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CONFUSION OF TONGUES:  
TRANSLATION AND TRANSFERS OF ATTACHMENT  
IN A POST-MONOLINGUAL CONDITION

by

HIJI NAM

A master's thesis submitted to the Graduate Faculty in Liberal Studies in partial  
fulfillment of the requirements for the degree of Master of Arts,  
The City University of New York

2023

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APPROVAL

Confusion of Tongues:  
Translation and Transfers of Attachment in a Post-monolingual Condition

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This manuscript has been read and accepted for the Graduate Faculty in  
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## ABSTRACT

### Confusion of Tongues: Translation and Transfers of Attachment in a Post-monolingual Condition

by

Hiji Nam

Advisor: Dr. Colette Daiute

“Confusion of Tongues” proposes an intersubjective, dialogic approach to translation, psycholinguistics, and patient and clinicians’ relationships to the “mother tongue” and secondary languages. By tuning in to linguistic and translational shifts, stutters, and gaps, the study presents a consideration of the challenges and rewards presented by what I call a “post-monolingual clinical condition.” An individual’s self-state in a specific language will be shadowed by the emotional history and associations one brings to that language, which will also ripple into the counter-transferential matrix—we might call this the “transference to language,” or attachment styles that manifest and repeat an individual’s forgotten libidinal ties to early objects. Within this frame, individuals carry transferences to each of their different languages, just as they would to a parental or caregiving figure.

Integrating a critical-social approach with historical and qualitative methods, “Confusion of Tongues” will begin with a review of how different theories of language and intersubjectivity traverse different psychoanalytic traditions and clinical-developmental psychology. Next, through semi-structured qualitative interviews with multilingual, immigrant patients and clinicians, the study aims to illuminate the conditions of social, political, and linguistic

displacement that are the theoretical and clinical foundations of psychoanalysis. Importantly, this study will consider the clinician's multilingualism alongside that of the patient's: For if the choice of language may be critical for a patient, the analyst's choice and constellation of languages is also worthy of consideration.

The study will address the following concerns: (1) Pre-figurations of post-monolingualism across the psychoanalytic and developmental literature; (2) the vicissitudes of politics, history, and personal affect and motivations related to the choice of acquiring a new language, and slipping into and out of different languages; (3) the impact of multilingualism in the organization of memories, affect, identity, and relations; and (4) clinical considerations of applying tenets of post-monolingualism and language transference to the psychoanalytic frame. Taking into account the socially grounded nature of language and development, the study considers how processes of intersubjectivity and linguistic transference might be disrupted and repaired for multilingual, displaced populations.

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*For Jongsook, Taehyun, Yoonsuh, Yoonha, Boksun, and Julie*

## CHAPTER 1

### Introduction

#### *Language, Psychoanalysis, and the Post-monolingual Clinical Condition*

“Confusion of Tongues” aims to attend to those experiences and articulations of self that are lost in translation between languages, in order to understand how multilingual immigrant patients and psychotherapists work with linguistic and translational shifts, stutters, and gaps. By tuning in to what may remain un-translatable, in-articulable, or otherwise unheard, the study presents a consideration of the challenges and rewards presented by what we call a “post-monolingual clinical condition.” It begins from an understanding of the self as constituted by a multiplicity of languages, and the assumption that when we speak, our unconscious conflicts and affiliations speak through us. Speech and language must be examined in relation to the values that are developed in context-specific social-political relations, including immigration, displacement, and migratory trauma as it manifests in linguistic shifts, without flattening cultural and individual difference. As such, this paper is situated in the dialectic between linguistic-cultural difference, on the one hand, and the indeterminacy of where one language ends and another begins, on the other. Like a composed body of language, the human mind is both original *and* derivative, and subject to countless editorial interventions, retellings, and translations.<sup>1</sup>

We propose that a post-monolingual frame integrating an awareness of transference to language can offer patients and clinicians a critical, clinical tool to reflect on the multiplicity of language-based selves. Attunement to resistances and attractions to certain object relations, and shifting therapeutic enactments, can be honed by questions such as: Who is the patient in this or that language? Which self am I as a clinician working in this versus that language? How can we

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<sup>1</sup> Emmerich, K. (2017)

tune into the verbal acoustics, intonations, rhythms, and shapes of words that can shift their meaning, and the rapidity and fluidity of associations, to reflect on how our different selves interact in our co-created psychoanalytic language? The study will address the following concerns: (1) Pre-figurations of post-monolingualism across the psychoanalytic history and developmental literature; (2) The vicissitudes of politics, history, and personal affect and motivations related to the choice of acquiring a new language, and slipping into and out of a specific language; (3) The impact of multilingualism in the organization of memories, affect, identity, and personality; and (4) Clinical implications of multilingualism within the psychoanalytic frame.

A chief aim of this study is to trace the psychoanalytic history for clues of early pre-figurations of a post-monolingual condition, as well as to enhance clinical attunements to linguistic shifts and spur the emergence of new, co-created forms of language and attachment. Overlooking certain forms of language, communication, and intersubjectivity has successfully contributed to a profound crisis and feedback loop of distrust in psychoanalysis and therapy by people of color, with mental health care often viewed as inaccessible on multiple matrices of otherness. While decolonial demands and studies have grown within contemporary psychoanalytic theory, clinically rigorous and technique-based considerations have not benefited from the same systemic attention, research, and development. This study aims to bridge this gap.

Psychoanalysis begins with a fundamental act of translation—it is, after all, a method that takes as its starting point the idea of a talking cure. The method is one in which we tune into the conflict and resolution of thoughts and ideas by reading them as symptoms made audible and visible; the means of therapy are verbal, with words replacing symptoms in the curative process. Symbolization is both an instrument and an end; each act, thought, and articulation is both

communication and gesture. And yet, this basic gamble is what makes it so difficult to account for; for Freud, the central problem was to explain this premise, the “power of words.”

Within this frame, neurotic symptoms are understood to be located in the body by a specific pattern or structure of thoughts, and manifesting through verbal means. Language is not a tool with which to only symbolically preserve, then, but speech is also the method through which to dissolve, transform, and eventually and hopefully, forget the marks and scars preserved within language. As John Forrester has remarked, “The task of psychotherapy is to make it possible for the unconscious processes to be dealt with finally and be forgotten... One wishes to allow the normal processes of wearing away to take place.”<sup>2</sup> In his paper “Screen Memories,” Freud writes: “It may indeed be questioned whether we have any memories at all from our childhood: memories relating to our childhood may be all that we possess... The childhood memories did not, as people are accustomed to say, emerge; they were formed at that time.”<sup>3</sup> While a full account of the epistemology of psychoanalysis is out of the range of this study, the process of memory as a subjective reconstruction of traces of events is central to its process; the aim of the treatment is not to restore memory, but rather to learn how to reconstruct it so that it becomes reconcilable and integrated with the present, so that the patient can reach a royal road to forgetting.<sup>4</sup>

What occurs, then, if an analysis or a patient’s adult life occurs in a secondary language, while their early memories occurred within the skin of a so-called other mother tongue? And what is the relationship between multilingualism, attachment, translation, and the psychoanalytic

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<sup>2</sup> Forrester, J. (1980)

<sup>3</sup> Freud, S. (1899)

<sup>4</sup> Fonagy, P. (1999): “Change occurs in implicit memory leading to a change of the procedures the person uses in living with himself and with others. Memory is of tremendous importance, but as a mediator, a valuable channel for communicating about the nature of internal representations of object relationships, not as an account of history, be it accurate or inaccurate. It is the flesh on the skeleton of the internal structure, but should not be confused with the structure itself—the procedures underpinning ways of experiencing the self with the object.”

process? “Confusion of Tongues” borrows from Sandor Ferenczi’s 1932 paper of the same name, “Confusion of Tongues between the Adult and the Child,” which presciently centers the analyst’s countertransference and the two-way relational dynamics of analysis. Ferenczi, an early right-hand disciple and colleague of Freud, was also interested in a patient’s resistance to pronouncing certain obscene words in his mother tongue, a problem that the patient did not seem to experience in a second language. By getting the patient to express these words, and by uttering them himself if necessary, Ferenczi reported some desirable outcomes: “unexpected disclosures and a gratifying progress in the mental dissection, which had perhaps been for some time at a standstill.”<sup>5</sup>

The variety of emotional tenors from which people approach and retreat into old and new languages may arise out of a desire to communicate, as well as the desire to escape and push up against home, fear, passion, and desire. Language, then, is not only a bridge, but also at times a trap; as soon as the child must articulate their needs, they speak to the fact that these needs cannot be anticipated and gratified immediately by the mother, thus accentuating the gulf between them. One can imagine, then, how a second, third, or fourth language could add further extensions and bridges between an individual and their internal representations of home. Importantly, this study will consider the clinician’s multilingualism alongside that of the patient’s: For if the choice of language may be critical for a patient—and the attendant questions of whether a second language heightens or reduces emotional detachment from unconscious fantasies and memories—the analyst’s choice and constellation of languages is also worthy of consideration.

