

**“Making Love in English”  
Language in Psychotherapy with Immigrant Women**

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Several decades ago, in the early years of my psychotherapy practice, a college-age woman from Central America sought me out specifically because I could speak Spanish. She was fluent in English and could convey her feelings with a great degree of sophistication without using any Spanish. However, she told me on the phone when she called to make the initial appointment that it was important for her to be in therapy with a Spanish-speaking therapist because, in her words, “My problems are with my family and my family speaks Spanish, so my problems are in Spanish.” I thought this was rather amusing, but did not make much of it. After some exploring of her expectations of what a Spanish-speaking therapist could contribute to her psychological growth, we proceeded in therapy, alternating between English and Spanish without much attention or reflection about our “Spanglish.” After all, that was how both of us and our bilingual friends communicated in everyday life.

About a year later, a professional woman who had immigrated to the United States from a South American country at a very young age, started therapy with me. She preferred to use English in our conversations because she felt she was more fluent in it than in Spanish. She wanted a therapist who was “culturally sensitive,” but made it clear that she did not need or want to speak in Spanish. After two years in therapy conducted in English, she came to a session in which she spoke only in Spanish. At the end of the session, I pointed out that we had used Spanish uninterruptedly during the hour. She responded that there was nothing special in her language choice in that particular session; she just wanted to practice her Spanish more frequently. The content of the session in fact, had not been particularly deep or cathartic, so I

went along with her explanation that there was nothing to her change in language. She never came back after that session.

I must confess that her abrupt and unanticipated departure from therapy still baffles me. But what is clear is that her use of Spanish on that particular day was not innocuous. Perhaps she was developing a negative maternal transference that became suddenly intensified by speaking to me in the only language her mother spoke or perhaps the use of Spanish brought up some other intense feeling that remained unacknowledged while she used English. Needless to say, I never again treated lightly any shifts in language during therapy with multilingual women.

These and other experiences have convinced me that the language chosen is more than a tool of communication in therapy. Innumerable processes are taking place “below the surface” in therapy with individuals who speak more than one language. These go beyond the usual hidden twists that occur in any therapy relationship. Although issues of language in therapy pertain to a variety of therapeutic contexts (e.g., Havens, 1986), in this article, I focus specifically on the topic of language in therapy with bilingual immigrant women.

Let me clarify that I am not referring to persons, sometimes called “bilingual,” who have difficulties expressing themselves in English. I am referring to individuals who speak or grew up speaking more than one language fluently. These clients use English effortlessly; as a result, the fact that they speak other languages does not come to the fore in most therapy situations. Many monolingual therapists tend to assume that multilingualism is irrelevant for the treatment of these clients’ because their English proficiency allows therapy to proceed without apparent difficulty.

In my feminist therapy practice I worked mostly with women immigrants. My research, writing, and teaching have focused on this population. In my previous work, I have discussed the

importance of language within the context of other issues such as acculturation stress, identity, losses due to immigration, and sexuality (e.g., Espín, 1987; 1997; 1999; 2000; 2006). Here, I present a more extended perspective on the significance of language choice in therapy. I hope to demonstrate why awareness of these issues plays a crucial role in the treatment of immigrant women who speak other languages in addition to English.

After my experience with the two clients presented at beginning of this article as well as with several others, I set out to find information on issues of language in therapy. My professional training in the late 1960s and early 1970s did not include anything on this topic. But my experience had taught me that decisions about language use in therapy deserved serious attention. I do believe that they should be included in the training of all therapists regardless of their own proficiency in languages.

Searching the literature, I discovered that in the years immediately following the Second World War, when many European therapists, particularly psychoanalysts, had sought refuge in the United States and other countries in the Americas, several articles on language choice in therapy with multilingual clients had appeared (e.g., Buxbaum, 1949; Greenson, 1950; Krapf, 1955). In these articles, the authors present case studies illustrating what happens when clients are able or not to associate to words in several languages. They also describe the perils and possibilities introduced in the therapy relationship when therapists are capable of switching languages with their clients. The therapists who authored these articles spoke more than one language and, therefore, were able to observe the process of language switching and follow clients' associations to words and expressions in other languages.

A few years later, Frieda Fromm-Reichmann, in her *Principles of Intensive Psychotherapy* (1960) addressed the impact of the therapist's foreign accent, cultural and linguistic capabilities on the process of therapy. Since I am not a native speaker of English, her comments were very interesting and enlightening. Aside from Fromm-Reichman's brief comments, no other discussion on the implications of multilingualism in therapy appeared in the literature for two decades. Then, in the late 1970s, the topic reappeared again (e.g., Marcos, 1976a; 1976b; Marcos & Alpert, M., 1976; Marcos & Urcuyo, 1979; Rosensky & Gomez, 1983), coinciding with an influx of bilingual psychotherapists, who were able to observe the vicissitudes of language in therapy as the mid-century European therapists had been.

