have called it) in the face of all that one hears. In this way ... we avoid a danger which is inseparable from the exercise of deliberate attention. (pp.111-112)

Freud saw this principle as a complementary guideline to that of the free association rule proposed to the patient. It enables the analyst's unconscious to act as a receiver, picking up on the patient's unconscious (Freud, 1923). In the present context of language, I shall concentrate on another aspect of this principle, the perceptual one:

The unconscious appears in errors, as Freud elaborated; the replacement of a word by another, a replacement of a word by its opposite, forgetfulness of words, errors in name pronunciation, idiosyncrasies created by word condensation and so on (Freud, 1904). But, as was mentioned in the chapter *The polyglot: The Stranger-within*, normal everyday hearing tends to be biased by gestalt principles, and the listener tends to unconsciously filter in the known, and to automatically filter out irregularities (Fink, 2007, pp. 17-22). This automatic correction system is adjusted to normal life situations, in which conversation fluency and communication are the main objectives. The therapeutic situation is different. **In therapy, unexpected verbalisations such as slips of tongue and other atypical use of words are important to notice and address. Diverting from the planned and expected, they uncover some new and conflicted meanings, coming from the unconscious.** Addressing them is the essence of psychoanalytic work, as Freud (1920) writes in *The Psychology of Errors*:

One had to ask the speaker why he made the slip, what explanation he could give. Without that he might have passed it by without seeking to explain it. Being asked, however, he gave as his answer the first idea that occurred to him. And see now, this little intervention and the result of it constitutes already a psychoanalysis, a prototype of every psychoanalytic investigation that we may undertake further. (pp. 51-52)

An example of such a dialogue can be found in Luciana's interview. In this exchange, the dynamics is very similar to that of therapy (the subtle differences to notice are marked in bold):

Luciana: I had to reinvent myself. There [In the country of origin] I started working, I started my career, started working in a psychiatric hospital and so on. But there I was the daughter of... because my parents were well known in the community, I was always the daughter of.....Luciana GeXXXX, daughter of...

Interviewer: Of whom?

Luciana: Mainly my mother. My father was already retired. He died later. No, he was already dead. So, there was my mother and she was very well known.

Interviewer: And she was GeXXXX?

Luciana: She was GaXXXX, yes.

Interviewer: GaXXXX.

Luciana: Eh...GeXXXX [laughs] That's right she was GeXXXX!

Later on in the interview, Luciana goes back to use this slip of the tongue as an example of the unconscious speaking:

Luciana: We do not know what we are saying. We just had an example for that. I said my mother was GaXXXX, instead of GeXXXX. We don't know what we are saying.

In this example, the polyglot interviewer, who already heard the story of Luciana's name, could subconsciously assume she heard Luciana call her mother GeXXXX, or notice her mistake and disregard it. Instead, being less inclined to gestalt automatic mistake-corrections, and being sensitive to slips of tongue, she turned her and Luciana's attention to the gap in her speech, by repeating the name exactly as it was uttered. This led to a change in Luciana's self-observation (marked by laughter), and to a later comment, a self-analysis about not knowing what she was saying. In therapy, such an exchange can open the door to additional parts of the unconscious, to further analysis of the origin of the patient's slip.

Listening in a less conventional and more open way makes the detection of irregularities easier. It also enables the **breaking of stagnated patterns, and use of refreshing, alternative punctuation** (as in the case of *Nechty Nechty*, see p. 145). Nobus and Quinn (2005) call this way of listening *hearing awry* (p. 28) and describe it as the ability to locate inconsistencies and uniqueness in the details. As was explored in the chapter Being a Polyglot, Being a Stranger-

within, I connect this type of listening to the stranger-within position, and call it *Stranger-Within Listening*.

The following example from Lacan's work demonstrates the strong effect of an intervention that offers an alternative, fresh, punctuation. The speaker is Suzanne Hommel, an analysand of Lacan's, who was suffering from interrupted sleep associated by her to past trauma. The analysis took place in French:

Hommel: [I said] "... At 5 o'clock the *Gestapo* came to get the Jews in their homes. "

Lacan leaped up from his chair, and came to me ... [tenderly puts her hand on her cheek].

Interviewer: "He'd transformed "*Gestapo*" into "*geste à peau*"? "

Hommel: Such a tender gesture! It was extremely tender ...

Ms. Hommel went on to say that she felt this tender gesture on her skin even forty years after the actual therapeutic moment. The intervention helped decrease her unwanted waking up at 5am. (Frosh, 2015, P. 210)

In this example, Lacan is hearing his patient's words in an open and creative way. His act of re-punctuation is an act of retelling of the stagnated narrative in a new way, that allows new associations to be created in relation to the given, traumatic word. On the emotional level, it is clear that this interpretation associated a word previously connected to pain and terror, to tenderness and human kindness (Kirshner, 2015).

Another example of stranger-within listening is presented by Williams (1999), who brings the case of Bion's (1970, p. 13) ability to hear that when his patient spoke of "*ice cream*" he was also unconsciously saying "*I scream*".

The development of stranger-within listening in polyglot therapists

Writing about the need to "sharpen" one's listening in order to notice such important information, Fink (2007, pp. 1-23) recommends therapists to practice listening so that they develop an ability to hear irregularities and pay closer attention to form, not only to content.

It seems that polyglots go through a developmental process, starting from lower stranger-within listening capabilities, and developing to enhanced ones:

In the first stages of their foreign language use as therapists, polyglots might encounter obstacles in hearing. Research found that lack of lingual as well as professional fluency leads to limitations in the therapist's ability to understand his patient, on the lingual and cultural levels (Flegenheimer, 1989). Such technical difficulties also limit the therapist's flexibility and ability to sustain the ambiguity associated with this kind of listening (Fink, 2007, pp. 1-23).