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<sup>5</sup> Ferenczi, S. (1911)

The ever-evolving, refractory nature of language is arguably present in any encounter, whether among texts, individuals, and cultures, and the number of linguistic crossroads almost infinite—a fact particularly relevant, of course, to the talking cure founded in the polyglottal city of Vienna. The founder of psychoanalysis was himself a multilingual immigrant: over the course of his life, Freud would often shift between the two tiers of trilingualism (the “dead” foreign languages of Latin, Greek, and Hebrew that marked his early Viennese education), and the trifecta of “living” foreign languages (English, Spanish, and French; later in life Freud would also learn Italian).<sup>6</sup> Freud’s polyglotism and Jewishness in an anti-Semitic climate undoubtedly spurred his development of psychoanalytic concepts around human expression, displacement, and identity. *Verschiebung* (literally, pushing aside), or displacement, was a central node in his concepts around dream analysis and repression, and French psychoanalyst Didier Anzieu has argued that his multilingualism shaped his deciphering and translations of hysterical symptoms. Many of his early patients and practitioners were accustomed to communicating in a language that was not their so-called mother tongue (German was the second language, for instance, of the Wolf Man and Miss Lucy R.).<sup>7</sup>

Freud’s relationship to his secret Spanish tongue offers a particularly evocative vignette in considering how psychically rich, intensely affective, and loaded with libidinal patina an individual’s attachment to any one language can be. As his biographer and colleague Ernest Jones would comment: “No one in Freud’s family knew how he came to have such a good knowledge of Spanish.”<sup>8</sup> For Freud, Spanish was reserved exclusively for the rituals of his intimate childhood friendship with Eduard Silberstein, with whom he shared a penchant for

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<sup>6</sup> Anzieu, D. (1986)

<sup>7</sup> Foster, R. P. (1992)

<sup>8</sup> Barron, J. W., Beaumont, R., Goldsmith, G. N., Good, M. I., Pyles, R. L., Rizzuto, A. & Smith, H. F. (1991)

languages, rich imaginative worlds, and passion for the literature of Cervantes. The youth began a letter correspondence following Silberstein's move from Vienna to Leipzig—addressed for the most part in Spanish, these letters also slip at times into German and Spanish-German hybrid, or “Span-Deutsch.” It was through Spanish that Freud experienced his first love and early forays into scientific research; even in his twilight years, Freud would associate Spanish with this passionate childhood friendship. Following his last letter to Eduard (their friendships declined after a decade), Freud would not retreat into the Spanish tongue except in fleeting instances. Notably, the Spanish phrase, “Quién sabe?” [Who knows?] appears towards the end of Freud's life: first, in a letter during the Nazi occupation of Austria in 1938, asking his confidant Marie Bonaparte whether it might still be possible to find political refuge in the Catholic church; and second, a few months later, wondering whether the “political situation” would prevent his completion of *Moses and Monotheism*, in a letter to Jones.<sup>9</sup> If Freud's German was the language of reality, his linguistic transference to Spanish seems to have been one embedded in fantasy and exploration, as well as uncertainty and the attendant anxieties surrounding desire, memory, and primitive survival.

While early accounts such as Freud's 1918 treatment of the Wolf man raised questions of how a second language may be used defensively, more focused dialogue on the clinical implications of multilingualism in analytic treatment would not emerge in the psychoanalytic literature until the 1940s and '50s, and it remains underdeveloped today. In an early 1949 paper on the role of a second language in the formation of the ego and superego, Viennese-born, American émigré psychoanalyst Edith Buxbaum uses the case studies of four German émigré patients to note that “verbalizing experiences in the language in which they occurred makes them

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<sup>9</sup> Gallo, R. (2009)

become real; speaking of them in any other language renders them unreal.”<sup>10</sup> Buxbaum suggests that for two of her patients, speaking in English was a means of bypassing the key notes of repressed memories and fantasies. In the process, however, she argues that their new language became one of repression, a defensive shell that offered reprieve from the painful, unprocessed, and unsymbolized events of early life. Buxbaum hypothesized that these disavowed fantasies and memories were stored in keywords of the mother tongue, and that it would therefore be imperative for bilingual patients to speak in their primary language in psychoanalysis, since only then would certain memories become accessible.

Despite the field’s rich multilingual origins, there have been few examinations of the relevance of linguistic and cultural difference in clinical psychoanalytic settings, a gap made all the more striking when one considers the international proliferation of the psychoanalytic diaspora in the wake of World War II. The silence might be attributable to immigrant analysts’ desire to bury their traumatic memories of separation from their families and homelands and to quickly assimilate both professionally and culturally; further, mainstream analytic discourse favored emphasis on the intrapsychic residues of early childhood development, rather than historical, socio-political, and cultural contexts. Those who did emphasize the latter topics—German psychologist Erich Fromm and psychoanalyst Karen Horney among them—were largely met with skepticism; and while much of the early psychoanalytic movement comprised Marxist, socialist, social democratic, communist, and racially-othered Jewish practitioners, much of the field’s understanding of and critiques of racism, displacement, and cultural and linguistic difference remained forgotten or relegated to the margins by professional pressures on the field.

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<sup>10</sup> Buxbaum, E. (1949)



Chapter 2 will present this history more fully, alongside a critical historiographic treatment of the “mother tongue,” in order to put forth the theoretical frame of “transference to language” that forms the foundation of this study. The presentation of excerpts from semi-structured, one-hour qualitative interviews with multilingual, immigrant patients and clinicians in Chapters 3 and 4 give voice to the idea of “transference to language,” and articulate what histories lead individuals to lead certain lives, to speak certain languages, and to move through a world that is unforgiving to certain tongues and bodies. Chapter 4 will specifically consider the *analyst’s* multilingualism and linguistic transference, and how they may intersubjectively inflect with the patient’s experience in a post-monolingual clinical situation. It also aims to illustrate how learning a new language is always inherently a family drama: while the acquisition of a new language can mark a departure from the speaker’s origins, it can also be a way of returning to and altering one’s dynamic to the primary environment and family.

### ***Research Design and Methodology***

Recent findings in experimental psychology and neuroscience share much of their understandings of unconscious processes with psychoanalytic theory: for instance, the semantic nature of mental representations, the associative nature of these representations, the disproportionate weight of associations related to trauma, and the privileged encoding of high-octave affective, emotional, and autobiographical experiences.<sup>11</sup> How thought processes, expression, and the self are organized along linguistic lines—and how these affect memory, speech, cognition, and affective development—are ambitious questions spanning the disciplines

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<sup>11</sup> Cohen, S. (2015): “Though not often emphasized in either discipline, this congruence between psychoanalysis and experimental social psychology is substantial, and has been consistently demonstrated in clinical, observational and experimental settings (e.g. Baldwin, 1992; Bargh & Pietromonaco, 1982; Boulanger, 2007; Delgado et al., 2009; Fonagy, 2001; Luborsky & Crits-Christoph, 1990; Roffman & Gerber, 2009; Westen, 1988; Westen, 1991).”

of psychoanalytic theory, experimental and social psychology, psycholinguistics, and cognitive neuroscience, as well as anthropology and comparative literature. As such, this interdisciplinary inquiry integrates a critical-social approach with historical and qualitative methods.

The critical historiography presented in Chapter 2 seeks to illuminate the conditions of social, political, and linguistic displacement that are the theoretical and clinical foundations of psychoanalysis. The history of psychoanalysis is one of splits, fissures, and fractures, from its conceptual origins to the dispersion of the first and second generation of psychoanalysts in the wake of World War II and the consequent postwar diaspora; both the gaps and residues of the “post-monolingual” will be examined within this history in order to review how different theories of language and intersubjectivity have traversed different psychoanalytic traditions and clinical-developmental psychology.

The methodology for the one-hour, semi-structured interviews presented in Chapters 3 and 4 were adapted from the Adult Attachment Interview (AAI). The decision to adapt the AAI questions for inquiry into linguistic transference and attachment was made based on the AAI’s language-focused technique and methodology, both in form and in the coding process. The eighteen original and longstanding AAI questions were developed in the context of a longitudinal study of attachment patterns from infancy extending into adulthood, to explore experiential and representational aspects of attachment by focusing both on what respondents say and how they say it, and evaluating the coherence of their statements and supporting narratives. The results have been profound, among them opening up psychodynamic concepts such as intergenerational patterns of relationships, defensive idealization, and unresolved loss, to empirical inquiry.<sup>12</sup> Further, the AAI has been proven to have vast practical utility and

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<sup>12</sup> Steele H., Steele M., Murphy A. (2009)

application (spanning concerns of children’s welfare, caregiving, child-caregiver separations), and resulted in a number of evidence-based studies and interventions benefiting children and caregivers. Attachment theory has consequently become influential across a variety of applied settings, including family court assessments and decision-making, and can also be used to code for the speaker’s reflective functioning (mentalization) capacities, and inform clinical thinking on the nature and dynamics of attachment and mentalization.<sup>13</sup>

Across these inquiries, the study asks: How do new and old unconscious word and object representations interact? If socialization reaches into our deepest unconscious levels, how are we to draw a line between the cultural and the intrapsychic?<sup>14</sup> Doesn’t psychoanalysis inherently touch on the conflicts and experiences of inner displacement since the development of the individual is inherently a process of migrations and separations? Further, doesn’t psychoanalytic treatment, with its cultural assumptions and conventions, also comprise its own, new language-world? The study concludes by considering clinical applications of post-monolingualism, with the aim of enhancing clinical attunement to linguistic shifts, imagining more broadly accessible forms and techniques of psychodynamic treatment for wider populations, and honing the clinician’s ability to hear and treat patient’s feelings of dislocation, loss of continuity, as well as linguistic creativity and play. A long-term hope of this study is to contribute to an idea of a “mental health commons” as a radical horizon worth working towards: one in which the unevenly distributed conditions that compel people to seek mental health care in the first place (environmental injustice, capital accumulation, imperialism and exploitation of the global south among them) are also structurally addressed.

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<sup>13</sup> Ibid.

<sup>14</sup> Kadyrov, I. (2002)

## CHAPTER 2

### **The Tower of Babel:**

#### **The Psychoanalytic Diaspora and the Mother Tongue**

The history of psychoanalysis is one of splits, fissures, and fractures, from its conceptual origins to the dispersion of the first and second generation of psychoanalysts in the wake of World War II and the consequent postwar diaspora—this history of geographical, theoretical, and communal fragmentation is similar to the symptoms of dissociative cleavages and loss of identity that characterizes individual trauma.<sup>15</sup> The historiography presented here aims to illustrate how the fractures within the psychoanalytic enterprise have been both defensive *and* generative—and arguably essential for the continued vitality and relevance of the psychoanalytic enterprise itself. This dialectical nature of fracturing—which we could also see as the opening up of possible avenues for flow and cross pollination—within the “psyche” of psychoanalysis is, I argue, further reflected in the multiplicity of selves within the post-monolingual psyche. This chapter aims to present: (1) A historiography of the psychoanalytic enterprise and diaspora in the wake of World War II, offering insight into why questions of linguistic difference have remained underexamined in the field; (2) Critical examinations and historical lineage of the notion of the “mother tongue,” presented as early clues of a “post-monolingual condition”; and (3) The notion of “transference to language” as the theoretical frame for our study.

Through these critical-historical excavations, the study aims to bridge research on the intersubjective, socially grounded nature of language and development (traditionally applied to the context of the mother-infant dyad), to outcomes for multilingual, displaced populations.