The authors of these articles from two different moments in history supported my concerns and helped me clarify my perspectives.

More recently, within the field of Psychoanalysis, Jacqueline Amati-Mehler and her collaborators (1993) and RoseMarie Pérez Foster (1998) have explored the issue of language in therapy with multilingual individuals, covering some of the literature I had found earlier and expanding its insights. Amati-Mehler and her co-authors worked in Italy and their book was originally published in Italian, therefore, they present perspectives from a dominant language other than English. Pérez Foster has practiced mostly with bilingual clients in New York. She suggests possible treatment alternatives applicable to therapeutic modalities other than Psychoanalysis. Julia Mirsky (1991) also explored issues of language loss in migration from a psychoanalytic theoretical perspective. Other clinicians have been studying these processes recently (e.g., Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll & Gonzalez-Miller, 2009). Clearly, as the number of clinicians who are

multilingual increases and as the U.S. population becomes more diverse, the awareness of the significance of multiple languages in the therapy process has also increased.

In my search, I also came across the thinking of other professionals I found to be relevant to understanding the role language in therapy. Scholarship has indisputably established that language is more than vocabulary and grammar rules. At the beginning of the twentieth century, Vygotsky (1934/1962) explored the relationship of thought to speech. He believed that speech became interiorized and served as an aid to self-regulation of internal states. For Vygostky, speech creates thought. Even though his research did not focus on bilinguals, his theories have implications for cognitive processes in these individuals. Sociolinguists (e.g., Fishman, Cooper & Ma, 1975) have studied the effects of different kinds of bilingualism, focusing on who speaks which language to whom and when. Anthropologists (e.g. Safir, 1949; Whorf, 1956) have theorized the impact of different languages on communication and thought, focusing on the influence of language habits on social reality. Neurolinguists (Albert & Obler, 1978) have studied how language is organized in the brain of bilinguals, asking whether it is the same as in the brain of monolinguals, or somehow different. They concluded the learning of a second language seems to distinguish the bilingual from the monolingual not only in language skills, but also in perceptual strategies and even in patterns of cerebral organization. According to them, the right hemisphere appears to be more involved in language for bilinguals. Psychologist Rafael Javier (2007) is a strong proponent of the idea that differences in brain organization for bilinguals have significant consequences for cognition, memory, and other mental processes.

Writers (e.g., Aciman, 1999; de Courtivron, 2003; Hoffman, 1989; Navokov, 1947/1967) have commented on the psychic effects of speaking/writing in more than one language. Firsthand accounts from these multilingual individuals illustrate the evocative power of language

usage or choices. Writer Theodor Kallifatides (1992) eloquently described the impact of the Swedish language—versus his native Greek—on his identity, sense of self, and perception of the world. He describes how language profoundly affected his ability to construct metaphors, illustrating his point with the reverse grammatical gender of the sun and the moon in Greek and Swedish. For him, “learning a new language is understanding the society that uses it, becoming part of it and somehow surrendering yourself to it” (p. 4), a process that made him feel “a little less Greek” (p. 5).

Indeed, every language is linked to a culture. Every language depends on the concrete context which provides it with its meaning and its boundaries. To some extent, our language and our way of life are one and the same. “Anthropologists have long argued that the world we apprehend is a world labeled and theorized by the sociocultural group to which we belong” (Schrauf, Pavlenko & Dewale, 2003, p.229). It is undeniable, that “we pay selective attention to the physical and social world that surrounds us and what we pay attention to is largely shaped by the culture(s) we inhabit...In learning to speak we take on that culturally shaped world” (Schrauf, Pavlenko & Dewale, (2003, p. 230).

As an example, in Spanish, instead of “I dropped the cup,” “I missed the plane,” we say, “se me cayó la taza,” “se me fue el avión,”—which literally translated mean “the cup dropped (from my hand),” “the plane left me.” The sense of control over these events provided by English, is not there in the Spanish expressions.

The evocative power of words to engender emotional states and cognitive associations has traditionally been considered important for therapy. Thus when a French-English speaker narrating a dream, associates the word *pain* to stories about childhood family breakfasts that included butter, coffee and jam, the English-speaking therapist, who was expecting words like

aspirin, hospital or similar, may think these associations completely strange when in fact they are not because the client is thinking of the French word “bread,” even though the conversation is in English.