Luciana shared such an example, and talked of the technical interruption it created. The misunderstanding on the part of the foreign therapist happened due to the sound similarity between two Hebrew words: *I am coping* – *mitmodedet*, and *I am collapsing* – *mitmotetet*:

One of my first meetings with a patient [in Hebrew]... I remember a woman that I treated that told me: "Luciana, I am collapsing."

And I tell her: "ok, ok" [smiling]

[Patient:] "but, Luciana, I am COLLAPSING" [raising her voice]

And I answer: "very well!"

At the time, I did not know the word ...collapsing (*mitmotetet*), I knew the word coping (*mitmodedet*)... I don't know what happened to this woman, she surely did not collapse...

Luciana was not able to hear a word she did not know, and the patient was left misunderstood and alone in her experience of collapsing. In other words, in these moments Luciana was a stranger without, and not within.

But, as was discussed in this work⁵⁹, once they overcome technical issues and achieve fluency and confidence, polyglots demonstrate a stronger tendency to stranger-within listening. They become naturally open to unusual verbalisations, are more comfortable with lingual ambiguity and less inclined to assume understanding, also on the lingual level.

Nguyen (2014) suggests that polyglot therapists develop these abilities since they operate in a cross lingual context, deal with lingual gaps, and repeatedly experience not knowing or not understanding. Findings by Costa (2010), Costa and Dewaele (2014) and Amati-Mehler et al. (1993, pp. 122-130) that were brought in the literature review support these

⁵⁹ These points were elaborated in the Findings sections discussing Technical Issues, and the subchapter dealing with Stranger-Within Listening.

claims. Gulina and Dobrolioubova's (2018) participant therapists described themselves as more alert to unique verbalisation, slips of tongue and double meaning in a foreign language.

The following anecdote from my own clinic is an example of **hearing subtle slips of tongue**: Katriane, a French nineteen-years old patient, was having therapy in English for about ten months. Her first complaint was difficulties in her schoolwork, but it was quickly discovered that the patient had an eating disorder that manifested itself in long episodes of very low calories intake followed by an eating binge and a few days of depression. Attempts to explore the patient's experience regarding food, the history of the symptoms, relationships with her parents, sexuality and so on did not bring any relief and the patient and therapist felt that the narrative of the vicious cycle is being repeated in a rigid way, with no room for new discoveries. Then one day, as the therapist tiredly asked again about her latest abstinence from eating, the patient answered passionately: "I cannot hit because I'm not angry!!" When asked to repeat the statement again, the patient repeated, in a reserved manner this time: "I cannot eat because I'm not hungry."

This patient is French, so her pronunciation of *H* and *A* is similar, and sometimes identical. The therapist, being familiar with the patient's accent, might have left unnoticed the *H* she heard pronounced in the English discourse, and automatically assume that she is hearing a sentence about eating, that was also context-appropriate.

Instead, the therapist did notice and followed up on the alternative sentence that was being pronounced. A sentence not about hunger and eating, but about anger and hitting. It turned out to be highly relevant to the theme of anorectic abstinence, and the exploration of this unconscious double-slip exposed issues of anger and aggression connected to the symptoms. Katriane, who expressed anger in the session, felt actual relief, and was able to start identifying and talking of unconscious aggression. This led to a certain decrease in symptoms.

This kind of attunement can serve the polyglot therapist also in his mother tongue. Another example from my clinic is of a therapy in Hebrew, when the patient described an interaction with a close friend. He intended to say *Hil'iv* but instead said *He'eliv*, both sounding very similar in Hebrew, but the first means *to excite*, and the second means *to offend*. Again, noticing, appreciating and addressing this slip of tongue, going beyond the conscious intention put in this sentence to the unconscious statement that was pronounced, offered a richness of material to work with.

Jimanez (2004) brings an example (from group therapy) of his stranger-within listening of a foreign language, this time using word-play that exposes unnoticed literal meanings hidden in the language:

When another patient asked him why he was so quiet, he answered that he was very tired, that the day before he had gone to bed very late because he had attended a *Hochzeit*, a wedding. I intervened by asking, '*Hochzeit*? It seems rather a "*Tiefzeit*". My play on words alluded to the literal meaning of *Hochzeit*, that is, 'the highest moment in a development'. In my intervention, I invented the neologism '*Tiefzeit*', that is, 'low time'. The patient smiled and said, 'Yes, you are right; yesterday the woman I have always loved married my best friend'. Unexpectedly, my recent acquisition of the language rendered me especially alert to the literal meanings of words, meanings that have ceased being conscious for a person who has mastered the language from childhood. Literal meanings appeared before me with such force that they sometimes utterly relegated the current and everyday meaning of the word. I wonder if being in analysis with a foreigner does not render more likely the emergence in the transference of unheard-of, rejected aspects that have been set aside and projected far away. (p.1371)

Jimanez describes being more aware of basic word meanings that are being taken for granted by native German speakers, thanks to his language being new and thus less banal and automatic.

David described a deepening of his professional understanding thanks to his polyglot skills and learning psychology in a foreign language: when he learned the Czech word for anxiety – *úzkost* – he realised something fundamental about anxiety itself. Unlike the Hebrew word (that is associated with *worry*), the Czech word is connected to the word *úzko*, *narrow*. Being a foreign-Czech speaker, the connection between *úzkost* and *úzko* was immediately apparent to David, and enriched him with another layer of meaning and experience. Being anxious feels like being confined in a small and narrow place.⁶⁰

In conclusion, it seems that when it comes to stranger-within listening, **polyglots go through a process leading them from being less able to apply stranger-within listening in their work, to being much more able to do so, in comparison to monolingual therapists.**

⁶⁰ This example was communicated to me by David some days after his interview, and thus it does not appear in the interview text.

