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One Language and Two Mother Tongues in a Counselling Room:

Dilemmas of a Bilingual Psychotherapist

Marina Gulina, Vera Dobrolubova

Can you really say that the thing is master of the word?
The word -- Psyche. The living word does not signify things
but rather freely chooses this or that objective significance,
thingness, dear body, as one might choose a place to live.

And the word roams freely around things,
as the soul about the discarded but not forgotten body.

Osip Mandelstam

The Word and Culture (1910)

Abstract

The purpose of the present study was twofold: firstly, to explore the bilingual therapist's experience of working in their second language and secondly, to explore the major functions of language within the therapeutic setting.

Design

Interpretative Phenomenological Analysis (IPA) was used to explore the in-depth experience of 16 bilingual therapists of different professional orientations: psychoanalysts, psychotherapists, counselling psychologists and counsellors.

Method

Semi-structured interviews were employed in accordance with the exploratory nature of the research.

Main findings

Four major themes were identified: 'Listening and Understanding the Client'; 'Interventions and Interpretations'; 'Potential Impact of Language on the Therapeutic Encounter: Therapist's Point of View'; and 'Therapist's Experience of Self'. The data demonstrated differences in understanding of functions of language within the therapeutic setting among psychotherapists. The importance of symbolic functions of language in a therapeutic discourse is discussed.

Language is a complex semiotic system with many layers and facets which shape social interaction and influence our experiences and vision of the world; an inverse relationship also exists. It is no longer seen as simply reflecting one's reality but as a tool for constructing one's world (Vygotsky, 1978; Owen, 1991 among others). One's world-view and experiences are affected by language (Whorf, 1956); it offers predetermined cultural categories for conveying and constructing meaning, including our experience of self (Bakhtin, 1976; Owen, 1991). The speaker adjusts his/her utterance to the needs of the listener, in accordance with their relationship (Bakhtin, 1976), the context of the conversation (Jakobson, 1960; Hanks, 1997), and commonalities of thought (Clark,

1989). In the case of the psychotherapeutic encounter, a new integrated third language is created by the dyad (Author, 2001; Connolly, 2002).

Literature Overview

The Challenges of Working in a Second Language

In his biography of Freud, Gay states that Freud candidly revealed some of his frustrations of completing therapy in his second language (Gay, 1988, p. 388). However, apart from one work of Ferenczi (1911) and Greenson (1950), the struggle of using one's second language was not discussed any further until the work of Flegenheimer (1989), who maintains that the most prominent problems which the psychoanalyst faces are understanding the patient and making oneself understood. He highlights that a lack of profound and sophisticated competence in one's language can hinder this process.

Lijtmaer (1999) suggests that feelings of anger may be triggered by having to invest additional effort into communication, as well as feelings of humiliation when the patient asks the therapist to repeat an intervention. Accent, lack of language skills and slower pace were also highlighted as an additional challenge. As a result, therapists may become cautious when making certain interventions and focus on their own language difficulties. This may distract them from what is being said by the client and the therapeutic process. Nevertheless, the literature suggests that as the therapist becomes proficient, these problems dissipate (Sprowls, 2002; Sella, 2006; Skulic, 2007).

In contrast to the above findings, Szekacs-Weisz (2004) provides a beautiful first-hand account to demonstrate a more complex relationship between level of expertise and language employed; she states that once the therapist becomes fluent in his second language, he begins to feel comfortable and safe in its labyrinth. However, she warns that these feelings are mercilessly shattered as soon as the client who speaks the therapist's first language arrives at the door.

She also highlights that two seemingly equivalent words in two different languages may not necessarily convey the same meaning, and provides an exhaustive example by exploring the meaning and the use of words 'love' and 'hate' in the Hungarian and English languages, words so essential in the language of psychoanalysis. Researchers also suggest that some concepts may be nearly impossible to translate (Heelas, 1986; Levy, 1984; Pavlenko, 2002).

Opportunities of Working in a Second Language

Researchers have found that having two languages at one's disposal can facilitate understanding of the client's experiences and foster communication. Connolly (2002) found that bilingualism enabled her to make multiple links and associations in her work, which facilitated a deeper understanding of transference-countertransference and conflictual material. This process facilitated the acceptance of words as a source of sounds and rhythms rather than meaning, thus encouraging her to withhold from making interpretations and thereby allowing her client to regress back to his/her preverbal state.

Similarly, Amati-Mehler (2004) draws our attention to the fact that multilingual organization fosters multiple associations as mental objects are processed in many different languages simultaneously to produce one comprehensible response. She gives an example from her clinical work to demonstrate how multilingualism as a result of multi-associated habit allows alternative meanings and narratives within the analytic context. She states: "It is much easier for me to understand the raving nonsense language of a psychotic" (Amati-Mehler, 2004, p. 178).

