

IMPLICATIONS OF LINGUISTIC IDENTITY FOR THE PSYCHOTHERAPEUTIC PROCESS

Maria Lima

Portuguese Association of Psychoanalysis and Psychoanalytic Psychotherapy (Portugal)

Abstract

While our globalized world has increased the prevalence of multilingual patients and therapists, multilingualism seems to be a topic that remains unspoken in psychotherapy training programs as well as in institutions that provide psychotherapy to the wider community. The lack of awareness about the specificities of the multilingual experience can cause therapists to misunderstand their patients' emotional functioning and to misdiagnose them. This paper aims to offer a psychoanalytically informed framework that helps us understand how language is at the core of the individual's identity – a complex structure of stable and fluid/mutable elements which mediates the interaction between external and internal worlds. It also aims to address the implications of multilingualism for psychotherapeutic practice, by using clinical material from psychotherapy sessions with monolingual and bilingual patients. This paper delves into the particularities of the subjective experience of people who make sense of themselves and the world in more than one language, and argues that an awareness of the linguistic characteristics of each patient promotes better psychotherapeutic practice, whether conducted by monolingual or multilingual therapists. The paper then extends this exploration to monolingual therapeutic dyads, emphasizing that even in such dyads, there may be “different languages” being spoken, as the same words can have distinct emotional connotations depending on each person's lived experience. The paper concludes that the therapist's evaluation of the patient's language profile is of the utmost importance in any psychotherapy process, given the implications of this aspect of the person's identity in their sense of self and their mode of being in the world.

Keywords: *Language, multilingualism, identity, psychoanalytic psychotherapy.*

1. Introduction

The globalized world in which we live, with increased migration and access to travel, and with ever-expanding online connectivity, is a world where multilingualism is a reality for the majority of the population. Recent estimates point to over 50 percent of people speaking two or more languages globally (Pisa et al., 2021). This means that even when living in countries where the official mode of work and life is monolingual, the likelihood of encountering and interacting with multilingual people is becoming the norm and not the exception.

Nevertheless, the psychotherapy training programs and community psychotherapy institutions which address the role of language in one's sense of identity are the exception and not the norm. This discrepancy reveals a gap between the training/practice of psychotherapists and the reality and needs of the population they serve.

Because we are linguistic beings, language and subjective experience are inextricably entwined. Therefore, psychotherapeutic work is a process indissociable from language – it is weaved with the weight and meaning that a word takes for each person, in interaction with what it hides and is revealed by their non-verbal communication. Given that the expressed word is a key work instrument of any psychotherapist, it follows that understanding the personal meaning of word choice, the context of language development and its characteristics, and the relationship between the self and the accessible language(s) are aspects of fundamental importance when exploring the subjective experience of the individual. Awareness of these aspects is relevant to all the professionals who work with and via the expressed word, whether they and their patients be monolingual or multilingual.

The contemporary understanding of the individual by relational psychoanalysis is embedded in an intersectional approach to the *identity*. According to this approach, the psychotherapist is tasked with exploring the intersections of identity variables such as race, gender, sexual orientation, class and culture in the patient and in therapist, both as expressions of this particular dyad and of the wider social dynamics they inhabit.

Following this approach, I intend to show that the *linguistic identity* of the individual is a fundamental axis of their mode of being in the world. This axis interacts intimately with all the other identity variables, and is rich in both what it camouflages and in what it reveals. Several other aspects of the person's identity are attached to immediately identifiable characteristics which lead to a series of projections and basic assumptions regarding that person's racial/ethnic, cultural/religious identity, etc. However, one's linguistic identity entails the following setup – when silent, the subject can often “pass as” (identified as belonging to a different social/cultural group based on phenotypical characteristics and attire, mannerisms, etc.), but as soon as words are uttered, the communication style immediately serves as a marker of that person's socio-economic status, educational level and socio-cultural origins. Aspects such as accent, word choice, sentence construction, use of idioms and type of vocabulary provide culturally embedded signs regarding the person's social origin and current standing.