Self-Nondisclosure: A Meeting of Strangers

The first element Freud presents in his guidelines is directly related to the idea of the stranger. It is the principle of self-nondisclosure. Freud writes, that young practitioners might be inclined to share personal information about themselves with their patients, in the hope to ease the atmosphere of the session, to minimize resistance, to enrich their patients with their own knowledge and experience, and to establish a reciprocal relationship, as is accustomed in everyday social interactions.

Freud presents a strong stand against such practices, and thus draws a distinct line between psychoanalysis and any other social encounter. He writes:

One confidence deserves another, and anyone who demands intimacy from someone else must be prepared to give it in return. But in psycho-analytic relations things often happen differently from what the psychology of consciousness might lead us to expect.
(p. 117)

Unlike the psychology of consciousness, the psychology of the unconscious demands a non-reciprocal relationship. **The unconscious is the foreign element inside the subject, and it can only be experienced in the dialectical space created between strangers.** When the therapist is opaque to the patient and the patient knows as little about him as possible, the dialogue in the session relies much less on the objective or realistic aspect of the relationship. It is dominated by the patient's psyche and inner dynamics, that express themselves through the transference.

It seems that with the principle of self-nondisclosure Freud provides an answer to the question of biographic similarities between patient and therapist presented above, saying that such similarities are not necessary, they might even be obstacles in the creation of this meeting of strangers that is psychoanalysis.

A meeting of strangers enables of projections and phantasies to appear. The width of such projections, enabled by the foreignness of the therapist, is demonstrated in the following short examples of three very different perceptions of the therapist, presented by three patients in my own clinic:

The Australian Larry, who was dealing with issues of loneliness as an immigrant, believed that I was a native English speaker coming from an unknown state. Another, American

patient, who sought therapy because of a bitter relationship with his Czech wife said to me a few times “you, Czechs”. A third, Finnish patient, mentioned choosing me as her therapist after finding out that I was Israeli. She said, “I needed a therapist who have seen everything, who saw war. Only a tough soldier like this can help me and not be scared.” Of course, I am not a native English speaker, I am not Czech and my military experience is not so elaborate. However, having in mind the issue of self-nondisclosure and the importance of the meeting of strangers in the clinic, these remarks were treated by me on the dynamic level, seen as projections. In all three cases, sustaining the position of the stranger and exploring these projections without immediately introducing “objective”, biographic information enabled the patients to work with the transference in ways that proved beneficial for their therapy.

Being a Therapist: Concluding Remarks

In this chapter I have followed the basic recommendations for psychoanalytic work presented by Freud (1912) while discussing the centrality of the dialectical stranger-within position for the purpose of listening, transference-enabling and knowledge, all of which are crucial for working with the unconscious. I have shown that **psychotherapy is an encounter of strangers, and that in this encounter, knowledge should be suspended and language should be listened to from a stranger-within position.**

Polyglots have objective distance from language and culture. They have a subjective ability to see languages and cultures, including their own, from a venture point of simultaneously within and without. They tend to be tolerant to ambiguity and tend to be in touch with the experience of the stranger. Having discussed all these characteristics in the context of psychotherapy, I tend to conclude that **experienced polyglot therapists are well-equipped and are naturally inclined to sustain the stranger-within position in their work.**

Of course, cross-lingual therapy does not guarantee such a therapeutic position, the same as monolingual therapy does not automatically create a position of familiarity and illusional knowledge. **The stranger-within is a position one must consciously assume, more than an automatic result of being an actual stranger or speaking a foreign language.** While some might not adopt this position due to their different theoretical orientation, others might struggle to be aware of it and keep it due to other, transference, countertransference as well as personal reasons. Theoretic understanding of its importance could be beneficial for polyglot therapists struggling to find their professional position in the context of a foreign language, and

for monolingual therapists striving to keep their therapeutic position in the face of some given familiarity and shared language.

Going back to language itself, polyglot therapists who apply the stranger-within position can provide insight into the nature of language itself, and particularly in therapy:

Luciana:

When I had this [pizza] crisis and I told my friend in Paraguay, on the phone, listen, this and that is happening to me, and she said, Luciana, anyway we speak a different language. Which means the unconscious is a different language that we build in therapy, that is the effect of therapy. This is how I would define some of the therapeutic work...that anyway, whenever we speak, we do not know what we are saying.

David:

I thought of the fact that when I do therapy, I do not care about the language... there is a translation in any case. I'll explain this point using an example, a dream. Once in the 70's, when I was young, I had a dream. Bomba Tsur [an Israeli actor] was standing with a jackhammer but it was not called a jackhammer but a Bim-Bam-Boom. I was eight years old maybe. Now let's say I go to a therapist and I tell him this dream, even if he speaks Hebrew, he would have no idea if I tell him that this character was working with this Bim-Bam-Boom. I need to come with a translation. I remember it until today. [Interviewer: So, you would need to say "jackhammer"] Yes, but in the dream the real word was not *jackhammer* but the other word. Bim-Bam-Boom.

Or, I remember something, and the memory has its own language. A dog we used to have, and once he ate this bone and the next day, he was so stinky under the mouth but at the same time the smell was sweet, sweet rot. I remember this mix but to describe this particular experience I need to translate anyway, to describe in words. I tell myself, maybe when we assume that two people sharing the same language do not need to translate – maybe this is not so true, there is a translation anyway.

David gives two examples to the **foreignness of language**. With *Bim-Bam-Boom* there is a need to translate from a personal, idiosyncratic language to the formal, shared Hebrew. The second notion requires a description of an experience that does not have a formal word to it.