The Therapist's Experience of Self as they Shift Between Languages

Foster (1996) suggests that bilingual speakers who possess two language codes may experience themselves and the world differently. Each 'self-schemata' has its own well-articulated psychic identifications, defensive structures, and functional ego operations. In support of her hypothesis she describes how her client shifted to using her mother tongue to describe her conflictual relationship with her mother. This facilitated a change in countertransference. She states: "...she successfully transform[ed] me into a hacking Caribbean bird who wants nothing more than to squawk at her, keep her in line, and make her behave" (Foster, 1996, p. 110).

Szekacs-Weisz (2004) gives an example of her journey as a bilingual analyst. She recounts that when she started conducting therapy in her second language, it felt as though she was working "from a different part of [her] body and [her] mind"; "I am: a psychologist with one brain and two minds" (Szekacs-Weisz, 2004, p.28).

In her work with Claudine, a French-English bilingual, Hill discovered the multiplicity of her own self-states. She describes her shifts between an English and a French-speaking self-state, as she transforms from an adult psychoanalyst into a three-year-old toddler (Hill, 2008, p. 452).

Overall, the literature review suggests that certain issues may arise within cross-lingual interactions, but the majority of available research either addresses the experience of bilingual clients or mainly considers cases of psychoanalytical treatment. Therefore, one of the rationales for the current study was to explore what it is like for counselling psychologists and psychotherapists of various orientations, who are not native English speakers, to work in their second language with monolingual adult clients in the UK.

Method

The decision was made to employ semi-structured interviews in accordance with the exploratory nature of the research and the spirit of Interpretative Phenomenological Analysis. Interpretative Phenomenological Analysis (IPA) is concerned with “what the experience of being human is like” (Smith et al., 2009, p.11). IPA is an idiographic approach which aims to gain a detailed understanding of an individual’s experiences, understandings, perceptions and views (Reid, Flowers, and Larkin 2005), emphasizing the quality and the texture of individual experience.

The questions were designed to elicit data regarding therapists’ experience of the therapeutic discourse and experiences of the self. The interview schedule was tested and reviewed.

Participants

Sixteen respondents took part in the current study; 13 were female and 3 were male. Four of the participants were Iranian, one British, four Russian, one Ukrainian, one Lithuanian, one French, one Dutch, one Austrian and two Indian. In terms of professional identity, one clinical psychologist, two counselling psychologists, one psychotherapist, five psychoanalysts (International Psychoanalytical Association accredited), three trainee counselling psychologists and four counsellors were recruited for the study. Three of the respondents offered psychological support within the public sector; two of these also worked part-time within the private sector and one in an educational setting. The rest of the respondents held positions in charitable organizations. They represented a wide range of approaches: CBT, person-centered, integrative and psychoanalytic orientations.

At the time of the interviews, all respondents were based in the UK. Nine of the participants had been resident in the UK for between 8 and 27 years. They learned their second language either at educational institutions in their home or immigration countries, or through work. Two of the participants were born in the UK, and learned both languages simultaneously. No real names are used in the text of this article. The words accentuated by participants are given in capital letters.

Findings

This article will focus on four superordinate themes: 1. “Listening and Understanding the Client” with two themes 1.1. “Meaning” (metaphors, proverbs, idioms, humor, slang) and 1.2. “Prosodic Components of Client’s Speech” (accent, tone of voice, pace); 2. “Interventions and Interpretations” with two themes 2.1. “Therapist Expressing Him/Herself” and 2.2. “Prosodic Components of Therapist’s Speech”; 3. “Potential Impact of Language on the Therapeutic Encounter: Therapist’s Point of View”; and 4. “Therapist’s Experience of Self”.

1. “Listening and Understanding the Client”

This theme describes the obstacles with which therapists are confronted when conducting therapy in their second language, including unique turns of phrase or individuality of speech. This theme contains two sub-themes:

1.1. “Meaning”

During interview, the therapists identified the challenges they face to their understanding of specific turns of speech used by their clients. For example, Anna describes the difficulty of trying to understand the meaning of English proverbs:

And I think for most of us, who’ve immigrated: we get our head around some of the English sayings, maybe after a while. I don’t know about you but there are a few sayings where I use them and think “What does that actually mean?”

In addition to metaphors, slang also seems to be of concern. Christine describes feelings of nerves prior to commencing therapy with an English-speaking client.