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<sup>15</sup> Young-Bruehl, E. and Schwartz, M. M. (2012)

Secure attachment is typically viewed as one in which individuals are able to negotiate, seek, and maintain help in times of threat and need; these capacities are in turn based on the ability to feel comfortably maintain an autonomous self, negotiate closeness and intimacy, and trust that others will be reliable, responsive, comforting, and sensitive to one's needs.<sup>16</sup> The multilingual immigrant may well be able to articulate such needs and be met appropriately within certain environments; in other environments, they may be discouraged from doing so by internal and external forces, which we argue can result in an insecure attachment and transference to language. Processes of intersubjectivity and linguistic transference can be disrupted and repaired for both infants as well as multilingual subjects, a process that is both part of the work of psychoanalytic treatment, as well as the continued work of fostering more flexible social arrangements that allow for greater linguistic play and difference.

### ***World War II and the Migrations of Psychoanalysis***

“The poor man should have just as much right to assistance for his mind as he now has to lifesaving help offered by surgery,” Freud would assert at the Fifth International Congress (1918) in Budapest.<sup>17</sup> A few years later, in 1927, he wrote: “It goes without saying that a civilization which leaves so large a number of its participants unsatisfied and drives them into revolt neither has or deserves the prospect of a lasting existence.” Much of the first and second generation of psychoanalysts saw themselves as leftists, intellectuals, activists, and cosmopolitans who saw psychoanalysis as not only an individual medical treatment, but also as a general vision for transforming society; one manifestation of this vision, for example, was in their commitment to low-fee or free clinics, and the belief that psychoanalysis should be accessible to everyone. The

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<sup>16</sup> Cassidy, J. (2001)

<sup>17</sup> Arnold, D. R. (2016)

early analytic movement's visions of and commitment to social change took root in a climate in which Jews were a racialized other in a deeply anti-Semitic climate. Freud was born in 1856, only eight years after the Austro-German government granted the Jews emancipation and civil rights. While Jews were able to move more freely through German society in this period, the medical, legal, and political discourses at the time continued to deride them as different not only on cultural and religious grounds, but also on racial grounds: Jews were deemed a "mongrel" race that may sometimes "pass" as white but were closer to "black;" racist cartoons depicted "the male Jew and the male African as equivalent dangers to the 'white' races."<sup>18</sup>

From this context of brewing racial violence emerged the Holocaust, which radically disrupted the lives of the first generations of psychoanalysts who migrated as war refugees from their European centers of Vienna and Berlin, largely to England and the US. There, their practices would flourish, while at the same time, much of the field's commitment to social-political contexts and issues went underground.<sup>19</sup> Some analysts, like Edith Jacobson, had been arrested by the Gestapo for underground activities, while some of the field's leaders, such as Anna Freud and Ernest Jones, worried about how such developments would impact the continued survival of the psychoanalytic movement at large. With the geographic dispersion of analysts, much of the left-wing politics and histories of psychoanalysis was buried in the face of émigrés' fear of retaliation: Analysts such as Fenichel, Fromm, and Wilhelm Reich are just a few of the analysts who were tracked by the FBI, while others had their passports revoked for being affiliated with the Communist party in the McCarthy era.

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<sup>18</sup> Gilman (1993)

<sup>19</sup> The first generation included those born in the late 1870s and 1880s—Karl Abraham, Sandor Ferenczi, Ernest Jones, and Carl Jung, and Otto Rank—while the second generation comprised those born around 1900: Erik Erikson, Erich Fromm, Heinz Hartmann, Helene Deutsch, Annie and Wilhelm Reich, Edith Jacobson, Bruno Bettelheim, Ernst Simmel, and Otto Fenichel, among them.

Historian Russell Jacoby asserts that most of the émigré generation of psychoanalysts seems to have “dropped their politics in the Atlantic Ocean on the way over: One reason for this was surely the overwhelming demands of settling into a new life after the trauma of immigration. Another was the ever-present threat of deportation as the political culture here turned steadily to the right.”<sup>20</sup> The field’s political past—its commitment to free clinics, and its engagement with political, social forces beyond the consulting room—was systemically disavowed as the psychoanalytic diaspora sought to professionalize and join the social and medical establishment. The result, some have argued, was the institutionalization of a structural and theoretical conservatism in the field: Psychoanalysis increasingly turned away from the social contexts of people’s lives, becoming more and more indifferent to systemic issues of poverty, discrimination, racism, and oppression faced by everyday people. In the US, mainstream psychoanalysis emphasized its therapeutic promise to help individuals better fit into the society around them, as émigré analysts “sought (consciously or unconsciously) to join the ranks of white Americans . . . and to seek upper-class social status.”<sup>21</sup> Today, the distance between psychoanalysis’s original radical vision and the contemporary caricature of the field as a self-indulgent bourgeois extravagance for white populations makes it all the more worthy of historiographic examination: as Neil Altman has written, “When a black thing turns into a white thing, we might well wonder what processes of disavowal and repression are at work.”<sup>22</sup>

As practitioners increasingly chose to go into predominantly private practice, the treatment became increasingly a high-fee medical specialty accessible largely to the privileged classes of those racialized as white and with economic resources. And as psychoanalysts joined

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<sup>20</sup> Arnold D. R. (2016)

<sup>21</sup> Altman, N. (2004)

<sup>22</sup> Ibid.; Gilman, S. (1993)

the establishment in their new homelands, it tended towards disavowing the very tenets that were at its core: the ability to bring that which is repressed and disavowed into the light. One might recall art historian and critic Robert Hughes's observation that one of the characteristics of the American experience is that of forging a new identity by abandoning one's origins and past. And Jacoby points out the irony that the field's central tenet of fleshing out the parts of ourselves that are amputated remains a blind spot in the history of the field's own development.

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This history of denial is not simply one of trauma, though it is also that. Psychoanalysis has always been a constellatory enterprise, and despite various attempts to renounce the world outside from the consulting room, there have always been the efforts by various sects and analysts to highlight the inextricable linkages between self and society. Such efforts have also come from sociopolitical movements such as Marxism, feminism, and queer studies, especially so as the academic contexts of psychoanalytic thinking have veered further away from medical schools and into cultural studies, comparative literature, postcolonial studies, and anthropology.

It is also imperative to remember that there has never been a single psychoanalysis—Freud's early emphasis on sex and trauma contrasts greatly from his later focus on aggression, and different versions of psychoanalytic thinking were applied and developed across various avenues within each nation and historical context.<sup>23</sup> Today, there are countless different orientations and modalities of psychoanalysis, including the interpersonal, relational, ego psychology, object relations, self psychology, and attachment studies, to name a few. These different schools of thought may also be seen as different dialects or languages of psychoanalysis

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<sup>23</sup> See: Herzog, D. (2007) and (2016)



itself, which though differentiated by important theoretical and developmental origins, are as well mutually inflecting.<sup>24</sup>

As this historiography has shown, the repression of psychoanalysis was not accidental, but can indeed be read as symptoms of displacement and racial, cultural, and linguistic assimilation. Studies of multilingualism, translation, and psychoanalysis thus demand a critical review and historical excavation of both the omissions and traces of what has remained visible. While a greater degree of conceptual pluralism in the field has opened up the doors for discussing concerns related to multilingualism and immigration in the experiences of both patients and analysts, much of these issues remain confined within perfunctory clinical courses on multicultural competence, identity, and diversity—even as the flow of global migrations has made more robust linguistic and demographic plurality in industrialized countries, as well as within psychoanalytic practitioners and clientele within psychology, psychiatry, and social work. The next sections present a brief history on the invention-discovery of the “mother tongue,” which can also be read as early clues of a “post-monolingual condition” already existing within psychoanalytic history. From there, we put forth the concept of “transference to language,” or linguistic symptoms that offer insight into intrapsychic responses to systems of power that stem from racial, cultural, gendered, and class inequality.

### ***The Mother Tongue and Transference to Language***

The concept of the “mother tongue,” far from being politically neutral, is loaded with historical significations of nation-building, as well as varying tendencies within psychoanalytic thinking. In its modern iteration, the term was powerfully taken up by late eighteenth-century

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<sup>24</sup> Mitchell, S. A. & Harris, A. (2004)

German philosophers who developed the concept, which became a key to legitimizing the emergence of the nation-state and the political linkage between nation and language.<sup>25</sup> While these thinkers supported the study of other languages, they also reified the notion that each language, and in particular German, had its own authenticity that was rooted in their national culture. The “mother” in the mother tongue thus denotes its maternal origin.

A feminist stance on this idea has been to celebrate the mother tongue as a resistance to masculine authority and dominance, and as an expression of the repressed maternal body’s residues. Departing from this idealizing stance, a firmer distinction between the linguistic and the maternal has been put forth by more psychoanalytic feministic thinkers, who make a link between the maternal and the embodied experience of the pre-Oedipal and preverbal. Julia Kristeva, for instance, proposes that language and the law of the father is distinct from the “pure bodily closeness” of the mother, though this reading can circle back into re-reifying the mother tongue and its authenticity. Lacanian interpretations tend to reject this idealized configuration of the maternal, holding that all tongues are necessarily stamped by the register of the name of the father. For instance, while mothers may traditionally teach children how to speak and correctly articulate words, the textbooks determining what constitutes correct pronunciation and instruction are often maintained by male dictates. Anthropologist Margaret Mead has argued that even in societies where the women and men speak different languages, the mother teaches her language to the children first, while the boys later learn the father’s language.<sup>26</sup>

The longstanding notion across disciplines, cultures, and eras that only in the mother tongue can one properly and fully think, feel, and express oneself also inflects the psychoanalytic literature on the topic. The limited early literature on multilingualism tends to focus on the

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<sup>25</sup> Thinkers such as Johann Gottfried Herder, Wilhelm von Humboldt, and Friedrich Schleiermacher. Yildiz (2012)

<sup>26</sup> Greenson, R. (1950)

patient's relationship to the mother tongue, and the importance of treating a patient in their primary language. Midcentury psychoanalytic thinkers speculated that traces of infantile memory, regressive facility, and vivid emotional loads are stored within a speaker's native tongue; much of the early clinical literature on speech disorders emphasize their origins as lying in a disturbed relationship from the mother towards the child, notions which remain to this day.