Both cases demonstrate that when it comes to the language of the unconscious – of dreams and sensual experiences of childhood – the listener is presented with a foreign language, that needs to be translated and explained, that is, interpreted.

In conclusion it can be said, that work with the unconscious assumes the foreignness of language itself. Acknowledging this foreignness of language enables listening and hearing in a fresh, unbiased, open and creative way. In other words, **in therapy language should always be considered a foreign language.**

Conclusions

The present research explored **polyglot therapists' experience, their perception of their work, and the implications of being a polyglot therapist.**

It was based upon two major sources of information; the qualitative and the theoretical.

Thematic analysis (Braun & Clarke, 2006) of interviews with nine polyglot therapists actively working with more than one language revealed three themes: 1. Relationship with language, 2. Identity, 3. The polyglot therapist's work, and two subthemes 3.1. Non-verbal elements, and 3.2. Technical issues. The most important conclusion to be drawn from these findings is that **polyglot therapists have a distinct and conscious relationship with each of their spoken languages. They are aware of the process and context of their languages' acquisition, and of identity issues that are associated with their languages. These find their way into these therapists' work, making them language-aware. They find themselves not only using language, but also observing it from the outside.**⁶¹

Regarding the question of technical difficulties, that seems relevant in the case of professionals using language as their main tools, the findings in the present study correspond to findings in previous research (e.g., Gulina & Dobrolioubova, 2018, Costa, 2010, Sella, 2007, Szekacs-Weisz, 2005): **Polyglot therapists do experience technical issues such as difficulties in flow, accent and vocabulary. These are perceived as obstacles mainly in the preliminary stages of new language assimilation. Later on, these elements become integrated into the work and sometimes even considered as an advantage.**

The finding that lingual imperfections can become an advantage is surprising, since there seems to be a historical tendency to consider patient-therapist similarity in mother tongue and other background characters as preferable for therapeutic work (e.g., Velikovsky, 1938, Quoted in Amati-Mehler et al., 1993, p. 45, Buxbaum, 1949, Morris & Lee, 2004).

⁶¹ For example, Luciana became aware of the *jouissance* she experiences while speaking Spanish, and the directness she feels while speaking Hebrew (see p. 61). David learned to use the Czech word for anxiety, úzkost, and also realised, thanks to the root of this word in this particular language, that anxiety is connected to feelings of being in an emotionally narrow place (see p. 180).

The second stage of data processing was unique to the present research, as it applied psychoanalytically-informed qualitative analysis (Midgley, 2006), a method that was not used before in this particular field. It was applied to explore some enigmatic statements of one of the nine participants, who felt that unlike her foreign language (Hebrew), her mother tongue (Russian) was not suitable for psychoanalysis. In order to make sense of this statement, inexplicable to this participant herself, the analysis integrated information regarding the interview dynamics, psychoanalytic theory and the linguistic theory of Language Embodiment (Pavlenko, 2005, pp. 153-158). The analysis further utilized data regarding language experience from interviews with the additional participants.

This inquiry led to exploring psychotherapists' training process. It was shown that due to it being wholistic, emotionally profound and relationship-bound, the training effect is reminiscent of the baby's encounter with the mother tongue. This is why **polyglot therapists who were trained in a foreign language were inclined to experience that particular language in a strongly embodied way, thus as the most meaningful and intuitive for psychotherapy practice.** This, as opposed to therapists who added a neutral, non-psychologically-associated language to their practice in later stages of their career. This course of consideration led to the crystallisation of the term *Therapeutic Mother Tongue*, **a new concept describing the language of training**, while acknowledging its unique embodiment for the therapist. The finding of the Therapeutic Mother Tongue clarifies **the difference in practice-language experience between training and non-training languages.**

This concept also contributes to our understanding of psychoanalytically-oriented therapists' training in general: While previous research on foreign-language training resulted in conclusions regarding the technical element of training-proficiency relationship (e.g., Verdinelli & Biever, 2009, Castaño et al., 2007, Biever et al., 2002), **the Therapeutic Mother Tongue concept demonstrates the depth of the training experience and its consequences on language experience in the therapist.** This finding is a demonstration, through language, of the depth and impact of the training process, already referred to in the early days of psychoanalysis (Freud, 1912).

Further research should take the Therapeutic Mother Tongue variable into consideration in sample-choosing and meaning-providing, since the situation of therapists with a foreign Therapeutic Mother Tongue is clearly different than that of foreign-language speaking

therapists with the same mother tongue and language of training. It might be found that therapists with a foreign Therapeutic Mother Tongue have more difficulties in their training process, but then adjust better to working in that foreign language in comparison to therapists trained in their own mother tongue. Because of a more professionally mature attitude, therapists adding a foreign language to their existing praxis might be found to be more aware of language and its place in the therapeutic process as a result of adding another language later in their career.

The three themes and two subthemes that were the result of thematic analysis, and the concept of Therapeutic Mother Tongue that surfaced with further, psychoanalytically-informed analysis, concluded the formal qualitative part of this research.

The research then continued with a chapter describing the researcher's own experience as a polyglot therapist. This way of autobiographic exploration follows in the footsteps of polyglot therapists who shared their own personal and professional experience adjusting to new languages, and thus providing additional insight regarding the polyglot experience (e.g., Stahl Freedman, 2017, Szekacs-Weisz, 2005, Clauss, 1998). The chapter described the researcher's experienced awareness to the developing relationship with her different languages, issues of therapeutic identity, and insights regarding the place of language in therapy and language's influence on the therapist's work. Combining these insights with thematic analysis and psychoanalytically-informed analysis it was concluded, that **the journey to become a polyglot therapist is meaningful and, when done consciously, can deepen the therapist's insight into language and dynamics in therapy, in ways that enrich his work.**

The personal chapter also brought to light **the issue of the Stranger**, that proved to be an implicit leitmotif in all the participants' contributions, those with a foreign Therapeutic Mother Tongue, and those with the same mother tongue and Therapeutic Mother Tongue.