Moreover, words we use for describing emotions and feelings in a second language may not fully transmit or evoke our intrapsychic reality. Polish-Australian linguist Anna Wierzbicka (1994), speaks about the difficulty of sorting out awareness of feelings from the interpretation imposed on them by language. According to her research, feelings one reports in different languages through apparently equivalent words often differ in content because of the different cultural context of those words. Normal attitudes toward feelings, emotions, and their verbal and non-verbal expression, vary across cultures. She warns us that using English words for analyzing and describing emotions can impose an Anglocentric perspective on our understanding of people’s reality. According to Altarriba (2003) “bilingual individuals may represent emotion words differently in their two languages based both on cross-linguistic differences and their language histories” (p.310). Equivalent meanings are easier to achieve for concrete words than for emotion words. Altarriba (2003) is convinced that “abstract, concrete, and emotion words possess significantly different ... characteristics” (p.307) and, in turn, these differences affect memory process in significant ways.

### *Language and memory*

In a study of autobiographical memory among bilinguals, Javier and his collaborators posited that “the nature of bilingual memory is influenced by the kind of linguistic organization the individual develops [because] memories of personal events are linguistically organized in bilinguals” (Javier, Barroso, & Muñoz, 1993, p.336). In other words, the way memories of personal events are organized in the brains of bilinguals differs from monolingual individuals; a

point that Albert and Obler (1978) have also made. According to Javier, Barroso, and Muñoz (1993), “the communication of memories of personal events is qualitatively different in the two languages” (p.334); the experience is remembered differently in each language. Schrauf (2000) asserts that

Examination of work in experimental psychology on bilingual autobiographical memory and clinical case reports from psychoanalytic therapy with bilinguals suggests that memory retrievals for events of childhood and youth (in the country of origin) are more numerous, more detailed and more emotionally marked when remembering is done in the first language (“mother tongue”) rather than in the second language (p.387).

In addition, “language serves a strong function as a retrieval cue when eliciting memories for past life experiences...language is specifically tied to memory traces and those traces appear to carry “language tags” ” (Altarriba, 2003, p. 316).

I remember therapy sessions when the memory of the sound of words uttered by a beloved grandmother, now dead or separated by many years and thousands of miles, brought up tears and intense emotions for a client, even though the woman remembering those words no longer knew what they meant.

Moreover, it appears that “how and when the two languages are learned will determine the nature of the linguistic organization possible” (Javier, Barroso, & Muñoz, 1993, p.322). As Hoffman astutely put it, “the kind of relationship one develops with an acquired language is deeply influenced by the kind of bond one has with one’s mother or father tongue—and by extension, with all the intimacies and intimate sensations of early life” (2003, p.52).

Memories appear to be loaded in favor of the language in which the experience took place. In other words, “the language of the experience may not necessarily be (the bilingual



person's) primary language... [but rather] the linguistic context in which the verbal interaction occurs" (Javier, Barroso, & Muñoz, 1993, p.335).

These studies' results have obvious implications for immigrant women's experiences in therapy. At best, it appears that decoding the affective meanings of memories through the use of another language is problematic. The use of English in therapy, rather than the mother-tongue, may render unavailable to the therapeutic process certain areas of the intrapsychic world because apparently, "memory storage is pattern storage, and patterns evoke other patterns...awareness of a small portion can trigger awareness of a whole; a single moment, a sound, or a sensation can evoke recall of an entire event" (Aragno, 1996, p. 32). Indeed, "the retrieval of information from memory is both activated and constrained by language" (Schrauf, Pavlenko & Dewale, (2003, p. 228). Specifically, Schrauf (2003) asserts that

Psychotherapists working with bilingual clients often find that experience is available in some privileged way in one language versus the other. The immigrant's memories of childhood or adolescence spent in their home country may be more numerous, detailed or emotionally charged when dealt with in the mother tongue than the second language... Representations of self-identity and the narration of emotional experience may be particularly dependent on linguistic and cultural factors...Memories in two languages may undergird the complex sense of identity so often reported by bilinguals... (p.239).

Schrauf goes on to report several of his studies that "suggest that language is involved in both encoding and retrieval of bilinguals' memories" (p.240). And, indeed, his results confirmed that "memories in Spanish commemorated events from before immigration; memories in English commemorated events after immigration" (p.240).

In another study Schrauf, Pavlenko and Dewale (2003) theorize that “the argument that language might play a critical role in conditioning and constraining the path of... retrieval rests also on the notion that language is a privilege carrier of cultural meaning” (p.239).

While it is true that psychodynamically oriented therapies pay special attention to memory process and language associations, memory and language are undeniably essential for all forms of therapy regardless of the specific theoretical orientation. All forms of therapy are to some degree, forms of a “talking cure” because communication is absolutely necessary to establish rapport and communicate during treatment. Immigrant women in therapy are involved in a process that evokes their memories and their languages in ways that question or reaffirm their sense of identity and connection with their communities. The ways in which they understand and narrate their experiences are profoundly tied to both the old and new communities.