Therefore, I argue that linguistic identity needs to be evaluated alongside the other axes of identity. This comprehensive perspective should provide insightful information regarding areas of consonance and cohesiveness, as well as areas of dissonance and lines of fragmentation, in the person's sense of self.

2. Building on the literature

To demonstrate the validity of linguistic identity as a concept, and the benefit of using it as an evaluation tool, I next intend to show how it builds on key contributions from a number of related literatures.

The role of language in psychic development is well described by several authors. Isakower (1939) finds the auditory apparatus and its vestibular and psychic components to be central in the establishment of the introjective process that is essential for language acquisition, since this acquisition depends on the presentation of verbal discourse to the child by the external world. Ultimately, for Isakower, our capacity to take in language and to relate to it, is intrinsically connected to our capacity to orient ourselves in the world – to have a sense of our position and latitude of movement, both concretely and symbolically.

For Maiello (1995), since the foetus' hearing is fully developed by the fourth month of intra-uterine life, this means that the foetus already has the capacity for some form of introjection from that point onward. These introjected elements have at least some sound qualities derived from the foetus's perception of the voices of the mother and of other family members. Moreover, the alternation between hearing the mother's voice and experiencing moments of silence can be viewed as providing the foetus with a first experience of *presence* and *absence*, forming the basis for a pre-natal proto-object – the *sound object*. Therefore, Maiello hypothesizes that the pre-natal auditory experiences and memories already provide a rudimentary differentiation between *me* and *not-me*, and she sees this area of sound and vocalization as being at the root of symbolic capacity.

According to Greenson (1950), the use of language allows the child both to maintain a connection to the mother and to create a path for separation and individuation: the child, who drank milk from the mother's breast, substitutes it now for the introjection of a new maternal liquid – the sound of her voice and the musicality of her words. For Greenson, language transforms the world of sense impressions into a world of ideas and meaning, which ultimately helps the individual to self-regulate. At first, all words have a hallucinatory quality – they are associated with the satisfaction of wishes and have a strong visual quality. With the development of the ego, the child starts to distinguish between images, thoughts and reality. For the purposes of communication, and a better economic management of psychological resources, most words eventually lose their hallucinatory component unless they are connected to emotionally conflicting situations. In that case, words remain the eternal messengers of the internal conflict.

Turning now to the relation between language and identity, Hägglund (1995) states that our identity is revealed and enacted through language. According to the author, most people have at least two linguistic identities. The first represents the native tongue as transmitted through the family, while the second represents the state's official language as transmitted through education. I would posit that these distinct identities generate different internal representations even when they are linguistically the same. In the author's view, personal linguistic identity is a fraught concept, because each person has a set of identities from which a predominant formation arises depending on internal and external circumstances. Therefore, linguistic identity fluctuates throughout life, influenced by changes in areas such as profession, romantic partner, and the social and cultural environment.

Several authors have proposed an intersectional approach to identity. For example, Belkin and White (2020) describe how the intersectional approach adopted by relational psychoanalysis invites us to consider how one identity variable can interact with others (either by enhancing or diminishing them), which in turn can capture the complexity of the person's experience and can help distinguish between pathology and difference. According to the authors, a person's location in any of the identity variable continuums changes over time according to the interpersonal context, and at the points of intersection between these variables there is an exponential increase of the complexity of the person's lived experience.

I consider that this intersectional approach can be extended to include linguistic identity as a fundamental axis. This perspective allows therapists to explore the ways in which language interacts with, hides, and reveals other aspects of the individual's identity which make up their overall sense of self. For this to be possible, it is paramount that therapists pay attention to, and remain curious about, each patient's linguistic identity. To mitigate Hägglund's (1995) concerns regarding the concept of a personal linguistic identity, therapists should bear in mind that linguistic identity is especially mutable, and they should explore how it fluctuates.