This led to the third part of the research, unique to the present work: It went beyond the reported experience of polyglot therapists, and presented a **theoretical** inquiry into the polyglot's existential state of the stranger and its connection to psychoanalytic thought and

practice⁶². **Two strong concepts were developed as a result of this theoretical inquiry: The Stranger-Within Situation, and The Stranger-Within Position.**

The term *The Stranger-Within Situation* describes the existential state of the fluent polyglot. In regards to his non-native language, although he might be intimately familiar with it, he still approaches it from the outside perspective of another language, and cannot experience it as his own. This is also his situation in regards to his mother tongue, since, unlike monolinguals whose world is perceived only through one language, the polyglot can view the world, and language, from alternative perspectives. Thus, he can be an outsider to his mother tongue as well (Pavlenko, 2014, chapter 6, pp. 206-244, Dewaele, 2015, Kramsch, 2006, and others). Thus, to all his languages, he is a stranger-within: the *stranger* part of the term relates to the otherness of the (foreign and native) language, the *within* part refers to being intimately familiar with the language, immersed in it.

The term *The Stranger-Within Position* describes a dialectic, simultaneously inside and outside point of view, that can be naturally adopted by the polyglot in his stranger-within situation. Being dialectic, it enables creativity and tension and ambivalence endurance. Indeed, literature shows that polyglots tend to be creative in their use of language, to listen in a less stereotypical way, and to have some personality traits such as ambiguity tolerance and openness to diversity (Kramsch, 2006, p. 98, Dewaele & Wei, 2013, and others).

Discussing the advantages of the stranger-within position it is important to stress, that unlike the stranger-within situation that is given in cases of foreign language speakers, immigrants etc., the stranger-within *position* is a perspective, that can be adopted by the subject. It seems that when it comes to language and culture, it is more easily adopted by polyglots. Still, in cases of lacking proficiency, poor insight, low levels of awareness to language, and anxiety, such a position is not registered, and a more rigid one can appear (Fink, 2007, 1-23). In addition, this position is not reserved only to polyglots, as monolinguals can also be creative listeners and sustain a dialectic position regarding language and knowledge.

⁶² Thus, while the first chapters of this work presented themes and a theoretical concept that resulted from data analysis, the last chapters of this work presented theoretical thoughts, and the data was used to demonstrate and support them.

The stranger-within situation and position are highly relevant to psychoanalysis. The following chapters of this work elaborated on the fact that as a Jewish-Viennese scientist, **Freud was a stranger-within**, (Freud, 1926, Bernardo Fuks, 1999, Gay, 1988), **who was working from a stranger-within position** (Freud, 1926, Phillips, 2014). The dialectic tension associated with his situation has led him to create psychoanalysis, **a new, paradigm-changing psychological theory, inspired by both his sources of inspiration, science and Jewish logic** (Bernardo Fuks, 1999, Yerushalmi, 1991, Hebrew translation, pp. 47-50).

Furthermore, the stranger-within position is directly relevant to the psychoanalytic theory and practice:

Theoretically, **the unconscious, which is the core concept of psychoanalysis, is defined as a stranger element around which the psyche is organised** (e.g., Freud, 1939).

As for technique, **in order to work with the unconscious, the therapist must adopt a stranger-within position** (Chodorow, 2003, Kristeva, 1991, and others). The importance of this position was demonstrated through reading of Freud's *Recommendations to Physicians Practising Psycho-Analysis* (1912), and analysing his recommendations regarding Knowledge, Listening and Self Non-Disclosure.

Regarding knowledge, it was shown that the therapist should be an informed expert in the psychoanalytic theory, and become an expert in the details of his patient. Simultaneously, he should keep himself in a state of not knowing. This dialectic position, which is a stranger-within position, enables him to really know his patient and to appreciate his subjectivity (Freud, 1900, e.g., Hebrew translation, pp. 330, 336-337).

On the listening level, because psychotherapy is based on talking and verbal intervention, the therapist must be highly fluent in the language used in therapy. He should simultaneously keep his listening open to hear the unexpected; slips of the tongue and unusual verbalisations. These unique verbal phenomena are the markers of the unconscious (Freud, 1904). I have termed this listening ***Stranger-Within Listening***.

The Self Non-Disclosure principal stems from the fact that knowledge of the therapist, his views, biography etc. might hinder the therapeutic process. Freud asserts that the therapist should be objectively foreign to the patient, in other words, **psychoanalysis should be a meeting of strangers**.

Examples from interviews in the present research as well as literature were used to demonstrate, that these aspects of the stranger-within position are naturally affiliated with polyglot analytic therapists. Through their outsider's perspective on language and culture, polyglot therapists can and tend to sustain a stranger-within position towards knowledge, and are more comfortable dealing with less defined and vaguer intellectual and social situations. They tend to have Stranger-Within Listening, less bounded by the gestalt of one language.

The research data also revealed that the stranger-within position is not necessarily adopted by all polyglot therapists. The case of one such participant affiliated with non-analytic techniques (CBT and Interpersonal psychotherapy), suggested that other theories lead to different therapeutic positions than that of the stranger-within.

It can be finally concluded, that beyond the technical possibility to conduct therapy in languages other than their mother tongue, polyglot therapists are natural candidates to adopt the stranger-within position, a position that is central to psychoanalytic practices.