Midcentury American psychoanalyst Ralph Greenson, for example, describes the primary language as the "pregenital tongue," infused not only with childhood memories, but stretching even further back into the infantile reservoir of "pregenital impulses, unconscious fantasies, and infantile conflicts," and central unresolved fantasies, emotions, and conflicts.<sup>27</sup> Greenson viewed the resolution of such early conflicts as essential to the analytic process; as one of his patients remarked: "I am afraid, I don't want to talk German. I have the feeling that talking in German I shall have to remember something I wanted to forget." The idea that a person is most likely to use the language that induces the least anxiety, and most offers a sense of refuge or security, was also put forward in this time.<sup>28</sup>

By the 1970s, scholars were expanding linguistic research to develop more pluralistic concept of language systems, based on the Sapir and Whorf theory that those with different languages live in distinct worlds; they perceive, structure, organize, and express themselves according to the reality lent by the constraints of a specific language, and do not simply move through the same world with a secondary set of names and labels. In other words, multilingual individuals have access to an alternative, and not necessarily congruent, set of experiences and internal worlds. Experimental research by contemporary researchers have also supported Sapir's findings that bilingual individuals display distinct characterological traits when recollecting

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<sup>27</sup> Greenson, R. (1950)

<sup>28</sup> Krapf, E. E. (1955)

different sets of past experiences and distinct senses of identity according to the language they speak.<sup>29</sup> Importantly, if earlier thinkers noted that a second language may facilitate certain defensive mechanisms, contemporary scholars have also highlighted that troubling or intensely charged material may in fact be more accessible through a second language's emotional buffer.

Current trends in psychoanalytic thinking tend to maintain the notion that the mother tongue lends particularly potent associations and self and object reenactments in regards to the primary relational environment in which they were first experienced.<sup>30</sup> At the same time, there is greater openness to considering language acquisition within the matrix of social-contextual, intrapsychic, object-relational, and psycholinguistic elements. By analyzing individual self-states and dissociative patterns across linguistic lines, psychologist and psychoanalyst Philip Bromberg has found that “each [language] functions as part of a healthy illusion of cohesive personal identity—an overarching cognitive and experiential state felt as ‘me’ and ... a piece of a functional whole, informed by a process of internal negotiation with the realities, values, affects, and perspectives of the others.”<sup>31</sup> And a growing body of psychoanalytic literature suggests that a secondary language may in fact facilitate access to early fragments of childhood memories precisely because of its greater remove from the emotional material that has been rendered unspeakable or unbearable in the mother tongue. The mother tongue, then, may be just as much of a barrier as it is a facilitator to symbolization; the distance of a secondary language may also offer a de-escalation of anxiety, and a safer room in which to build links.<sup>32</sup>

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<sup>29</sup> Marcos, L.R., Eisma, J. & Guimon, J. (1977)

<sup>30</sup> Foster (1992, 1996,); Movahedi (1996)

<sup>31</sup> Bromberg, P. (1998)

<sup>32</sup> Amati-Mehler (1990); Walsh, S. D. (2014)

Even when immigration is desired and freely chosen, it is inherently an uprooting departure from familiar forms of culture, language, social recognition. The injunction to look ahead and assimilate to one's new environment can threaten to an immigrant's sense of identification, self, and psychological reality, and the ability to feel safe, cared for, nurtured, and seek help or guidance. At the same time, mastering a new language marks the acquisition of a new tool for connection, while the multiplicity of selves formed across linguistic lines are themselves fluid and adaptable, potentially amputated as well as integrated.

The multilingual subject's relationship to the new language may reflect the same ambivalences that characterizes other elements of cultural adaptation: At times, the mother tongue may become a lost object and thus the object of longing and nostalgia, or it can become the dreaded tongue of confinement and discipline.<sup>33</sup> More often, this mix of estrangement and attachment coexists. As such, the conditions of post-monolingualism must be considered as an embodied, inter- and intra-personal experience, and attend to how and why people become multilingual in the first place.

An individual's self-state in a specific language will be shadowed by the emotional history and associations one brings to that language, which will also ripple into the counter-transferential matrix—we propose calling this phenomenon transference to language, or attachment styles that manifest an individual's forgotten libidinal ties to early objects.<sup>34</sup> Within this frame, individuals are understood to carry transferences to each of their different languages, just as they would to a parental or caregiving figure.

This transference process to language is rooted in infancy, when infants develop the capacity to coordinate facial expressions, gestures, and vocal correspondences of form, timing,

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<sup>33</sup> Smolar, A. (1999)

<sup>34</sup> Walsh, S. D. (2014)

and intensity with a parent (“primary intersubjectivity”), and eventually the ability to integrate referential gestures towards objects, self, and other (“secondary intersubjectivity”).<sup>35</sup> These social interactions and prelinguistic capacities set the stage for the infant’s acquisition of language.<sup>36</sup> Through this work, we can understand how social and cognitive development are inextricably linked, and how humans are inherently dyadic, dialogic, communicative, and emotional from birth.<sup>37</sup> Further, we argue that just as the caregiver-infant relationship can disrupt the self-regulating mechanisms that form an infant’s capacity for secure attachment, the environmental context in which a multilingual immigrant acquires a new tongue can nurture or disrupt the trajectory of their future development.

What is secure attachment? Attachment studies have focused mostly on the mother-infant relationship to evaluate how individuals negotiate proximity to attachment figures in times of threat and need. Evolving out of John Bowlby’s studies of the attachment behavioral system—thought to be biologically evolved, as an individual’s survival would depend on how much they’re able to receive help when facing threat or trouble—attachment patterns fostered in the earliest years of life can set the long-term trajectory for how individuals are able to seek and provide care. The capacity to seek care is in turn based on the ability to feel comfortable with an autonomous self; the ability to negotiate closeness and intimacy; and the ability to trust that others will be reliable, responsive, comforting, and sensitive to one’s needs.<sup>38</sup>

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<sup>35</sup> Terrace, H., Bigelow, A., Beebe, B. (2022): If secondary intersubjectivity, which develops at nine to twelve months, marks the beginning of symbolic functioning, by about one year, this triadic organizational ability is thought to lay the foundation for the development of words and language.

<sup>36</sup> Despite the enormous diversity and variety of languages, all languages share the element of turn taking, which is also essential for language development. (Terrace, H., Bigelow, A., Beebe, B., 2022).

<sup>37</sup> Jaffe et al. (2001)

<sup>38</sup> Cassidy, J. (2001)

In the context of transference to language and linguistic attachments, we can speculate how the (mis)match between the post-monolingual subject and their environment may lead to an outcome on a continuum between secure and insecure attachment. Insecure attachment can follow patterns of (1) avoidant attachment, in which infants who have experienced painful rejection face difficulty in seeking care in times of distress, and may resort to isolation and defensive perfectionism; (2) anxious attachment, in which infants who have experienced inconsistent responses from caregivers become hypervigilant and cling to their mother as a way to monitor and maintain connection hyperactively; and (3) disorganized attachment, in which infants who have faced frightening and unpredictable reactions from caregivers in turn develop disorganized and contradictive strategies of both fleeing to and from caregivers in disorienting and incoherent patterns.

In applying the frame of attachment to language, we are aiming to bridge the research on the individual with the social. Reflecting back on the early history of the psychoanalytic diaspora, we suggest that the amputation of the field's early commitments to the social and political may be viewed as a kind of "avoidant attachment" and manifestation of defensive perfectionism: the economic, political, racial, and cultural anxieties of émigré psychoanalysts manifesting in their disavowal of their own difference, and highlighting instead the markers of the upwardly mobile, white establishment.

Researchers such as Beatrice Beebe have developed the research on attachment and intersubjectivity by examining vocal turn taking through two lenses: correspondences, which measures matches in timing, form, and behavioral intensity; and contingencies, which measures the way two subjects relate through temporal dynamics and sequential constraints. Through empirical research on vocal turn taking with four-month-old infants and their mothers, Beebe has

argued that a midrange degree of coordination in vocal turn taking is optimal for secure attachment, which contrasts to the common theory that greater degrees of coordination, synchrony, and attunement are developmentally optimal. (Such findings on the “optimal midrange model” coincide with Donald Winnicott’s 1965 concept of “good enough” mothering.)

Given the socially grounded nature of language and development, our formulation of linguistic transference raises important considerations of how processes of intersubjectivity and attachment might be disrupted and repaired for multilingual, displaced populations. We suggest that the ideal “fit” between a post-monolingual individual and their environment is not one of overly rigid or congruent matching, but rather a co-created space that allows space for playful synchrony and dissonances, coordination and deviation. We speculate that this ideal “mid-range” is applicable to multilingual subjects interacting within a post-monolingual condition, and forms both part of the work of psychoanalytic treatment, as well as the ongoing work of creating more flexible social arrangements that allow for linguistic play and difference. While attachment behaviors are based in early experiences, attachment processes are also understood to be plastic, and can be reorganized and reworked over the course of life.<sup>39</sup> The next chapter will give voice to the linguistic slippages, conflicts, bridges, and transferences manifested in qualitative interviews with post-monolingual subjects.

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<sup>39</sup> Ibid



## CHAPTER 3

### **Confusion of Tongues:**

#### **A Case Study of Linguistic Transference**

Each language implies its own cultural galaxy, the contours of which remain undetectable as long as they are shared but which comes into focus upon being thrust into another universe and language. The movement between multiple possible selves and life-models is reflected in three qualitative, semi-structured interviews that took place with multilingual immigrant psychoanalytic clinicians and patients. The interview questions, adapted from the Adult Attachment Interview questions and presented below, provoked conversations that illustrates the linguistic slippages, conflicts, bridges, and transferences manifested by post-monolingual subjects.

The AAI asks interviewees about experiences concerning loss and trauma, and has been found to reliably detect when the required work of grief and mourning have been resolved, or continue to disrupt or evade a speaker's conscious and unconscious experience.<sup>40</sup> In addition to asking interviewees to describe their relationship with each of their parents, the interview also includes questions regarding respondents' inner representational worlds, such as how they believe their childhood experiences have affected their adult personality, and why they believe their caregivers behaved as they did during their childhood. The AAI can also be used to code for the speaker's reflective functioning (mentalization) capacities, and inform clinical thinking on the nature and dynamics of attachment and mentalization.

Below, we present our adapted version of the AAI questions, including alternate questions depending on whether the respondent is a psychotherapy patient or clinician. The

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<sup>40</sup> Steele H., Steele M., Murphy A. (2009)

questions were framed with the aim of capturing respondents' transferences to language in a post-monolingual childhood, family, and clinical training and treatment.