In order to examine how linguistic identity is experienced by multilingual people, I shall now turn to some literature on multilingualism. In the psychological literature on non-monolingual individuals, the terms bilingualism, multilingualism, polylingualism, plurilingualism and polyglotism are used interchangeably (Pavlenko, 2006), and for the purposes of this paper I shall use the terms bilingualism and multilingualism. Given the complexity of the phenomenon, several authors have identified certain dimensions that can help us differentiate types of multilingualism, such as: *language dominance* – the degree of linguistic competence in each language (Marcos, 1976); *age or context of language acquisition* (Ervin and Osgood, 1954); *current context* in which the languages are used (Hamers and Blanc, 1989); *language semantic features* – degree of semantic similitude between the languages (Hamers and Blanc, 1989); and *cultural connotation* associated with each language in the current social environment of the individual (Hamers and Blanc, 1989).

Each of these dimensions can have an implication for linguistic identity and its intersection with other axes of identity, which in turn leads to implications for the multilingual patient in psychotherapy. When bilinguals communicate via a language they are not fully proficient in, they are likely dealing with the impact of the *language barrier* – the degree of lack of linguistic proficiency and consequent difficulty in the processing of information in a non-native language (Marcos, 1976). This forces the bilingual to deal with *extra cognitive demands* which can lead to a diminution of affect and a disconnect between the content of speech and the emotional expression. It can prompt the *reinforcement of obsessive defences* as the person may focus excessively on their diction and may use sterile language, and may also lead to a *struggle with paralinguistic cues* – interpreting meaning from the therapist's intonation, pauses and emotionality (Marcos and Urcuyo, 1979).

When bilinguals use a language they acquired post-childhood, often in a non-familial environment, they are likely dealing with the impact of *language independence* – the capacity to maintain and operate two independent language systems – which generates different associative streams according to the language used (Marcos and Alpert, 1976). This phenomenon may cause the bilingual to have *language-specific lacunae* – areas of the psyche which remain inaccessible because they have been encoded in a language which is not the one being used in that specific communication (Javier, 1989). Language independence may also cause *distortion of affect* (affect not concordant with content of speech) if the bilingual verbalizes an experience in a language different from the one in which the experience was lived (Marcos et al., 1977). When we have a dyad of matched bilinguals (both having proficient access to the same linguistic codes) we can observe the manifestation of *language-related resistances* – to avoid anxiety, the bilingual switches to another language in which they may use a more abstract discourse and a more emotionally detached approach (Marcos et al., 1977). Lastly, this bilingual may experience a *language-related dual sense of self* – a fragmented sense of self based on the languages available to the individual, leading to a different self-perception according to each (Marcos et al., 1977). Therefore, the therapist working with multilingual patients must be aware of these *language barrier* and *language independence* phenomena as there are serious risks of misinterpreting and misdiagnosing the patient otherwise.

Although several authors who follow a classical psychoanalytic approach tend to focus on the ways in which bilingualism can constitute a source of intra-psychic conflict, identity confusion and an obstructive force in the attempt to achieve a sense of cohesiveness and continuity in the self, a relational psychoanalytic approach tends to also consider a new language (acquired alongside or after the native one) as a new opportunity to re-signify past experiences, providing a safer, less evocative and anxiety-laden way to address psychic contents that are more difficult or impossible to access via the native language (Amati Mehler et al., 1990). Indeed, different languages can be “at the service of the repressed but also of the return of the repressed” (Amati Mehler, 1995, p. 100) depending on personal characteristics and experiences.

Overall, I consider that the therapist who pays attention to the patient's linguistic identity may find it useful to explore this axis by addressing the following aspects listed by Marcos et al. (1977): the developmental stage during which the languages were acquired; the experiential worlds and object relations associated with each language; the values and ego ideals linked to each language; and the characteristics shared across languages and the ones which are unique to each. Furthermore, in my view, there is a benefit to the therapist being aware that multilingual people may have multiple linguistic identities which intersect each other as well as other axes of identity. The therapist's attention to language identity can serve as a

window into larger, all-encompassing, areas of intra-psycho conflict and the split parts of the self at each moment.