Furthermore, since the stranger-within position was shown to be important to all analytic therapists, it can be concluded that beyond the polyglot situation, all therapeutic encounters should be a meeting of strangers, in which therapists exercise not knowing, and **the language of the patient is considered and explored as a *foreign* language.**

Participating Languages: Discussion

The particular languages participants in this research were using are Arabic, Czech, English, French, German, Hebrew, Hungarian, Italian, Portuguese, Russian and Spanish. These are all languages associated with Abrahamic traditions, traditions that share some basic common cultural-philosophical basis. These are also languages that have been historically in contact and affected each other in various ways.

Most other researches of polyglot therapists presented a similar array of languages. In that context, it is interesting to note, that in the one research that explored the language experience of non-European and non-Semitic native language speaking therapists trained in English, the gap between mother tongue and Therapeutic Mother Tongue was the greatest; Unlike result of other researches that showed a diversity in practice-language preference, in

this research, *all* the participants (who spoke native Farsi, Gujarati, Kurdish, Kutchi, Punjabi and Urdu) preferred working in the Therapeutic Mother Tongue and reported having trouble accommodating their mother tongue to the therapeutic work and feeling disoriented in the process of adaptation (Johal, 2017).

It seems that further research could explore the implications of polyglot combinations of some more far-apart languages, such as East-Asian or African languages.

English as a practice language presents another issue for further consideration. As was mentioned in the opening remarks regarding the design of the present research, given the relative multitude of research of polyglot therapists for whom English is their foreign language, in the present research it was decided to explore other languages. Still, two participants who do not live in English speaking countries but do use English in their work made interesting comments about the unique nature of English that functions as a common middle language. David called English a “working tool”, and talked of the existence of many forms of English, that enable the foreign speaker flexibility, as he does not feel he has to achieve a high level of English according to one specific and strict language model (in terms of accent, slang, grammar). Edith referred to English as Esperanto, an equaliser, that allows her to feels comfortable whether she is working with non-native English speakers, or with native ones.

Going on to talk of her self-consciousness while speaking Hebrew in a Hungarian accent, Edith said that if a patient came to her asking for therapy in Hebrew, she would feel obligated to refer him to a native Hebrew-speaking therapist. But she does not feel that way when a native English-speaking patient comes to her. This, not only due to her greater confidence in English, but also because of what she perceives as a more open nature of English itself:

But I don't think that it is different in Israel than in Denmark or in the Czech Republic. Like, I don't think I would have got less judgment in Czech. It is just these specific small languages, it is also the patriotism, it's this local pride, that I'm not sure that there is any other language in the world like English who can give that [local patriotism] up.

By calling it Esperanto, Edith identifies English as a *Lingua Franca*, and as such, she feels that English is more tolerant to a variety of accents and grammar forms, and is relatively detached from specific cultural associations, and maybe also owned not only by native, but by all its speakers.

In recent years and considering the spread of the English language beyond English speaking countries, linguists deal with the question of whether English, when not native, should be considered as a second language, or as a lingua franca (E.g., Dedovic-Atilla & Dubravac, 2017, Seidlhofer, 2009, Jenkins, 2006). Unlike foreign languages, lingua franca belongs to all its users, and not only to its native speakers. That means that the language is open to alternative ways of expression, accents and styles, including some forms that would be considered as erroneous in standard English. English's unique status might explain why both David and Edith find that working in English is less conflictual and more flexible.

Previous research did not consider this aspect of English as a Lingua Franca in therapy, a direction that might lead to some interesting conclusions regarding the polyglot therapist's practice as well as language in therapy in general. Further research might explore **therapists' use of English versus other languages** as additional languages for therapy; It could compare English being used as a third common language in a non-English speaking context (like the present research), English that function as a foreign language in cases of therapy conducted in the context of an English-speaking country, and other foreign languages.

Shortcomings and Further Research

The presented findings are a result of **a specific sample of participants**, their life experiences and unique personalities. Beyond that, the interviewer was herself a polyglot therapist, a situation that might have affected participants' responses while talking to a colleague that might have some expectations or positions of her own on the subject (for example, in the case of George who referred to the both of them as being trained in the same clinic.⁶³)

Findings, as well as the chosen exploration path, are also a product of the work of **this particular interviewer**. All interviews were conducted in languages she actively uses for research and therapy, but some were conducted in her Hebrew mother tongue while others in languages acquired in later stages of her life, English and Czech. This diversity might have affected data gathering in regards to proficiency, interaction and interview management.

⁶³ "It gives me hope, to meet people like you who came from the same place, same family, and made it...."
(Quote presented on p. 90)

Since results of in-depth, qualitative methods rely heavily on the lingual information gathered through interviews, another sample of participants and another interviewer might have resulted in somewhat different findings.

An issue that might have been addressed in a more systematic way in the present research design is **the interview language and participants' Therapeutic Mother Tongue**. The interview language was chosen as a practical compromise between the interviewer's lingual abilities, and participants' working languages possibilities. At the beginning phases of the research, the language of training was not perceived as a significant variable. Thus, Pavel was interviewed in Czech which is his mother tongue and his Therapeutic Mother Tongue. David was interviewed in Hebrew which is his mother tongue but not his Therapeutic Mother Tongue. George was interviewed in Hebrew which is his Therapeutic Mother Tongue but not his mother tongue. Antonella and Luciana were interviewed in English and Hebrew, respectively, languages in which they work but are neither their mother tongue nor their Therapeutic Mother Tongue.

In some cases, like in Antonella's case, the interview language was clearly not the most comfortable for the participant. George reflected on this issue saying,

Well, as I said before, if we had this conversation in Arabic, I would have been 10 times better in expressing my thoughts to the subject. I also wrote some of my thoughts before our meeting today, if you were to write the questions and sent them to me and I would have taken the time to answer in writing, maybe in Arabic and translate, and look for translations, I would have given you more material to work with. 10 times is quite too much, I just threw a number, but more.