1. What languages were spoken in your childhood and family?
2. Which language do you feel closest to and why? Has this changed over time?
3. **[If the interviewee is a clinician]** Can you remember any conflicts or challenges that came up around linguistic difference or a consideration of translation in your clinical training? What about in your own experience as a patient in psychotherapy?
  - i. **[If the interviewee is not a clinician]** Can you remember any times when language differences presented a challenge in your treatment? Do you feel welcomed to discuss, or understood when discussing, such experiences with your therapist?
4. Have there been any shifts in your understanding of your relationship to your languages over the course of treatment (either your own or with a specific patient)?
  - i. Have there been any shifts in your patient's or therapist's identifications with your different languages over the course of a treatment? If so, can you provide an example?
5. Can you reflect or provide an instance of how your linguistic identities intersect or relate across gender, culture, class, and/or nationality lines?
6. Do you remember a time when your different languages came into conflict? If so, can you please tell me about that time—what happened, who was there?
  - i. What were the critical junctures of language collisions or transfers over the course of your life?
  - ii. Which language do you feel more distant from, if any, and why?
7. What are important aspects of the experience of working as a multilingual clinician or of being in psychotherapy as a multilingual patient that we have not covered in this interview?
8. How has it been different working with multilingual and monolingual patients or clinicians?

The first interview presented below was conducted with Julie [Korean, English], a South Korean woman who was born in Seoul, spent intermittent years in the U.S. as a child, and was educated in the US; Julie is currently in once-a-week psychotherapy, conducted in English. The interview gives voice to the inter and intrapsychic forces that may shape an individual's affectual attachments, associations, and moves toward or away from a certain language. These may include social pressures to assimilate and acclimatize to the education system, job market, and

interpersonal relations, as well as the internal drive to seek refuge in a private language which may offer a sense of autonomy from the surrounding environment.

**Interviewer: (Q1) What languages were spoken in your childhood and family? And, (Q2) Which language do you feel closest to and why? Has this changed over time?**

**JULIE:** When we used to live in the States, my family was just like my mother, so, I think I would just like speak in English to her, and she would probably speak—English back to me. It’s really been a while since I thought about these things. I think there was always a push and pull between speaking Korean and English because whenever I was speaking English, my mother would be like, “You need to speak more Korean.” And I would be like, “Well, I’m in America, so I should speak English.”

When I moved back to Korea with my mother, I was at first much more comfortable speaking English because that was how I kind of grew up, and, so my internal world was very much English-spoken, when I talked to myself. Or, if I wrote in my journal or whatever. And, at that point, I would speak in Korean but I think my mother wanted me to retain my English, so she would speak to me in English sometimes, and I would be really irritated by the fact that she would speak English... When I moved back it was all Korean, the house, my family, and I think I held onto the part that spoke English but wouldn’t share it with others, it was very much like my private world when I was in Korea. And I found a certain amount of comfort in that. And I think when I moved back to the States... I think I toggle between the two, obviously I spoke a lot more English day to day, going to boarding school and such, but I think I started to pivot to Korean being my private language in a way.

By shifting into the minority language within her environment (Korean in America, English in Korea), Julie seems to have sought sanctuary from the public psychic domain, with what is private in one tongue becoming public in the other. Like an infant born into a both familiar and strange world, the immigrant is similarly thrust into a new, totalizing environment that can be exciting, enlivening, and also difficult and lonely to symbolize and integrate. New languages mark new constellations of smells, tastes, textures, sounds, attunements and lack thereof, and as such can become a kind of “reality trap” that ordains certain social realities and filters out others, which holds and transmits “the systematized set of delusions and distortions that we call

culture.”<sup>41</sup> The immigrant subject may experience challenging feelings of alienation and lack of support in a foreign tongue, but we see that the move to a second language can also offer a similar sense of respite and retreat. The following passages illustrate Julie’s experiential account of how and when she finds herself pulled towards the mother tongue:

**JULIE:** I think now being out of school and such, I’ve found more comfort in Korean as a language than I did ever before. I think maybe cuz maybe I’ve been living in an English-speaking world for a longer time now, um, and I find myself when I get angry or frustrated or there’s an emotion that I need to work through or exert in a way, I gravitate towards Korean in that moment, especially when I’m alone, maybe not when I’m with other people. It’s usually around anger, for some strange reason. Um, and yeah that’s how I’ve been feeling about Korean these days. I think in terms of, I mean, I speak Korean with my family now, we text in Korean, I think that’s honestly how I’ve been retaining the language.

Midcentury and contemporary psychoanalytic clinicians have noted that for many of their patients, the mother tongue is the repository of deep emotions of love, anger, and sexuality. Movahedi, a contemporary practitioner, writes: “Some Iranian female patients insist on speaking English for a long time into their analysis. This seems to help them not only to maintain a comfortable distance with the analyst, but also to control the politics of the social encounter in the analytic situation. A prime motivation of these women is to keep their encounter with a compatriot male analyst within a Western cultural context. This, they feel, would achieve for them a higher sense of gender equality, dignity, and power.”<sup>42</sup>

For those traveling across linguistic lines, the challenge of signifiers becoming severed from the signified can lead to a temporary or protracted loss of the power that words imbue onto the world, along with its vibrancy, nuances, hues, and connections. For most adults, there is already a contrast, fragmentation, and lack of congruity between childhood and adulthood; the schemas for adult memories are not often suitable to contain early primary experiences, and as

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<sup>41</sup> Movahedi, S. (1996)

such may be hard to retrieve or access. For the multilingual immigrant subject, there is the added barrier of consciously accessing former experiential and emotional lives when thrust into a new linguistic skin, which can precipitate further cracks in coherence, meaning, and memory.

Immigrating to a new linguistic environment involves the act of translating between languages and cultural perspectives, as well as from childhood to adulthood schemas—it involves multiple acts of self-translation and the potential losses of one’s self.

For Julie, this process was not a meeting of minds in some middle ground; rather, she faced the social and familial expectation to bridge the gap by moving closer to English herself. Just as infants are able to detect when their mothers share, mirror, and are attuned to their inner feeling states, post-monolingual subjects may face environments that are supportive, responsive, and attentive to their inner experiences, or hostile and neglectful. It can be a shameful, humiliating, and deeply painful experience when a child’s need for attention and love goes unmet; similarly, an immigrant subject’s negative or unsupported experience in a new environment can be damaging to their sense of self-value, and result in their feeling inferior or invisible, as the following passages illustrate.

**What was the level of English you spoke when you moved here for the first time?**

**JULIE:** For the first time—I could not speak a drop of English. I mean, I was here when I just turned one, so I don’t really remember that time, but when I came back and attended preschool I didn’t speak a drop of English. Kids thought I couldn’t speak at all, because I wouldn’t talk. I think I was—in preschool or kindergarten, whenever you start speaking. You definitely understand the language.

**Probably around three, four...**

I think that’s right, my timeline’s all mixed up. I remember when I went to school, kindergarten, preschool, I would just not talk, all day...

**How would you feel? Do you remember?**

I think I was just—filled with—just incredibly shy as a child, and that contributed to that, I think I was—I had a lot of fear, and, yeah. There was always a time when the girls would go off to do ballet, and the boys would go play with cars, or do karate or something, and I wouldn't be in those classes, cuz I just couldn't talk and they didn't know what to do with me, so I'd just be sitting out while this was happening all the time.

**What do you think you were afraid of?**

I don't know. I think I was just scared of being... noticed at all. Just, I'm not sure, I wish I could remember. There was a sort of fear of being known or perceived or addressed at all.

**Were you also very shy in Korea, or?**

I think so, to a certain extent, but not as much as I was in America. I think that really shifted the—the shift of environment really affected me. I think I picked up on it down the line... and once I did, I felt very comfortable I think. But... Yeah, there was definitely a point of, period of when I was really just floating...

**And you said you felt comfortable once you did pick up the language?**

I think so, yeah.... This is when I was a little older, in first grade, and—I think I was still shy but I don't think I had trouble communicating or having friends, I think that was probably the most carefree time of my life. So that—I think I feel like you're really malleable as a child, picking up languages, so that was just how naturally I progressed. But I left the States after two years of kindergarten and first grade, and once I moved back to Korea, I was like back to zero—you know, in terms of like fitting in, and readjusting myself.

**You were uprooted quite often growing up.**

Yeah, yeah. I was.

**That seems, almost as soon as you were starting to acclimatize you were—you had to make a change.**

Yeah. Yeah, I think so. I think—along the way I became very good at just compartmentalizing myself to adjust to the environment I'm in, try not to stick out, or acclimating became habit, I guess.

The failure of the environment, whether maternal or social, to provide subjects with a way of managing their emotional needs can damage their capacity to hold themselves together

psychically, and result in a number of defensive reactions. For certain mothers, witnessing their child's distress can be so emotionally disrupting to the point that it is not tolerable or acceptable; we argue that the caregiver's attunement (or lack thereof) to their child's range of emotions might be compared to environments that deny multilingual subjects a transitional space that allows them the possibility of choice, control, and agency.

Holding onto one's original senses of self in an adopted country may be viewed as a regressively inward or backward movement, rendering one illegible or incomprehensible in the new environment. For Julie, not being understood or being able to understand others seems to have spurred experiences of profound alienation and depersonalization. Her responses reflect her ongoing efforts to engage in the bi-directional process of translating herself from Korean into English, from English into Korean, as well as translating the new environment into her internalized Korean self-state.

In the following passage, Julie explores how political cultures of belief and value can vary incommensurably. Avoiding the mother tongue can be a form of emotional defense and resistance, but avoiding the secondary language, in this case English, can also be a form of refusing to acquiesce to the material and political power that it may connote. Julie's sense of ambivalence is palpable, as is the tug and pull between her two tongues.

**(Q6) Do you remember a time when your different languages came into conflict? If so, can you please tell me about that time—what happened, who was there? (Q6a) What were the critical junctures of language collisions or transfers over the course of your life?**

**JULIE:** I don't—I can't really remember an instance where there's been conflict, full out, because of language, I think — I have this impulse to fully immerse myself in the language that I'm around, and I think there's a stark division in my head between myself who speaks English and myself who speaks Korean and I don't try to mesh the two. I think especially when I'm in Korea, I really try to hide the fact that I grew up in the States, or that I speak English at all.