Now, armed with the awareness of the multilingual complexity, I shall turn my attention to the communication which takes place within a monolingual dyad. Even in such dyads, multiple linguistic identities may be possible. Although it may seem remarkable, there is a risk in assuming mutual understanding between two individuals simply because they communicate via a shared native language. As Amati Mehler et al. (1990) explain, there are different “languages” comprised within the same tongue. These can include: a familiar/informal type of language, an erudite one, a technical one with specific jargon, or slang; and regional expressions and idioms which create an aura of private language within specific social groups. I would posit that the role of accent is another important aspect to pay attention to since it is an immediate marker of socioeconomic status, educational level and regional origin, and it is linked with implicit biases related to ideas of worth, intelligence and other major attributes. Bearing this in mind, I would caution to avoid the fallacy of an assumed mutual understanding.

The intersectional perspective also helps us adapt another recent work on the role of the therapist in assessing the patient’s relation to and use of language. According to Horta (2014), language can be used for many purposes beyond communication: for the purposes of evacuation, obfuscation, manipulation, destruction, seduction, etc. Given this, it is paramount that the therapist analyses the manner in which the patient relates to language and how they use language when relating to others. Even though these are not discrete categories, three modes of relating via language emerge. First: body-to-body or mouth-to-nipple formulation (in this setup, it is a state of fusion or contiguity which predominates, and language is characterized by concreteness, lacking symbolism). Second: relating mediated by an object, as in the case of children who use drawings or toys in order to communicate their internal world, or in the case of adults who use their discourse either as a loving offer (a gift) or as a tool for destruction (a rock) and manipulation (sand thrown at the other’s eyes). Third: language used in its full symbolic capacity, in a search for the fullest expression of one’s subjective truth. This third mode of relating allows for communication – a generative and meaning-making shared process – to take place. For the author, the decision on the appropriate therapeutic intervention is dependent on the mode of language used by the patient (for example, the use of an interpretation, since this technical device only fulfils its potential and serves its benefit when used with patients relating via the third mode).

I consider that this insight can be expanded to the multilingual context. In that context, each language available to the patient can be associated with a different mode of relating due to the patient’s history. Even though the therapeutic dyad may only be able to use one of the languages accessible to the multilingual patient, the therapist can still glean information regarding the patient’s modes of relating in other languages by remaining attentive to their linguistic identity and its manifestation at each moment. In a state of even-hovering attention, the therapist can benefit from listening to the sounds uttered by the patient in a manner akin to the child who is surprised by, and plays with, sounds in their mesmerizing and infinite combinatorial possibilities.

3. Clinical vignettes

I shall now share clinical vignettes to exemplify some of the linguistic identity phenomena described above, and how paying attention to this identity axis can shed light on the patient’s psychic state and its changes. None of these patients sought out therapy due to a struggle with their linguistic identity, but with all of them this aspect was at some point an important angle of shared reflection and exploration.

Giovana is a 23-year-old female from Brazil living in a Portuguese urban centre since age 15. We came to understand that early on in her life, Giovana felt that her family environment expected her to adapt unconditionally to it, rather than the environment offering to adapt to her needs and preferences. She learnt to silence and ultimately to ignore and invalidate her needs, thoughts and feelings. Giovana developed a romantic relationship with a partner which repeated this dynamic of expecting and enforcing her subservience and silence, and throughout the therapeutic work she has slowly come to terms with this pattern of relating, and has made decisions that have brought significant changes to her life. Giovana’s phenotypical characteristics and mannerisms make her easily blend into Portuguese society, and she has reported experiencing stark differences in others’ behaviour when she “keep[s] [her] mouth shut” and when she speaks up with her identifiable urban Brazilian accent. As we explored the social and cultural implications of this experience, given the disdainful attitude that some Portuguese people can display towards Brazilian nationals, we acknowledged how this discrimination interacts with and evokes the relational pattern characteristic of her personal history – where she learnt that in order to be accepted and be viewed as a “good girl” she should “be quiet and smile”. This case illustrates the chameleonic nature of linguistic identity, since one’s silence allows for other identity variables to feed others’ perceptions and assumptions, often culminating in a picture quite contrary to the person’s *true self*.