Not being aware enough, the interviewer did not intentionally reflect on these aspects with the participants.

Beyond the interview language, mother tongue/Therapeutic Mother Tongue heterogeneity enabled the issue of language of training to surface as an important element of the polyglot therapist's language. But having identified the unique status of the Therapeutic Mother Tongue, any further research should be designed while taking this variable into consideration.

Another shortcoming has to do with the difficulty in **differentiating between impacts of language and impacts of immigration**. The present research set out to study the link between multiple languages and therapy in the polyglot therapist, but interviews revealed, that for immigrants, the specific element of language, separated from immigration, was challenging to pinpoint. The duality foreign language-immigration surfaced in their interviews, and proved to have had the most significant effect in the theme *Identity*. Since three of the participants were not immigrants, attempts were made to explore similar issues in their cases, and the results were presented in the relevant sections. At the same time, turning to past research for supporting information revealed, that this foreign language-immigration duality can be found also in most polyglot research, almost as if *polyglot* is synonymous to *immigrant*.

Further research into non-immigrant polyglot therapists could result in more conclusive and accurate evidence regarding the foreign language-therapy effects and experience of the therapist. For example, as was discussed in the section Distance from Language, previous research shows that a language that is being used intensively and emotionally can become a language of the heart, embodied somewhat like a mother tongue (Dewaele, 2015), and that polyglots tend to develop stranger-within listening (Costa, 2010, Jimenez, 2004). This was repeatedly demonstrated, but on an immigrant population. At the same time, we also know that therapists become highly immersed in the language they use in their work as therapists, due to the intensity and wholistic nature of the therapeutic encounter and process. Demonstrating stranger-within listening and processes of foreign language becoming language of the heart in non-immigrant polyglot therapists could strengthen the hypothesis that polyglot therapists become strangers within all their languages, and also shed some more light on the impact of therapy language on the language experience of therapists.

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⁶⁴ Hebrew language resources are mentioned in one of two following ways:

In case the researcher consulted also an English parallel version, the English version's details appear in the first line, then the Hebrew parallel used in the second (e.g., see Anzieu, The skin Ego. English version published by Yale Uni. Press, Hebrew by Tolaat Sfarim, תולעת ספרים). Direct quotes in the text are from the English version, unless specified otherwise.

In case the researcher used only the Hebrew version, the resource details in the English language are a direct translation of the Hebrew original, as specified by the Hebrew original (when the Hebrew resource provides the title's translation into English) or translated by the researcher (e.g., Adler, Numbers in the Torah and Chazal. Published in Hebrew by Blelchtecha Baderech). In order to clarify that this is a Hebrew published text, references details translated to English by the researcher end with the comment /Heb.

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Appendix I: An Example of Midrash Text Interpretation

Encyclopaedia Britannica Online defines Midrash:

The Midrash literal method is a means for interpreting Biblical texts in a sophisticated system aimed at reconciling textual contradictions. It is also aimed at keeping the text relevant in changing times and contexts, that is, to keep the text alive. The technique, which is highly systematic and logical, uses inferences based on similarity of content, analogy, deep textual scrutiny, the assumption that letters and words that seem superfluous teach something hidden in the manifested meaning of the text.

This method is not philosophical in the sense that it never departs from the text and is bound to find proofs and justifications in the text itself. Thus, the abstract is approached through the concrete. Concepts that are created in these means continue to change and develop as the textual context develops. As a whole, Midrash concepts that were developed through years and through different places on the globe of scholar studies and debates create a total pattern of concepts enriching each other and intertwined. (Dimitrovsky & Silberman, 2020, www.britannica.com/topic/Talmud)

Passover rituals operate as one of the mechanisms preserving the memory of nation's tradition genesis story: the exodus of Hebrews from slavery in Egypt and their journey to become a nation situated in the land of Canaan. I would like to use one part of the Haggadah text traditionally read during the traditional festive family Passover dinner in Jewish families, as a means for demonstrating the Midrash way of text interpretation. It is safe to assume, that this text was well known to Freud from his earliest years of life (Jennings & Jennings, 1993, Gay, 1988, Hebrew translation p. 19).

This particular extract of the Haggadah brings a debate attributed to three historic scholars and leading religious-political figures in the Israel area at the first and second century CE. Rabbi Akiva is referred to in the chief of the sage.

Notice the play with numbers, starting with the Bible version of 10 plagues, and concluding that there were 300. This is created by play with the original Biblical text mentioning first *Finger* and then the word *Hand*, that is being interpreted as representing 5 fingers. The next interpretations analyse the sentence "*He sent upon them the fierceness of His anger, wrath, and fury, and trouble, a sending of messengers of evil.*", into four or five distinctive components, adding them to the count.

Midrash from the Passover Haggadah⁶⁶

אלו עשר מכות שהביא הקדוש ברוך הוא על המצרים במצרים, ואלו הן:

These are [the] ten plagues that the Holy One, blessed be He, brought on the Egyptians in Egypt and they are:

דם צפרדע כינים ערוב דבר שחין ברד ארבה חושך מכת בכורות

Blood Frogs Lice [The] Mixture [of Wild Animals] Pestilence Boils Hail Locusts Darkness
Slaying of [the] Firstborn

רבי יוסי הגלילי אומר: מנין אתה אומר שלקו המצרים במצרים עשר מכות ועל הים לקו חמשים מכות? במצרים מה הוא אומר? ניאמרו הסרטנים אל פרעה: אצבע אלהים הוא, ועל הים מה הוא אומר? ויבא ישראל את-הייד הגדולה אשר עשה ה' במצרים, וייראו העם את-ה', ויאמינו ב'י ובמשה עבדו. כמה לקו באצבע? עשר מכות. אמור מעתה: במצרים לקו עשר מכות ועל הים לקו חמשים מכות.