### **Wow. Why is that?**

I think because—and I think this has definitely shifted over the years, but when I was growing up in Korea, there was such a fantasy of America, there was such a power that English had over people, and it usually—it would either be a source of envy, or a source of complete resentment or fear, understandably so, right, and I think as a child I kind of picked up on the fact that speaking English or knowing this language has power, and it signifies a certain amount of difference in class or power or class or education that I didn't want to exhibit, near my peers, at least. So I really really avoided it, and I think a lot of—it was always on how you pronounced the words, and how smoothly, or how fluently you can speak English that was always such a point of contention, because it's like English language is compulsory—part of the education system in Korea to the point where it's like—

The conversation with Julie touched on the specificities of Korean history, the shadow of war and political turmoil of our parents' generation that has shaped the material, political, and emotional lives of Korean families in profound ways, and the distinct inflections and divides in how these historical events shade the lives of Koreans in the motherland versus Korean Americans or diasporic Koreans. Julie noted that there is limited access to conversations around emotional and political trauma in South Korea, and wondered if Korean Americans, in being closer to the aggressor, possess a greater capacity for language through which to understand and reflect on the ways in which their identities and experiences have been shaped in relation to dynamics of race and war, whereas in Korea, “you're surrounded mostly by other Koreans, it's easier to just be embedded in it, and comfortable.”

These passages reflect the sense of fractured double-consciousness that can be heightened by experiences of multilingualism and immigration. Julie grapples with the variegated elements of the mother tongue and linguistic competence, personal identity and identifications, and emotional attachments as subject to socio-political and historical configurations. Below, Julie suggests in the highlighted line an inherited notion of being encouraged or socialized to abandon strong attachments to home or the place where she comes from, possibly attributable in part to



the American tradition of rejecting tradition and emphasizing the self-made, constantly reinvented forms of identity and destiny.

**Why do you feel like your sort of connection to Korean has gotten stronger during this period?**

**JULIE:** I'm not sure. It's, it's odd, it's kind of odd. I think it's... kind of circumstantial, um, I think I just feel worn out in a lot of ways from being in the States for the past like fourteen years, and, I think I'm reaching a point where I'm, I really feel the need for some kind of refuge or some kind of resting point, and I, I don't know if my gravitating towards Korean is like a very childish desire in a way to go back to the times where I spoke Korean, or go back to the time before America, um, which I don't have a fantasy for, but I think provides a certain amount of comfort that I don't think I want to let go of especially as I, I know I'm not legally American and I don't want to be American in any sort of way, and that part of myself is becoming more consolidated over the years, and as my politics shift, as my relationship to my past education here shifts, um, as I have a lot of, I think, some sort of resentment towards how America has played a role in my personal life and the more global political lives, I think that's definitely prompted my shift into Korean to a certain extent.

Julie's capacity for reflection on her inner self states as well as socio-political structures, and how the two interrelate, is profound; she displays a sophisticated understanding of how each culture shares assumptions that are invisible because they are shared, and that these assumptions undergird the most basic and fundamental of human interactions: how much physical and psychological space we should grant each other, what is public and what is private; what to reveal and what to hide, and what must remain hidden in order to reveal, etc. These are constant negotiations faced by any individual, but an experience that can be particularly acute for immigrants who must reconcile careful integration and self-translation at the risk of assimilation and total absorption.

**(Q5) Can you reflect or provide an instance of how your linguistic identities intersect or relate across gender, culture, class, and/or nationality lines?**

**JULIE:** I definitely think when I started reading gender studies work and critiques on patriarchy or critiques on race and gender, when it was specific to the States and US history, I still felt a lot of connection to the material, from my growing up in Korea and family dynamics that I've been a part of, and just the sort of perils, the troubles of growing up as a young girl in Korea. I really related to a lot, and made me fall really deeply into works that were so—that were just eliminating different parts of gender and class and race, and how that functions in people's lives here. I think that helped me look at Korea differently, or look at my life a little differently, with more clarity, and I definitely see threads of connection between struggles here and struggles there. I think that those kinds of critiques have helped me bridge the two linguistic identities I have, or the cultural identities I have, because there are forces that affect both, and there are definite ways that all of our lives are shaped by Western hegemony, or whatever, I think that's helped me bridge the two a lot more, and talking about this now is making me feel that—that I do have found ways to cope, and find ways of understanding myself, and why I feel certain ways.

Julie's adoption of English signals both an erasure and reinvention of the self, a second linguistic and cultural skin that buffer and make her more sensitive to the world around her. As bilingual subjects digest life in a new language, there is inevitably an experience of fissuring as one realizes the steady ground with which one may have innocently stood in the primary language is permeated by a profound sense of contingency, challenge, and change.

### ***Training the ear in a post-monolingual clinical setting***

The conversations with Julie serve as case studies that suggest the existence of varying linguistic-therapeutic identities that demand tending, and that language is internalized and reproduced in relation to how it was learned and in the context of a specific environment. As Ogden has written, "Meanings are created intersubjectively in the context of one's family and culture, with language utilized as the vehicle for a shared system of symbols and understandings."<sup>42</sup> Different languages offer varied relational capacities, and without reifying the notion of the mother tongue's so-called authenticity, the case studies suggest that a speaker's

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<sup>42</sup> Ogden (1992)

primary language is indelibly linked to deeply intimate, connective emotional experiences, traumas, and defensive mechanisms. They also reflect how the very depth and intensity of experiences captured in the mother tongue may render them too tender, raw, precious, or painful to easily bring up in either language—or in any language at all. The problem, then, may be less the specific language, and rather the frozen emotions that can remain blocked out in a subject’s psyche.

As such, within the clinical frame, the therapist’s capacity to hold and tend to the multiplicity of a patient’s selves across linguistic, emotional, and cultural lines and fractures may be the key to a treatment that allows greater integration and holistic fluidity in the patient’s emotional life.<sup>43</sup> Also integral is greater awareness of the historical and psychological underpinnings of the “mother tongue,” and approaching with nuance the notion of an individual’s “pure” biological origin as signifying or affirming a patient’s connection to national identity and state. Attentive listening and what Thomas Ogden has called “ear training” is necessary for any therapist to be able to detect when either the patient’s or the therapist themselves may resort to dead language that is bloated with stereotypes, cliches, or self-satisfaction and authoritarianism. Dead language may reflect an overly stubborn or stuck subscription to unexamined, calcified, or indoctrinated ideas and notions, instead of a porous, breathing form of language that flows in the subject’s own voice. In his *Clinical Diary*, Ferenczi writes: “[W]hen an emotional reaction is suppressed, interrupted, or repressed, something is actually destroyed in us. The annihilated part of the person falls into a state of decay and decomposes. Should the entire person be prevented from acting, then generalized decomposition ensues, that is to say death. A link here with the assertion of so many neurotics, in states of

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<sup>43</sup> Walsh, S. D. (2014)

trance or dream state, that a greater or lesser part of them is dead, or killed, or is dragged around as a lifeless, that is nonfunctioning burden.”<sup>44</sup>

**(Q3) Can you remember any times when language differences presented a challenge in your treatment? Do you feel welcomed to discuss, or understood when discussing, such experiences with your therapist?**

**JULIE:** Yeah, that’s interesting, I feel like I’ve been—thinking about that a little bit more as I’m feeling kind of—I feel like my relationship to therapy is a little strained in a way right now, and I think I notice when I’m definitely trying to explain certain situations like familial dynamics, um, memories from going back in Korea, um, I find that I get stuck on how to fully translate my experiences and emotions to my English speaking therapist, in a way. And my therapist right now is umm, a white woman, and I think as much as she’s been open and kind of um, empathic towards whatever differences we have, it’s just, I, kind of feel um, I just have a feeling that she’s not ever going to fully grasp what I’m trying to tell her, and part of that is that I—I can’t, fully find—I don’t know how to fully deliver my feelings to her sometimes. Um, and sometimes it’s about like, certain ways that families usually are with each other in Korea, or like certain habits or customs or just like mannerisms that just are already kind of in place, that feel—that is when it’s out of context and when I have to explain it in terms of my own dynamics it becomes something that I have to like build from the ground up, where I—and then I start sounding like, I start sounding like I’m building this kind of like, east versus west narrative that’s so—overplayed and prevalent I think, the ways people talk about families here, immigrant families here, having you know, cultural differences across the board.

**You’re saying some of those differences do feel mapped onto and reflected in those tropes? Or...**

At least in the way that I start talking about it, I gravitate towards those tropes. Even though I don’t want to, and I can’t tell if that’s like a failure on my part to fully grasp what’s fully happening, and communicate that with my therapist, or if the language is failing itself, like on you know transferring over a lot of these dynamics happening into a whole ‘nother language that... is not really you know shaped the same way.

**Are those sort of around familial expectations and like duties or like—being a daughter, in a really patriarchal culture... Or—I guess I’m trying to get what some of those like tropes are....**

Yeah, I think yeah I think definitely that’s in play, um, just expectations you have from your family members and visa versa as the daughter, um, just, pressures and

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<sup>44</sup> Ferenczi S. (1932)

like, um, I think abuse is too strong of a word in my family but—yeah, it’s just certain dynamics between the mother, the father, the grandmother, all of those things.

**Do you find it — when you’re sort of talking about things that are talking about things that are happening in your life in New York, it’s easy, or it feels seamless to translate what’s happening in your life into the analysis? Or...**

I think more so, when I’m talking more generally about my current life here without necessarily discussing past lives, but I think part of it is that I think my life feels really dull here in a lot of ways right now, outside of just — because of all my other circumstances. But it does - I think it’s easier for me to talk about my day to day. Yeah.

**(Q4) Have there been any shifts in your understanding of your relationship to your languages over the course of treatment (either your own or with a specific patient)? (Q4a) Have there been any shifts in your patient’s or therapist’s identifications with your different languages over the course of a treatment? If so, can you provide an example?**

My relationship to language? ... I think as I get more, just frustrated with my therapy sessions, cuz I feel like there’s been a pause in the way I narrate my life to her, or, or I talk about things, I definitely feel like I’ve become more dependent on Korean as my like, as a way to like understand my life, and relationship to myself to a certain extent that I can’t seem to share with my therapist. Yeah.

The confusing struggle to give an emotion or thought the right form is the experience of being a speaking subject of any language, and is indeed the experience of the thinking being. In a case study describing a patient’s use of language “not to communicate, not to think, not to create/convey feeling, but to generate a necessary, but virtually lifeless, insulating sensory medium,” Ogden has written: “Over time I was able to describe for her my experience of her using words not to talk to me and in fact not to be alive with me. I added that her wrapping herself in the sensation of the sound of her voice seemed to help her to reduce herself to a series of pure physical sensations. She seemed in the course of her life to have become able to turn herself into a structure so dense that practically all movement, all life, seemed to be

extinguished.” He concludes: “This struggle to convey one’s experience with one’s own words, in one’s own voice, is a very large part of what it means to be alive in an analytic relationship.”<sup>45</sup>

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<sup>45</sup> Ogden, T. H. (1997)

## CHAPTER 4

### Clinical Considerations

#### *Vicissitudes of the Multilingual Psyche*

This chapter continues our investigation into the politics of post-monolingualism, taking into account (1) The dominance of the English language in clinical settings; (2) The analyst's multilingualism and how this may inflect the transference-countertransference matrix; (3) The relation between socioeconomic status, attachment, and social configurations of interdependence; and (4) How the interaction of different languages that discipline, shape, and channel the patient and analyst's thoughts and emotions may be recalled, worked through, and reconciled within the clinical frame.