### *Language and identity*

Language—the forced learning of the new and the loss of the old linguistic community—is central to the migration experience. Beyond allowing the immigrant to function in the new context, a new language has profound impact on her sense of self and identity. In fact, language change is one of the most difficult problems the immigrant faces. “Language determines one’s knowledge of the world, of others, and of oneself. It provides a basis of support for one’s identity” (Grinberg & Grinberg, 1984, p.109). A new language challenges one’s self-definitions and the forms of self-expression familiar within one’s first language. When confronted by a new language, the immigrant feels excluded like a child who does not understand the secret language of the parents.

The ease with which one adapts to the new language is determined by a variety of factors such as the age of migration, individual talent, the degree of similarity between the native language and the new one, motivation to learn, and opportunity to do so. Emotional factors are of primary importance in this process as well. An immigrant's resistance to language learning may be an expression of a desire for self-preservation. Entering the world of a new language may pose a threat for the individual's sense of identity. Conversely, as Pérez Foster (1998), Aragno (1996) and others describe, some immigrants strongly prefer to use English and "forget" their first language as a strategy to develop a new identity that they believe to be healthier. Individuals who learn the new language at a fast pace may have less of a stake in preserving another identity. This may be why the young learn faster. In any case,

Even supposing that the immigrant is in a country where his [or her] own language is spoken (although it can never be the exact same language), his [or her] speech act will take place at a particular moment of time and in a distinctive set of circumstances different from those [s/]he has known (Grinberg & Grinberg, 1984, p. 100).

Language loss and its concomitant sense of identity loss and transformation are one of the most powerful components of the immigrant experience. "What happens when the subjectivity acquired within one symbolic order is lost in another?" (Gunew, 2003, p.46). In her autobiographical accounts of migration, writer Eva Hoffman (1999), vividly describes the intensity of this experience:

For a while, like so many immigrants, I was in effect without language, and from the bleakness of that condition, I understood how much of our inner existence, our sense of self, depends on having a living speech within us. To lose an internal language is to subside into an inarticulate darkness in which we become aliens to ourselves (p. 48).

A decade earlier, in her autobiography *Lost in translation* (1989), Hoffman had described the pain involved in the loss of her first language, that she felt was her “true” language:

Linguistic dispossession is...close to the dispossession of one’s self...[T]his language is beginning to invent another me... [And] there is, of course, the constraint and the self-consciousness of an accent that I hear but cannot control... (p.121).

Indeed, to speak with a foreign accent, regardless of fluency in the new language, places one in a less privileged position within the power relations of the host society. Paradoxically, learning the language of the host society implies learning one’s place in the structures of social inequality. The use of the mother tongue is made difficult by these negative connotations. Yet, using the mother-tongue may prove a valuable instrument for reclaiming parts of the self that may have been rejected through the process of acculturation.

In addition to the emotional value associated with one’s first or second language, language among immigrants signifies degrees of self-esteem. In the United States, bilingualism is popularly associated with an inferior social status. Bilingual skills in immigrants are frequently devalued. Schools may inadvertently encourage rejection of parents as “ignorant” people because of their lack of fluency in English. Parents are contrasted with “educated” monolingual teachers. The immigrant child is encouraged to strive for unaccented English at the fastest possible pace. Indeed, language in the United States has a meaning that transcends its purely instrumental value as a means of communication... In the United States, the acquisition of nonaccented English and the dropping of foreign languages represent the litmus test of Americanization (Portes & Rumbaut, 1996, p.194).

Thus, one's preference to use one language over another is deeply related to identity. Language choice also illuminates other factors such as nationalism, minority status, ethnic pride, cognitive processes encouraged by a particular cultural context, the salience of other personal factors affecting identity and so on. (Espín, 1997, 1999; Necef, 1994).

An additional perspective on the loss of the mother-tongue and the acquisition of a new language as a consequence of migration is provided by Mirsky (1991), who views the loss of the mother-tongue and the acquisition of a second language in the context of separation individuation processes. She suggests that “an internal loss accompanies the loss of the mother-tongue in immigration... Difficulties in mastering the new language may stem from unresolved intrapsychic conflicts which surface in immigration and are further burdened by interpersonal and socio-cultural conflict in the immigrant family” (p.618).

Eventually, the immigrant learns “to live in two languages”; similarly, she learns to live in two social worlds. And, as de Courtivron says (2003). “You can never sidestep the question of identity when you learn to live in a new language.” Learning to “live” in a new language is not merely an instrumental process. It is not a neutral act. It implies becoming immersed in the power relations of the specific culture that speaks the specific language.