Rabbi Yose Hagelili says, “From where can you [derive] that the Egyptians were struck with ten plagues in Egypt and struck with fifty plagues at the Sea? In Egypt, what does it state? 'Then the magicians said unto Pharaoh: ‘This is the *finger* of God' (Exodus 8:15). And at the Sea, what does it state? 'And Israel saw the Lord's great *hand* that he used upon the Egyptians, and the people feared the Lord; and they believed in the Lord, and in Moshe, His servant' (Exodus 14:31). How many were they struck with the finger? Ten plagues. You can say from here that in Egypt, they were struck with ten plagues and at the Sea, they were struck with fifty plagues.”

רבי אליעזר אומר: מנין שכל-מכה ומכה שהביא הקדוש ברוך הוא על המצרים במצרים היתה של ארבע מכות? שנאמר: 'שלח-בם חרון אפו, עברה וזעם וצרה, משלחת מלאכי רעים. עברה – אסחת, וזעם – שמים, וצרה – שלש, משלחת מלאכי רעים – ארבע. אמור מעתה: במצרים לקו ארבעים מכות ועל הים לקו מאתיים מכות.

Rabbi Eliezer says, “From where [can you derive] that every plague that the Holy One, blessed be He, brought upon the Egyptians in Egypt was [composed] of four plagues? As it is stated (Psalms 78:49): 'He sent upon them the fierceness of His anger, wrath, and fury, and trouble, a sending of messengers of evil.' 'Wrath' [corresponds to] one; 'and fury' [brings it to] two; 'and trouble' [brings it to] three; 'a sending of messengers of evil' [brings it to] four. You can say from here that in Egypt, they were struck with forty plagues and at the Sea, they were struck with two hundred plagues.”

⁶⁶ The Hebrew original is followed by an English translation from The Sefaria Library, https://www.sefaria.org/Pesach_Haggadah%2C_Magid%2C_The_Ten_Plagues?lang=bi

רבי עקיבא אומר: מנין שכל־מכה ומכה שהביא הקדוש ברוך הוא על המצרים במצרים היתה של חמש מכות? שנאמר: ושלח־בם חרון אפו, עברה נזעם וצרה, משלחת מלאכי רעים. חרון אפו – אסת, עברה – שתים, נזעם – שלוש, וצרה – ארבע, משלחת מלאכי רעים – חמש. אמור מעתה: במצרים לקו חמשים מכות ועל הים לקו חמשים ומאתים מכות.

Rabbi Akiva says, says, “From where [can you derive] that every plague that the Holy One, blessed be He, brought upon the Egyptians in Egypt was [composed] of five plagues? As it is stated (Psalms 78:49): 'He sent upon them the fierceness of His anger, wrath, and fury, and trouble, a sending of messengers of evil.' 'The fierceness of His anger' [corresponds to] one; 'wrath' [brings it to] two; 'and fury' [brings it to] three; 'and trouble' [brings it to] four; 'a sending of messengers of evil' [brings it to] five. You can say from here that in Egypt, they were struck with fifty plagues and at the Sea, they were struck with two hundred and fifty plagues”.

This Haggadah extract demonstrate Midrash systematic analysis of Biblical text and live debate. I venture to speculate, that this well-known text with its tempo and augmentation of numbers, inspired Freud in writing the following passage, in which an echo of it can be detected:

Dreams are brief, meagre and laconic in comparison with the range and wealth of the dream-thoughts. If a dream is written out it may perhaps fill half a page. The analysis setting out the dream-thoughts underlying it may occupy six, eight or a dozen times as much space. (The Interpretation of Dreams, 1900, p. 279).

Appendix II: Interview Transcripts

Due to confidentiality considerations, raw materials in the form of interview transcripts will be made available for approved readers upon demand.

Appendix III: Participant Consent Form

Permission to data processing

I, _____, hereby expressly give my consent to the following data processor to process my following data:

Interviews conducted by Enav Or-Gordon, with the supervision of Docent. PhD. Miloš Kučera, CSc.

for the following purposes:

To provide input to the doctoral research of Enav Or-Gordon about *the therapist's use of foreign language in psychotherapy*.

The goal and process of the research was explained to me and I had the chance to ask clarifying questions about the research. My participation is voluntary and I can always back down from my participation that will hold no disadvantage to me.

I consent that the data recorded of me will be processed by the professionals and without mentioning my name or other data identifying me the results will be published at professional and other relevant forums.

Without mentioning my name, I can be quoted on what I have said in the interviews.

I agree to participate in the research.

Legal basis of the processing of my data: my consent, given with this statement.

Data processor:

Enav Or-Gordon

Charles University

Faculty of education

Department of psychology.

Address Magdalény Rettugové 4, Prague 1, zip 11639

Czech Republic

The duration of my data processing: My data will be discarded after 10 years.

My rights:

Transparent information, communication and modalities for the exercise of the rights of the data subject – **I can ask for information concerning my data, at any time;**

Right of access by the data subject – **I can access my data at any time;**

Right to erasure ('right to be forgotten'), right to restriction of processing – **If I have found a mistake, data controller will correct as soon as possible;**

Information to be provided where personal data have not been obtained from the data subject – **I will be informed if my data are forwarded to third party;**

Right to data portability (if data controller processes my data on the basis of my consent/contract the processing is carried out by automated means) – **if I need, data controller will give me my data;**

Right to object - **I can object, at any time to processing of my personal data;**

I hereby expressly declare that I have understood the information given above and in the Annex of this declaration, and I give my consent to the data processing, citation and professional publication with regard it.

.....
in _____ date _____ signature (participant)

Contact info. (tel. no., email address): _____