At the beginning I was a bit nervous...my concerns mainly were around the area of language barrier, of thinking what if my client doesn't understand what I say or vice versa: what's going to happen if I don't understand the client, for example, the word "stoned". "I was stoned". I didn't know that.

Kate found herself unable to understand a joke made by her client; this made her feel "naive". Interestingly, Kate first described herself as feeling "stupid", then changed her adjective to "naive". Possibly, she was experiencing a mixture of both.

...Sometimes [clients] say "Oh, excuse my French," and then they laugh.... Obviously, I know now what it means but at first looked a bit not stupid but a bit naïve...

1.2. "Prosodic Components of Client's Speech"

This theme refers to the therapists' reflections on their experience of understanding clients with prominent regional accents. It describes the therapists' feelings and concerns related to this issue. For example, Susan describes difficulties in understanding those of her clients with a strong accent; however, she feels that native speakers would share this concern, and that her experience is no different from theirs. This seems to suggest that she has little or no anxiety about the challenges involved in deciphering accent.

...I find most of them have a strong accent and I did have trouble understanding them but then I wasn't alone. Some of the native speakers also had trouble but less than me. If they have a strong accent I would have trouble but I would tell them.

2. "Interventions and Interpretations"

2.1. "Therapist Expressing Him/Herself"

This sub-theme describes language-related challenges encountered by therapists in their interaction with clients. These include the mechanical challenges of translation, including translating specific turns of speech and technical terms or concepts in psychology, as well as nuances of

translation such as the partial loss of meaning (since the same word may hold a different meaning in another language). For example, even though Anna has lived in English-speaking countries for most of her life, she still finds herself struggling on occasion when translating neuropsychological terms, suggesting that a concept is more easily accessible in the language in which it was learned. As Anna puts it, the “word pops into my head”, implying that no effort is required to receive it.

Well, that's not only neurophysiology, em... I sometimes can't think of a word, I think that probably happens with aging, where I am searching, searching for a word. And every now and again, suddenly a German word pops into my head and I really have to make sure that I translate it into English.

Psychoanalyst Larissa reports that she felt rather restricted in her self-interpretations in a course of her own personal training analysis which she has had in English (her third language), but she does not feel like that any more, working with English speaking patients now:

2.2. “Prosodic Components of Therapist’s Speech”

In order to describe salient aspects of working in one’s second language, respondents turned to the individuality of speech. The current theme contains therapists’ reflections on what it is like to have an accent and/or pronunciation differences within a clinical setting. For example, Christine describes a heightened awareness of her accent, which seems to influence the manner in which she speaks during the meetings, as she perceives her language use as a possible source of misunderstandings.

[In terms of the language barrier] ...with that particular client, I was more aware of my accent and the way I was speaking, I was trying to speak slowly, not to make any mistakes or cause any misunderstandings...

3. “Potential Impact of Language on Therapeutic Encounter: Therapist’s Point of View”

This theme indicates how such difficulties can hinder as well as foster successful therapy. According to Sara, for example, thinking quietly about the next intervention can have a negative as

well as a positive impact on the client. Some service-users may “feel uneasy” as they attempt to work out the reasons for the therapist’s silence, whereas others may view this situation favourably, as thinking is perceived as a sign of professionalism. Sara suggests that both the client’s and the therapist’s discomfort about conspicuous moments of silence fades away as the therapeutic alliance develops.

Anatolii expresses some concerns and frustration about having less creativity in English:

*I do not feel inspiration sometimes to say something in English to the patient
because it sounds dull to me. No vibration.*

Another psychoanalyst, Vladislav, thinks that when speaking English to a patient he “loses a richness of interpretations”. To demonstrate such potential limitation, he gives a clinical example where he was successful in his interpretation of a patient’s dream because he knew a rare meaning of the verb “to shoot”. His male client’s very anxious dream was about a failure to take a picture of a group of people with his camera.

*He used a word ‘to take a picture’, but he sounded so deeply upset by this dream.
Knowing his history, I suggested that this dream was about a failure of
“shooting”: a picture and a sperm.*

Olga thinks that sometimes using a second or third language makes a therapist “alienated from his own feelings”:

Each intervention in Ukrainian is unique, at last least I feel so.

Another idea about transference belongs to Olga:

*The “foreignness” of psychoanalysts might reinforce a maternal transference in
some cases because usually this was a mother who was a first person talking to a
baby in unfamiliar language. So it might raise anxiety...or.....(thinking)... a
libidinal bond as well!*

Two psychoanalysts expressed their concerns about unknown cultural factors that might have an impact on patients' transference. They think that it might undermine their understanding of a particular transference.

...Working in the UK with various ethnic groups I see that parental figures carry different meanings in different cultures.