The language change required of most immigrants has a vast impact on the family. The mother-tongue surrounds the child as a protective blanket from the beginning of life. It contributes to the development of a sense of identity even years before the child is actually able to talk. However, “one of the primary places where issues of national culture and family coherence come together is the question of language” (Bammer, 1994, p.96). This issue becomes further complicated when different generations within a family have different levels of proficiency in the different languages spoken. While the first language/mother-tongue may be

taken to mean the native language of the mother, children may be more fluent in the language of the host culture which is really their first language rather than the language their mothers speak best (Bammer, 1994). Learning a new language may generate feelings of guilt at being disloyal to the parents' language. In other words, "language can play a complex role, both binding and dividing family members. For not only do parents and children often end up with different native languages, their different relationships to these languages can have notable social consequences" (Bammer, 1994, p.100). In fact, when parents and children are fluent in different languages, they may, in fact, be guided by different cultural codes.

Language—the parents' lack of fluency in the new language and the children's lack of fluency in the mother-tongue—subverts authority in the family. The power of children is increased because they become "cultural brokers" while the power of parents is decreased because they depend on their children's assistance to survive in the new world. The inordinate amount of power children may acquire because of their language proficiency can be the source of conflicts over authority issues. It also magnifies children's conscious or unconscious fears that their parents are now unable to protect them as they used to. Conflicts over issues of authority in immigrant families are frequently the motivation for therapy consultation and referral with immigrant families.

The meshing of the two languages occurs over time for most immigrants. Most bilinguals do this daily in conversations with each other. This meshing may be the best expression of the new bicultural identity that immigrants develop.

On the positive side, a new language provides the immigrant with the opportunity to "create a new self." This may facilitate working through early conflicts, and finding new ways of self-expression that may not have been available in the world of the first language. It may open

up possibilities and facilitate the emergence and exploration of certain topics not acceptable for discussion in the first language. A different linguistic context or a therapist from a different cultural background may provide a vehicle to express the inexpressible in the first language because the habitual intrapsychic censoring mechanisms may become displaced. In situations where both therapist and client share languages and cultural contexts, both facilitative and censoring processes may be present in the therapeutic encounter, following the use of one or another language.

### *Language gender and sexuality*

As women immigrants cross borders, they also cross emotional and behavioral boundaries. Becoming a member of a new society stretches the boundaries of what is possible in several ways. It also curtails what might have been possible in the country of origin. One's life and roles change. With them, identities change as well. The identities expected and permitted in the home culture are frequently no longer expected or permitted in the host society. Boundaries are crossed when new identities and roles are incorporated into life. Most immigrants and refugees crossing geographical borders, rarely suspect the emotional and behavioral boundaries they will confront.

Issues of sexuality and gender roles are crucial in the lives of women immigrants. Struggles surrounding acculturation in immigrant families center frequently on women's and girls' sexual and gender roles. Groups that are transforming their way of life through the process of acculturation focus on preserving traditions through the role and behaviors of women. The "proper behavior" for women and girls is usually equated with the fulfillment of traditional gender roles that signify women's adherence to family and cultural values. Women's roles and sexuality become the "bastion" of tradition against disorienting cultural differences (Espín, 1999,

2006). Some immigrants transplant an ideal “virtuous” woman and strongly support a dichotomous construction of the “purity of our women” versus the notion of the “promiscuous American woman.” In many communities, to be “Americanized” is synonymous with being sexually promiscuous (Espín, 1997, 1999).

Young women from racialized groups may confront additional conflicts. They have to find balance between the imposed hypersexualization of a mainstream culture that sees them as “exotic” and the “hyper purity” expected of them. Policing women’s bodies and behavior becomes for immigrant families and communities a means of asserting moral superiority and holding on to the old and familiar against the new and unknown (Espiritu, 2001). Moreover, immigration legislation and enforcement have called attention to sexuality, particularly women’s sexuality since the first immigration restrictions of the nineteenth century. Most of us know that the first restrictive immigration laws in the United States were developed in the late nineteenth century to exclude the Chinese. What we may not know is that those first restrictive laws were aimed at Chinese *women*, assumed to be *prostitutes*. It was their being women and presumably sexual that determined their exclusion. Laws excluding Chinese of both genders came after. In addition to prostitution and lesbianism/homosexuality, pregnancy has also been used as grounds for exclusion (Lubhéid, 2002). Preoccupation with the reproductive capacities of heterosexual immigrant women is present still in the minds of some conservative politicians. It appears that the authorities coincide with traditions that emphasize the need to control women’s sexuality.