Chloe is a 36-year-old female born and raised in France until the age of 14 by an English mother and a father from a different European country. According to Chloe, her mother always spoke English with her and the father spoke French and never his native language. At age 14, Chloe was sent to a boarding school in England amidst an increasing instability in the family environment, culminating in a series of hospitalizations of her mother due to a mysterious medical presentation which included unpredictable fits of rage, tremors and erratic behaviour. In the first months of therapy, Chloe referred to her mother intermittently as French and English, and I was only able to ascertain her mother's origin after directly addressing this discrepancy, which Chloe had not been aware of. I then understood how the "French mother" stood for a *good object*, and how the "English mother" stood for a *bad object*. When exploring this aspect of Chloe's sense of self, she stated feeling that she has "no mother tongue", and that she is linguistically "stateless". She explains her sense of having more "solid bases" for understanding the world in French and not in English. However, her freer and more fluid engagement with the world, built in French, was "frozen" at age 14, and her youth and adulthood were lived in an "efficient manner" in English, albeit without a sense of "rootedness" and continuity of existence. In Chloe's case, language seems to clearly demarcate different senses of self, and her relation to each language reflects her different relationship to internal objects.

4. Conclusion

The present work has aimed to show that linguistic identity is an axis that should be explored and understood in the context of the person's other identity variables, as it is a fundamental marker of one's sense of position and freedom of movement in the world. This is the case regardless of whether we are working with a monolingual or multilingual patient. Multilingualism in the dyad complexifies the therapeutic process, since emotionally meaningful material can remain hard to access without using the language in which those experiences were lived, and changing language during the therapy session can be used by the patient as a defence, or as the only way to access conflictual material. Moreover, the assumption of mutual understanding in the monolingual dyad is erroneous and can lead to a reduction in the field of the therapeutic listening.

References

- Amati Mehler, J. (1995). The exiled language. *Canadian Journal of Psychoanalysis*, 3(1), 87-104.
- Amati Mehler, J., Argentieri, S. & Canestri, J. (1990). The babel of the unconscious. *International Journal of Psychoanalysis*, 71, 569-583.
- Belkin, M., & White, C. (Eds.). (2020). *Intersectionality and relational psychoanalysis: New perspectives on race, gender and sexuality*. New York: Routledge.
- Ervin, S. M., & Osgood, C. E. (1954). Second language learning and bilingualism. *Journal of Abnormal and Social Psychology*, 49, 139-146.
- Greenson, R. (1950). The mother tongue and the mother. *International Journal of Psychoanalysis*, 31, 18-23.
- Hägglund, T-B. (1995). Our language – both hide and heart. *Scandinavian Psychoanalytic Review*, 18, 66-79.
- Hamers, J. & Blanc, M. (1989). *Bilinguality and Bilingualism*. New York: Cambridge University Press.
- Horta, M. (2014). *Psicanálise com Hannah Arendt*. Unpublished Manuscript, Portuguese Association of Psychoanalysis and Psychoanalytic Psychotherapy, Lisbon, Portugal.
- Isakower, O. (1939). On the exceptional position of the auditory sphere. *International Journal of Psychoanalysis*, 20, 340-348.
- Javier, R. A. (1989). Linguistic considerations in the treatment of bilinguals. *Psychoanalytic Psychology*, 6(1), 87-96.
- Maiello, S. (1995). The sound-object. *Journal of Child Psychotherapy*, 21(1), 23-41.
- Marcos, L. R. (1976). Linguistic dimensions in the bilingual patient. *American Journal of Psychoanalysis*, 36(4), 347-354.
- Marcos, L. R. & Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients. *American Journal of Psychoanalysis*, 133, 1275-1278.
- Marcos, L. R., Eisma, J. E., & Guimon, J. (1977). Bilingualism and sense of self. *American Journal of Psychoanalysis*, 37(4), 285-290.
- Pavlenko, A. (2006). Bilingual selves. In A. Pavlenko (Ed.), *Bilingual minds: Emotional experience, expression, and representation* (pp. 1-33). Clevedon: Multilingual matters.
- Pisa, G., Soares, S., & Rothman, J. (2021). Brain, mind and linguistic processing insights into the dynamic nature of bilingualism and its outcome effects. *Journal of Neurolinguistics*, 58.