Understanding of free associations of some patients is a worry for another psychoanalyst:

We are talking about FREE associations but if I am not free in my mind because of my anxiety about the level of my language, I cannot use my FREE floating attention as Freud and others recommended listening to a patient.

Generalising, one could say that therapists often project their own fears of appearing "inexperienced" to the patient, and they also use rationalisation of their anxiety about choosing a language as an explanatory point.

Larissa, Olga and Vladislav, in different ways, mentioned the fact that almost inevitably patients start developing a deep, often secretive interest towards the therapist's country of origin, its history and current events (Latvia, Ukraine, Russia).

4. "Therapist's Experience of Self"

This theme describes the therapist's perception of self within the therapeutic encounter, particularly in reference to the experience of being a non-native speaker. In addition, the theme includes respondents' comparative accounts of their self-experiences in relation to the language used. For example, Matthew suggests that his experience of self shifts depending on his choice of language. He reports feeling "more myself" when speaking his mother tongue, the language of his childhood. He explains that different aspects of personality, thinking patterns and behavioural style become prominent depending on the language used, thus affecting self-experiences. Notice the passivity of the process: Matthew does not deliberately change these aspects of himself; instead, language automatically brings about the transformation.

I feel more myself when speaking in my first language... why am I defining me as the me that speaks English, why am I saying that me who speaks Hebrew is somebody else, but that's all the same me.

Sara's response suggests that when working in the English language she feels more mature, more knowledgeable and more experienced. She explains that you address someone less formally in English than in Greek; when using Greek, therefore, Sara perceives the situation as more formal, and "feels younger", less knowledgeable and less experienced.

Kate reports that working in her second language gives her a sense of innocence: she feels more able to ask questions ingenuously, and perceives her interventions to be more easily accepted by her clients.

According to Nina, one's national identity shifts depending on the language used. When she speaks English she refers to herself as British; when working in Iranian she becomes an Iranian.

Olga described her experience of working in Russian as "more free, more creative, more precise but also more casual".

Vladislav said that he feels "a bit alienated speaking English in counselling room", but easier as well.

English keeps you like a corset, and you feel it as an additional supportive frame. Everything is clear and well defined...but! Less choices. This is price for a security.

Discussion

To be a foreign therapist: a diversity of reflections

"I am a different animal from them"

Some of our results were consistent with the findings of Amati-Mehler (2004) and Akhtar (1995). A rather common concern of bilingual therapists was loss of confidence (feeling "stupid"), as in their opinion their English was not as proficient as their patients'. This significant sense of inferiority, otherness, foreignness, was also evident from the following: "I cannot forget that I am not English".

Rationalisation was used by some of our participants to manage their feelings: “We do not have shared heritage with...”; “It’s very difficult to be Austrian in Holland” (perhaps for historical reasons, namely the Second World War); “There is no such word in Hindi”; “Greek use another grammatical form to address people; that’s why I feel myself younger when I am talking in Greek....”, etc. Or: “by using a different language I am thinking in a different way, I am behaving differently”.

It is possible that language difficulties are emphasized in an attempt to conceal feelings of insecurity, anxiety or dependency, or as a defence mechanism which enables the therapist to displace these feelings, possibly onto the client or the supervisor. Often, having a second language is not perceived as an achievement but as a limitation: “borrowed words” (Amati-Mehler, 2003). In contrast to the second language, the “mother tongue”, for some participants, stands for a lost paradise into which the child was born and within which they are developing amidst a flow of conversation, a cloud (or “pool” as reported by one of our participants) of language, not forced to learn new and unfamiliar words by heart as this would happen later on in life.

Some of our respondents report the same phenomenon as the one described by Ferenczi (1911). When he listened to his patients he noticed that they tended to avoid obscene words in their first language, suggesting that the mother tongue may be more emotionally-laden; some therapists reported that speaking in a second language made them “alienated from [their] feelings”.

Other concerns are rather specific to the therapist; these are related to interventions and interpretations. Some psychoanalysts felt that they lost some creativity, richness, uniqueness in their interpretations when working in their second language. Some participants thought that working in a language other than their mother tongue affected the precision of their interventions. Psychoanalysts discussed the difficulties related to free associating by both members of the dyad. In addition, as important a feature of psychodynamic psychotherapy as the free-floating attention of the therapist can be undermined by linguistic issues.

The effect of cultural factors on patients’ transference was also discussed by therapists. They thought that it could undermine their understanding of a particular transference, as previously well discussed in Akhtar’s work: “The analyst must watch for ways in which cultural differences affect transference and countertransference” (1995, p.1071).