Regardless of differences in their countries of birth, migration offers women the opportunity to transgress established gendered norms and create new identities. Many women appear to benefit from the liberating effects of being “outsiders“ in the new culture (Espín, 1999, 2006). Women’s gender roles may shift because of their relocation to a country with more



egalitarian gender norms and also because of the necessity of their greater participation in the workforce or simply because of the distance from the familiar environments and/or their families. (Espín, 1999, 2006; Yakushko & Espín, 2010).

Immigrant women's employment may also change their identity and their families' dynamics in considerable ways because it may entail women's increasing bargaining power due to their increasing economic contributions. This new financial independence may provide a chance to leave unsatisfying partnerships or to improve their gender role status by increasing control over decisions and building personal autonomy in many areas of life. But migration can also contribute to a situation where immigrant women embrace more traditional gender roles. Indeed, migration can be both emancipatory and subjugating for women.

In any case, the impact of migration on gender relations and the impact of gendered power structures on the migratory process cannot be ignored if we are to have a clearer picture of how migration experiences intersect with women's individual psychological processes. To fully grasp the interplay of gender and the migratory process it is important to understand that even though women migrate for a whole range of reasons such as poverty, displacement from the land, debt, political persecution, and many other external constraints that they share with men, the impact of these problems is always gendered because of the impact of specific problems such as wage differentials in sender areas and in receiving areas (Kofman, Phizacklea, Raghuram, & Sales, 2000). Social constraints facing women...also influence sex selectivity patterns in migrations streams. Marital discord and physical violence, unhappy marriages and the impossibility of divorce [as well as other instances of sexual/gendered oppression] often influence women's decision to migrate" (Kofman et al., 2000, p.21). Therefore, "issues such as

concerns with the body, sexuality and representation, might be significant for a gendered account of migration” (Kofman et al., 2000, p.34).

Considering the many ways in which sexuality, gender roles, and immigration are intertwined, it becomes apparent that it is important to understand language issues vis-à-vis sexuality and gender roles for immigrant women. Speaking about sexuality and other emotionally charged topics may be taboo in the native language.

Gonzalez-Reigosa (1976) has demonstrated that taboo words in the language of origin elicit maximum anxiety. They cause more angst than either taboo words in the second language or indifferent words in the first language. Much earlier, Ferenczi (1911) had written about the emotional charge associated with obscene words. Words that relate to sexuality, in particular, remain emotionally charged taboo words for most people. Cultures that have fairly “traditional” conservative views of female sexuality frequently make it difficult for women to discuss these issues (Espín, 1999, 2006; Necef, 1994; Yakushko & Espín, 2010). If one comes from such a culture, English provides a vehicle for discussing issues that are too embarrassing to discuss with “forbidden” words in one’s first language.

In a study in which I focused on the use of language among women immigrants living in the U.S. (Espín, 1999), I found that most of the women interviewed reported resorting to English when describing their sexuality. Some of the women interviewed, who came from cultures they defined as “more liberal” than mainstream American culture, still preferred to use English in discussions of sexuality. In several cases, after the completion of an interview or group session conducted in English, participants said that they could have expressed themselves and answered my questions more easily had they done so in their first language. Yet, the same participants

believed that although they had a larger vocabulary in their first language, it was easier for them to talk about these topics in English. Feelings of shame, they reported, would have prevented them from addressing these topics in depth had they used their first language.

While almost all participants reported preference for English to *talk about sex* and sexuality, some respondents preferred their first language *in sexual interactions*. They found words in their first language rather than the equivalent English more sexually arousing. One of the interviewees stated, it seemed difficult, if not impossible, to “make love in English.”

Conversely, other participants in the study said that they did not know or were unfamiliar with discussing sexuality in their native language. These women had migrated at an earlier age; usually before or during early adolescence. They had developed their knowledge of sex while immersed in English. They used English more consistently in other spheres of life and felt more comfortable with it. These same women explained that they found it inconceivable to use their first language to talk about any adult interactions not just about issues of sex and sexuality.

These findings are noteworthy because they apparently contradict traditional sociolinguistic theory (e.g., Fishman, Cooper, & Ma, 1975) which argues that bilinguals use their first language for close relationships/intimacy and their second language for business or “the outside world.” The first language might be used in the context of love, family, or neighborhood. The second language is used at work or in the classroom, where deep emotions are not at the core of the interaction. Language serves as an instrument that either enhances intimacy (the native tongue) or provides distance in relationships (the second language). Accordingly, the mother tongue should be the language of sexual conversations. However, sexual issues appears to be the exception to this established sociolinguistic rule.