English is well established as the language of international capital, politics, and communication, and standard medical and clinical training offers little guidance for practitioners interested in culture; in fact, the *American Journal of Psychiatry* recommended against cross-cultural psychoanalytic treatment in 1954. On the other hand, cultural trainings often essentialize and homogenize those marked as “other,” without acknowledging their complex realities—in formulations of the “Asian” subject or culture, for instance, sweeping western narratives tend to neglect the colonial, political, and cultural rivalries of East Asian countries, and often entirely overlook Central Asia, the Middle East, and South Asia. While multilingualism might be fantasized as a privileged skill taught at elite preparatory schools, in reality, multilingual individuals are often immigrants, exiles, and other disadvantaged members of society. A clinical vignette by Neil Aggarwal reflects the stakes of overlooking the importance of cultural competence, prejudice, and translation in clinical settings, in which an Afghan woman in an inpatient psychiatric institution used a figure of speech [“I will die from all this sorrow!”] (*men is*

*gham se mar jaungi*]). One clinician deemed the phrase a symptom of suicidal ideation (resulting in the patient's children being at risk for being placed in foster care), while the author, fluent in Urdu, deemed it a cultural mistranslation.<sup>46</sup>

Once she saw me, she smiled with tears in her eyes: “Do you speak Urdu, Doctor?” When I replied “Yes,” she yelled: “Thank God! An Indian physician! Who can understand me! They don’t understand my language! They don’t understand my emotions!” . . . With a reputation for being an outstanding clinician, [the attending physician] surprisingly displayed little empathy. Rather than imagine her stress in obtaining resettlement papers, learning to drive, or caring for two teenagers, he focused on her remarks about wanting to die. When I countered that her expression is a common phrase of frustration in Persian and that she had no suicide history or plans to kill herself now, he responded that activated, effusive outbursts with sudden psychomotor agitation represented a borderline personality distribution. I countered that such physical displays were not uncharacteristic of profound sadness in South Asian women and that she simply could not understand how the legal system could take custody of her children.”

The patient, interestingly enough, had worked as a translator between several Afghan and Indian languages in a hospital system in India, and spoke Dari, Pashto, Urdu, and English, and Aggarwal observed that her shifts to the use of Urdu during the treatment signaled a desire to communicate mood and meaning. Over the course of their months-long treatment, the clinician also learned that the patient had suffered a sexual assault, which she had not felt comfortable sharing initially both because of the profound cultural stigma and dishonor associated with rape in her culture, and also because of the complex political history of the Taliban, the Afghanistan War, and the therapist's status as a Hindu (one of the persecuted groups in Afghanistan).

As this case demonstrates, a variety of factors can cause a “confusion of tongues” between patient and clinician, including confusion due to cultural differences, different translations among translators, the translator's prejudice or ignorance, and the inherent ambiguity

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<sup>46</sup> Aggarwal, N. (2011)



of cultural cues. The therapeutic situation also presents the added challenges of nonverbal communication: for instance, the Japanese concept of *amae*, a household word, signifies the infant's feeling of seeking its mother, and can also be applied to adults who are expected to have a similar feeling of emotional closeness with another. *Amae* can only be expressed and acknowledged nonverbally, however, and is therefore "not a manifest emotion, but rather a silent emotion."<sup>47</sup> And while the mirroring function of the mother and other maternal figures of early childhood is essential to a child's early development of a cohesive sense of self, experimental psychology has found that in comparing American and Japanese mothers with their 20- to 23-month-old toddlers, the American mothers tended to encourage their children to explore their environment with far more initiative, while Japanese mothers encouraged their children's dependency needs, through more subtle nonverbal communication.<sup>48</sup> A greater sense of the Japanese "we-self," constituted by more permeable ego boundaries and with far less psychological distance between self and other than the more individualistic I-self of Americans, might also be seen as buttressed by greater attunement to the social hierarchy of elders, with far more reliance on different kinds of nonverbal communication that necessitate the development of highly attuned empathic abilities.

The vicissitudes in the multilingual psyche and how it translates into the therapeutic relationship—for instance, whether they seek out treatment with someone who shares the same mother tongue or actively avoid it, or if the patient returns or reverts to the mother tongue during treatment—makes it all the more critical to be attuned to when these shifts might occur and why. For another clinical example, Italian analyst Giuseppina Antinucci has written of a patient who was referred to her knowing that she spoke the patient's mother tongue; over the course of their

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<sup>47</sup> Roland, A. (1996)

<sup>48</sup> *Ibid.*

treatment, the analyst observed that the patient (who had immigrated to London as an adult to pursue an academic career, and was fluent in English, having learned it in childhood) usually spoke about her professional life in English, which for her was the language of order, structure, organization, and competence. If English denoted the patient's well-developed self-states and experiences, in her native tongue she seemed to have inherited her mother's uncontrollable depression and emotional disintegration, bringing her frighteningly close to a state of psychic dissolution.<sup>49</sup> In another case of an Argentinian patient in treatment with an Italian analyst, the patient's return to use of Spanish was accompanied by a long spell of agoraphobia and time-space disorientation; another patient, who had not used his mother tongue for more than twenty years, had a sudden urge to read the fairytales of his childhood, along with which came a period of alarming mental confusion and a return of psychosomatic symptoms.<sup>50</sup>

***The Therapist's Multilingualism: Co-creating a culture of language and listening in the consulting room***

For all the literature on the patient's reverting to a second language as a defense, there is surprisingly little written on the therapist's choice of language, whether defensive or connective. Movahedi recounts a bilingual psychiatrist colleague telling him he turns to English with his patients with whom he shares a different mother tongue, in instances when he wants to broach greater intimacy with them. Movahedi speculates that "one can hardly become intimate with a person by communicating in the second language... This clinician appears to have difficulty discussing intimate issues—usually sexual in nature—with the patient in his mother tongue. He might also have trouble tolerating the patient's anxiety when he or she is using the mother tongue

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<sup>49</sup> Antinucci, G. (2004)

<sup>50</sup> Amati Mehler, J., Argentieri, S. & Canestri, J. (1990)

to report intimate issues. The therapist then seems to switch into English to make his own anxiety more tolerable.”<sup>51</sup> While this reading risks an overdetermined and narrow interpretation of a clinician’s defenses, resistances, anxieties, and conflicts that can arise mutually and in conversation with the patient’s, it raises the important question of the clinician’s co-construction of the analytic situation.

Akhtar, a Philadelphia-based Indian doctor and psychoanalyst who has written extensively about cultural difference and immigration in treatment from both the patient and clinician perspective, has described his occasional desire to intervene in his mother tongue to a patient who does not understand it, an urge he feels must be combated with restraint, as it would be deemed inappropriate by psychoanalytic technique. “What was in the patient communication that made me want to respond in my mother tongue?” he wonders. “And in a return to a more objective stance—would it be useful to say the idea in my mother tongue and then translate it for the patient? Or, should I just offer a translation? What is the advantage of the former? What would be lost by taking the latter route? Would speaking in my mother tongue traumatize the patient or impart genuineness to the relational matrix?”<sup>52</sup>

Akhtar has written that one of the challenges of working as an analyst is the ongoing mourning process of his own immigration. The professional expectation for analysts of multilingual backgrounds to retain distance from their cultural and linguistic heritage might be seen as the burden of “maintaining cultural neutrality,” even if it is a Sisyphean one.<sup>53</sup> This false notion of analytic neutrality might be compared to Friedrich Schleiermacher’s Manichean distinction between foreignizing and localizing approaches to translation, a notion pushed up

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<sup>51</sup> Movahedi, S. (1996)

<sup>52</sup> Akhtar, S. (2015)

<sup>53</sup> Akhtar, S. (1990)

against by Sherry Simon in her writing on the intersections of language and memory. Simon argues that the tension between foreignizing and staying local to the source text is always an ongoing process of negotiation; similarly, we might view linguistic and cultural differences in the therapeutic setting through Simon’s concept of “distancing,” that is, the importance of maintaining that which keeps us separate from others; and her concept of “furthering,” which involves what Edith Grossman calls the “revivifying and expansive effect” of connection to different groups around us and creating cultural links, contacts, and bridges. “The extreme form of distancing can be called memorialization,” she writes, but together, the two concepts reflect the “paradoxical nature of the bridge as that which separates as much as it joins . . . Translation can deepen a sense of otherness, reifying the categories of knowledge production.”<sup>54</sup>

If the choice of language may be so centrally critical for a patient—and the questions around whether a second language will allow greater or less emotional detachment or conflict, or reflects a flight from unconscious fantasies and memories—the analyst’s choice and constellation of languages is also worthy of consideration. Similarly to the patient, the analyst’s choice to work in a non-primary language could also mean entering a safe room full or free of the hauntings of personal, political, and cultural hauntings.

In a 2021 paper on the role of social learning, Peter Fonagy et al outline a new social-communicative model of how culture is maintained and transmitted across generations to propose a theory of social learning and “relational mentalizing,” which hinges on a process of collaborative thinking, dependent on joint attention, empathic and intellectual entanglements, and sophisticated levels of interpersonal exchange.<sup>55</sup> They define culture as not simply an outcome but also a process and system of transmission of “opaque knowledge,” techniques, and

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<sup>54</sup> Simon, S. (2011)

<sup>55</sup> Fonagy, P., Campbell, C., Constantinou, M., Higgitt, A., Allison, E., & Luyten, P. (2021)

practices, which include explicit and implicit rules, attitudes, values, beliefs, customs, behaviors, and norms that are shared by a group of people and passed down intergenerationally through interpersonal learning. Distinct from the individual “I-mode” in which an individual’s feelings, wishes, fears, and beliefs are conceived as self-contained and there is greater emphasis on cognitive-behavioral patterns focusing on the self and personal agency, relational mentalizing refers to the shared “we-processes” of thinking, sensing, and feeling as it occurs within a dyad, family, community, and social system.<sup>56</sup>

Individuals from higher socioeconomic backgrounds, being more robustly socially protected, display less of a need for the community group, while those from lower SES backgrounds have been found to be more dependent on their communities for support, and show a greater degree of sensitivity and awareness of whether it is a supportive or threatening setting. We-processes focus on being and acting together, subscribing to notions of a psychological commons or collective rather than isolated feeling or thinking. Those from lower SES backgrounds also tend to face greater risk for poor mental health outcomes when faced with adverse social contexts or a breakage of social trust. These findings further emphasize how linguistic difference and attachments can be a lens through which to expand attachment research’s focus on the primary environment to include broader definitions of “caregivers,” “family,” and even the very assumptions undergirding our conceptualizations of cognitive and affective processes themselves.