Turkish-Danish scholar Mehmet Necef (1994) contends that the issue is one of clashes in values more than language. But, is it possible to distinguish between the two? While this is not a linear relationship, the absence and/or presence of terms in any language is often suggestive of values. Concepts are elaborated in languages depending on the importance of the particular notion to the specific culture. Sometimes a society/culture lacks the language to describe an experience. It may have not developed the vocabulary that would validate that experience because it is not perceived as significant or acceptable.

If the words learned to discuss sexuality in the first language are “dirty” words, then the native speaker of that language may be at a loss to describe positive sexual experiences. The second language, then, may become helpful. It provides an acceptable vocabulary to talk about these issues. In short, when a good experience has no name in one language, the multilingual person has the option of resorting to the other language.

In my therapeutic practice this was particularly significant for bilingual lesbians. They described their life and choices most frequently in English. They tended to avoid their native tongue when speaking about their sexuality, even though the rest of the therapy session may have been in their first language.

Many intriguing questions are raised by these data: Is the immigrant woman’s preference for English when discussing sexuality motivated by characteristics of English as a language (i.e., do characteristics of a specific second language offer a vehicle for expression that is unavailable in the first language)? Or does a second language (no matter which one) offer the degree of emotional distance needed to express taboo subjects? Or is it that the new cultural context—where English is spoken—allow more expression of the woman’s feelings? To many immigrants American society seems more sexually permissive behaviorally and verbally than their society of

origin. Perhaps the presumed permissiveness of American society encourages and facilitates the expression of these topics in English. This may be true for women who immigrated from traditional societies. Yet, it does not explain the preference for English among those women who migrated from more “progressive” societies. One other possibility may be particularly relevant for those who migrated as children or adolescents. Since they “came of age” sexually in English, its expression may become inextricably associated with the language. (Analogous to professional terminology acquired in a second language). This scenario would make their preference for English dependent on their learning context—rather than on emotional factors, cultural background or the characteristics of either language.

What is obvious is that the access to more than one language pushes at the boundaries of what is “sayable” or “tellable.” The concomitant effect on the shaping of identity as a consequence of the increased alternatives is also evident. The implications for therapy with immigrant women remain intriguing.

### *Language and therapy*

How do we apply this information to the work of therapists with multilingual clients? How do we develop productive therapeutic interactions between therapists and their immigrant clients when they do not share the same first language? How do we apply it when both therapist and client come from the same cultural context and speak the same language? Although this may sound trite, the first answer is that each therapeutic situation is unique and, as in all cases, the therapist must remain alert to this uniqueness.

It goes without saying that language is central to all therapy relationships. As I have said, I believe that all therapy is to some degree a “talking cure,” regardless of specific theoretical orientations. At minimum, some conversation and relationship are required to establish the goals

and process of the treatment. Therapy is, by definition, relational. And language is an essential component of all human relationships.

The studies on memory and language cited earlier and my therapeutic practice and personal experience, persuade me that the language in which emotional messages are first conveyed and encoded, impacts the access to deepest thoughts, feelings, and ideas.

As already discussed, the first language commonly remains the language of emotions regardless of fluency in other languages. In fact,

one can be inhabited by bilingualism even if one does not speak two languages fluently but [instead, speaks] from the absence of what should have been. For sometimes, after the loss of an early language, the music nevertheless remains alive [as] the sound of a buried language, a hidden language, a language whose ghosts reverberates in words (de Courtivron, 2003, p. 7).

What then, is the role of the second (or third or fourth) language in the therapy context? Whether the new language is the only tool available for coherent communication or the language of preference for client and therapist, this language may interfere with access to memories and emotional experiences. “People who learn who learn to use two languages have two symbols for every object. Thus, from an early age, they become emancipated from linguistic symbols—from the concreteness, arbitrariness, and “tyranny” of words—developing analytic abilities...to think in terms more... independent of the actual word...” (Portes & Rumbaut, 1996, p. 200). So, “what happens in therapy when more than one word-representation exists for each single object?” (Amati-Mehler, Argentieri & Canestri, 1993, p.111).

Amati-Mehler and her collaborators (1993) describe the enacting of defenses, splitting, and repression that can occur in psychoanalytic treatment when the patient can speak more than

one language. Psychologist Rafael Javier (1989) describes how bilingual individuals mobilize and shift their languages under anxiety producing conditions. He argues this shifting of languages can be utilized as a coping mechanism. Thus, speaking in a second language may “distance” the immigrant woman from important parts of herself.

Conversely, a second language may provide a vehicle to express the inexpressible in the first language—either because the first language does not have the vocabulary, or because the person censors herself from saying certain things in the first language. “There are people for whom leaving one mother’s tongue is a liberation...There are others who feel it is easier to say forbidden things in a language that does not brim with childhood associations and taboos” (Hoffman, 2003, p.51). As my own studies show, for immigrant women, some topics such as sexuality are charged with many contextual layers. Thus the language chosen to discuss sexuality and other emotionally charged topics in therapy may determine the accessibility and awareness of emotional content associated with them (Espín, 1997, 1999, 2006; Neced, 1994; Wierzbicka, 1994; Yakushko & Espín, 2010).

Findings from the study of memory in bilinguals by Javier, Barroso, and Muñoz (1993) discussed earlier, also suggest that the fullest expression of the memory combines elements from both languages. It is possible that when immigrants utilize the two languages in addressing sexuality and other emotionally charged topics in therapy, this may be a step toward integrating both cultural backgrounds. On the other hand, the exclusive preference of one language over another may compartmentalize the contradictions inherent in being an immigrant.

Hoffman’s (1989) poignantly presents an illustration of how therapy can become a tool supporting psychic integration for immigrants. She describes the slow healing of the split between her Polish-speaking and her English-speaking selves through therapy. According to her,

only after narrating in English, the events that “happened to her in Polish,” did she feel like an integrated person. Her experience personifies how psychotherapy constructs a meaningful story out of disjointed, painful, and contradictory events in the lives of immigrant women.

Indeed, although it is not yet clear why multilingual individuals switch among their languages in everyday conversations (Heredia & Altarriba, 2001), the fact is that code switching is present whenever people who share languages speak to each other. By the same token, language switching is very present in many therapy sessions when therapist and client share the same languages. It is possible that language switching is an effective mechanism for accessing all the intricacies of memory and emotion associated with the different languages.

But what then when therapist and client do not share the same languages? Pérez Foster (1998) suggests a process that have also used since the early 1970s. Basically, the client speaks in her first language while the therapist observes emotional expression and body language. This is followed by a brief summary of what was said provided by the client.

I remember vividly such an interaction with a Russian woman client who found a way of expressing her anxiety about her lack of financial resources by launching into a passionate monologue that included the repetition of the word *roboto*, (work, job). I do not speak Russian, so that was the only word I could catch while she was speaking. When she translated for me what she had been saying, she was delighted that I knew the one word that encapsulated the distress she was expressing. I, in turn, was able to get a picture of the depth of her anguish when she was free to express it without the constraint of a second language. She felt understood, even though I really had not understood all she had said.

Other issues that deserve attention, refer to therapists’ reactions to multilingual clients, the ethics of work with these populations and the need to educate therapists on the importance of



language with multilingual clients. Pérez Foster (1998) speaks of the effect on the therapy process of therapists' countertransference reactions to persons from other cultures or to clients who speak other languages therapists may have associations to without understanding the language. Schwartz and her collaborators (2010) address the ethical conundrums of supervising students who are providing therapeutic services in languages the supervisor does not understand.

Obviously, some of these issues are relevant for therapy with multilinguals who may not be immigrants. But it is important to remember that language plays a unique part in the daily lives of women immigrants and that they are likely to have memories and associations tangled with language issues perhaps in deeper ways than those whose histories does not include the traumas of immigration. Because, even in the best of circumstances, immigration is a traumatic event (Espín, 1987, 1999; Pérez Foster, 2001).

Regardless of the immigrant's eagerness to be in a new country, the transitions they confront often result in loneliness from reduced contact with people who shared their past experiences. They also struggle with the strain and fatigue derived from adapting and coping with cognitive overload; feelings of rejection from the new society, which affect self-esteem and may lead to alienation; confusion in terms of role expectations, values, and identity; "shock" resulting from the differences between the two cultures; and a sense of uprootedness and impotence resulting from an inability to function competently in the new culture (Espín, 1999).

Because the impact of language in therapy with immigrant women is still not clearly understood, all therapists working with multilingual women, need to remain alert to language choices regardless of their own language skills. Indeed, any therapist should remain alert to a client's choice of words and to the emotional tone of those words so as to remain alert to possible

areas of conflict as well as to culturally idiosyncratic ways of expressing an inner reality. We now know that the language used by people who have the option to switch is not simply a matter of arbitrary choice. Rather, as we have seen, there appear to be hidden deeper meanings to this selection of which the speaker herself may not be consciously aware.

Whatever training a therapist has received needs to be translated—literally and metaphorically—to each therapeutic encounter.

There are more questions than answers concerning issues of language in therapy with multilingual immigrant women. All I want to achieve in writing this article is to “plant a seed” and invite therapists to ask themselves these questions; to wonder how language is simultaneously expressing and/or hiding the soul of the client in each therapeutic encounter with immigrant women. Whichever language is used in therapy, it is always essential to remain alert to the language of the soul.

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