Some researchers believe multilingual analysts may have a greater facility for the work of listening and translation, as their various languages aid in their understanding of how rapid and fluid a patient’s and their own associations can be, as well as how the verbal acoustics,

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<sup>56</sup> Fonagy, P., Campbell, C., Constantinou, M., Higgitt, A., Allison, E., & Luyten, P. (2021)

intonation, or shape of a word can shift its meaning. The multilingual subject—both patient and clinician—is more likely to be aware of their shifting therapeutic enactments of certain relational configurations, the multiplicity of language-based selves, and a heightened sense of their own resistances and attractions to certain object relations others. As such, this may pave the way for a more acute awareness of transferential and counter-transferential dynamics in the clinical relationship, and raise questions such as: Who is the patient in this or that language? Which self am I as a clinician working in this versus that language? And how do these different selves interact in the specific language co-created between the two of us, and all of the projections, defenses, conflicts, emotions, and detachments that arise therein?

We might also consider here that what is more critical than the choice of language is the awareness of how various languages acquire and unfold in their own composition of intrapsychic meanings. This is not to say they may not bleed and overlap into each other, but this may not be possible until the adaptive-defensive functions of each language—how different languages can discipline, shape, and channel the subject's thoughts and emotions—that remain compartmentalized and split are recalled, worked through, and reconciled within the clinical frame.

Perhaps what is not as relevant as the language being spoken as is the awareness that the patient and/or clinician is a polyglot, and the awareness that a multilingual subject's chief language may not be a specific language so much as the composite of all of them. Also critical is the awareness that when two subjects do in fact share a mother tongue and are speaking in it, the expectation that they will necessarily understand each other, and the disavowal or flattening of individuation, may comprise its own kind of transferential obstacle. We are constantly translating within each language, based on the social context, environment, audience, and discipline we are

speaking in. In the consulting room, this awareness can be heightened by the reminder that in embarking on any new relationship, we are creating a new language and dialogic process of translation, activating new montages of symbolic vernaculars and codes.

**(Q8) How has it been different working with multilingual and monolingual patients or clinicians? And I guess I would actually ask, how do you imagine it would feel working with someone, an analyst, who does have experience of multilingualism, or migration, or immigration...**

**JULIE:** I actually have, I actually briefly did have a different therapist who specialized in that. Her practice was a little bit different I think, she was doing cognitive behavioral therapy with me so it was a little bit limited, which is why I didn't stay with her, but, I think I have, I had this fear of falling into a cliché of, being this conflicted person with all these different fragments that we have, even though it's true, we do, you know, I think I actually felt like I was being boxed in or felt very limited in the ways that I could express myself to this therapist who was very much about, like, multilingualism, multicultural experiences. Um, cuz I think she used to be, I think she was, she grew up in Taiwan and grew up here for school and such, obviously has personal experience, but, didn't actually resonate with me all that much in the end. And I think part of it was that it was so much about like, correction, or my own the efforts that I needed to make in order to acclimate, or in order to be fixed, which I found a lot of resistance towards, and like, anger.

But, and I'm kind of curious to... I mean I think different therapists I've had, one other therapist who I didn't stay with that long also pointed out the fact that, almost everyone has these experiences, it's like shared, especially in a place like New York of all places, and I should find some sort of comfort in that, or I should at least the way I was accepting that was that I needed to put myself into perspective and get out of this hole that I was digging. Um, which I also couldn't really find comfort in, in the end, but... I'm really curious to speak to a Korean speaking therapist, maybe? Especially on topics of family and such... but, yeah, I wonder what that would be like.

How and whether emotional maturation translates from one language-self to the other and to the more generalized whole of a person remains unclear; it is possible a self in a particular language can remain less developed and deepened until a greater sense of harmony and integration is brokered amongst the fragments of selves scattered across one's languages. This process of reparation is one that Melanie Klein conceptualized as a psychic process through which one's

melancholic relationship to lost objects is tended to and mended, so that one can develop a loving perspective on all the various parts of oneself and others. Speech in the therapeutic relationship is not the only reparative act—writing, somatic awareness and regulation, friendship, and new attachment relationships can also remake one’s early attachment blueprints.

A shared “mother tongue” between an analyst and patient may offer greater understanding and enrichment in treatment, but the shared language may also enhance the fantasy of analogous experiences and representations. As Yasemin Yildiz has argued in her powerful call for a post-monolingual condition—constituted by “constant reinvention and questioning of the underlying concepts of language and identity”—the mother tongue is not only the site of formatively nurturing and tender experiences, but also painful ones; clinicians also remarked that some patients are able to revisit experiences of trauma more readily in a second language because it is less painful to do so than recounting it in their mother tongue. Like the fiction writer Yiyun Li’s refusal to write in her native Chinese, a choice to abandon one’s mother tongue might signal a desire to create new childhoods, identities, and forms of kinship by loosening the strictures of the “linguistic family romance” of the mother tongue.<sup>57</sup>

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<sup>57</sup> Yildiz, Y. (2012)



## CHAPTER 5

### **Conclusion**

Our study has attempted to give voice to the afterlives of histories of displacement within the psychoanalytic enterprise, as well as in individuals and the clinical dyad: both through a historiographic account of psychoanalysis's own estrangement from its post-monolingual origins, and a case study presentation of Julie's transference to language, as captured in our AAI-based interview. Beginning from the understanding that speech and language must be examined in relation to the values that are developed in context-specific social-political relations, the study demonstrates that conditions of immigration and secondary language acquisition are the site of complex and contradictory experiences of pleasure and suffering. Further, the post-monolingual experience may be a means of working through traumas, neglects, and abandonments by attempting to represent, interpret, extend, and eventually rewrite and work through the distortions and losses imminent to displacement, migration, and development. The findings are necessarily shaded in contingencies and ambiguities, as each new interpretation, affect, and edit drawn forth from a memory is a creative act further inflected by the complexities of post-monolingualism and intersubjective encounters. Finally, the post-monolingual condition is, as we have seen, not only a linguistic experience, but also a deeply psychological and emotional one that may offer insight into how to forge liberatory, enlivening attachments.

The individual's navigation of their multilingual identities is a process of continued annotation, transfer, friction, and converging flow of ideas. Analysis, like any intimate communication, relies heavily on shared cultural meanings and references, and though tensions and mistranslations exist in analyst-patient dyads that share a language and culture, there may be an added dimension in immigrant analyst-analysand dyads, which must also consider the

plurality of nationalities and language, in addition to the racial, religious, linguistic, and political backgrounds of the two parties, all of which can inflect what is considered a desirable outcome or progression of the treatment.<sup>58</sup> The differences between cultures, or within the same culture over time, give rise to different theories of mind, and different ways of dealing with conflict and with reality. Growing up in nations and cultures that have been eroded by experiences of colonization or repressive political systems and disruptions also threaten the boundaries of an individual's ego, and their capabilities for symbolically structuring experiences as a form of therapeutic reparation. Julia Kristeva has written that the experience of immigration and leaving behind one's mother tongue always entails a form of matricide, which, even with the often attendant feelings of betrayal, guilt, alienation, and persecution, may have offered the only path to personal freedom.<sup>59</sup> In practice, applying the tenets of post-monolingualism in the therapeutic setting might consist of the clinician's attunement to the patient's linguistic shifts; recognition of the mourning elements that, while integral to all analyses, may carry greater weight in the treatment of immigrants; and empathy with the patient's feelings of dislocation and loss of continuity and the need for its restoration through the emergence of a new, co-created language between patient and analyst.<sup>60</sup>

The role of the analyst is not in decoding the truth of a patient's words, but rather to examine the associative trains and patterns behind them and notice new possible meanings that lie in this chain of language itself. Here we may also reference back to Beatrice Beebe's work on vocal rhythms, and note that the acoustic and auditory aspects of language are much akin to the melodies of music, which are transmitted to the infant from the womb—these primary

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<sup>58</sup> Gedo and Gehrie, (1993)

<sup>59</sup> Kristeva, J. (2001)

<sup>60</sup> Akhtar, S. (1995)

communications take place before an infant's capacity for symbolic cognitive functioning has developed. Research into bilingualism and post-monolingualism remains to be much developed, and little has been established regarding how different languages are organized—for instance, whether multilingualism is the sum of various monolingual states, or rather a hybridity characterizes the multilingual subject—as well as how varying circumstances and emotional-psychological states influence organization, the schemas of codification and both verbal and non-verbal codes. The relationship between cognition and language also remains unresolved, with developmentalists out of the school of Piaget holding that linguistic and other mental processes are independent, and others in line with the Sapir-Whorf thesis stating that the structure and shape of a language determines an individual's perception and cognitive organization and processes.

What has been established in cognitive-development research is that multilingual children often display a heightened capacity for creativity, flexibility, and proclivity for verbal and symbolic play. These are questions that include investments in ideals of linguistic purity, implicit or explicit linguistic censorship, and questions of translation, and, as we have seen, the intricate interplay of psychological factors. In Hungarian psychoanalyst Nicolas Abraham's 1995 book *Rhythms: On the Work, Translation, and Psychoanalysis*, he brings together the areas of phenomenological poetics with a theory of translation; for him, translation is always a self-referential fiction that never fully reveals or exhausts itself; he is not interested in distinguishing between the purity of the original versus the translation, and rather views them as a "dialogical unit." The patient and psychoanalyst co-translate the unconscious, with words, images, affects, and bodily signs translated into interpretations. Post-monolingualism is a creative process of forming continuities at points of discontinuities, with the geographic lines between languages

themselves being unstable and constantly in flux. Beginning with this impossibility and even the undesirability of a perfect psychoanalytic or self-translation might in fact be the most fertile ground from which to begin either enterprise.

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