Some participants reflected on the process of therapy rather than content. They felt that the pace of the sessions could be unnecessary slow; one respondent reported: “no vibration” in the process of creating an interpretation.

“Magicians are always coming from a farthest place”

Some of our participants at the beginning of the interview were mainly expressing their concerns and limitations of working in their second language. Nevertheless, as the interview progressed, therapists reported positive aspects related to being a foreign therapist. These positive reflections can be grouped as: “freedom”, “closeness” and “power”. Participants shared the following experiences: therapist’s “sense of innocence”, “You can ask more”, engage in further exploration, an opportunity to be more open with the patient; they also felt that it gave them more freedom in their work.

Talking about their feeling of closeness to the patients, some participants use such words as “shared concern”, “trust” and “self-acceptance”. Some therapists noticed that clients developed an interest towards the therapist’s country, possibly in a process of transference, “searching for a similarity with foreign therapist” as if they were starting to develop some new identities. Others found that the “therapist’s accent attracts the client’s attention”, increases the client’s interest in therapy: “clients appreciate therapist’s effort to translate from her/his dominant language into a non-dominant language”.

Some therapists simply prefer to work in English, because doing this makes them feel “more mature, more knowledgeable and more experienced”. In general, multilingualism “helps me have a better understanding thinking in different languages” as reported by one participant. Another psychoanalyst reported that ‘ “foreignness” can be seen in the transference as therapist’s “uniqueness” ‘. Finally, one participant stated that being a foreigner gives a therapist “almost a magic power”, because in their initial transference the patients see him/her as almost a “magician”, somebody who has brought this knowledge from a distant unknown place. According to the respondent, such person “cannot be your neighbour”.

“Yes, but...”

Some participants' responses could be described as "yes, but..." answers. These respondents discussed both sides of their experience of working in a non-dominant language. One therapist admits that "narrow vocabulary is an obstacle for more precise interventions, BUT suggests that the tone of voice might compensate for lack of literal meaning". A therapist might feel "more free, more creative, more precise BUT also more casual" or "a bit alienated speaking English in counselling room, BUT easier as well".

One psychoanalyst speculated that some patients of foreign therapists could develop a maternal transference "because usually this was the mother who was the first person talking to a baby in [an] unfamiliar language". BUT this transference could also trigger other feelings like anxiety (or anger, confusion, fear, etc.) or a libidinal bond (secure attachment, re-assurance, etc.).

One participant reported that his national identity shifted depending on the language used, while another stated that speaking a foreign language "keeps you like a corset", like an additional "supportive frame", because "everything is well defined", BUT it gives one "less choices".

What is special about language and speaking in the counselling room?

Experiencing a language as a mother tongue is almost always different from *learning* another language. There is no doubt that learning a language, like all kinds of learning, requires new identification(s) with something and/or somebody. This is one of the reasons why Akhtar called replacing one's first language by a second one a "linguistic transformation" and described immigration as "a third individuation" (Akhtar, 1995, p. 1074). Another reason for therapists' frustration with their language limitations, which is also very understandable, is because it undermines the "referential function" of their discourse as suggested by Jacobson and Halle (1956); in other words, it threatens therapists' ability to grasp the context of patients' speech. They worry about "nuances of translation", "partial loss of meaning", "vagueness and uncertainty", "accent/mispronunciation, which created misunderstandings".

Alternatively, some participants acknowledge that similarity between two people might cause a loss of a wider picture of a world: "We are both from Vienna, so we ought to have some common blind spots!"

The process taking place in a foreign therapist's mind in the counselling room is not simply a successful translation from a first language to a second language; "translation" in a counselling room has a broader meaning, and often becomes an "interpretation", and this interpretation can be seen as "understanding". Whereas a linguistic translation can be verified, the correctness of a translation-interpretation can be difficult to prove. As we know from clinical practice, the patient may disagree with a therapist's interpretation at a particular moment but later "discover" and formulate the same interpretation, believing that it is his own.

"Talking cure" or "listening cure"?

Language has frequently been the focus of attention as psychologists and psychotherapists have made attempts to understand the phenomenon of the "talking cure". There is more than a little truth in the joke that it was Freud's first patient, Anna O., who founded psychoanalysis when she realised that the new treatment was helping her; she then called it the "talking cure." Note that she was referring to her own speech - talking that seemed senseless and incoherent to the specialists around her but not to Freud. This did not, however, prevent other non-analytic psychotherapists from later distorting the meaning of this phrase and taking it to mean "cure by the word" of the therapist, by which he inculcates, advises or prescribes to the patient.

Vygotsky (1928, 1983) was the first psychologist who asserted that sign-based communication between subjects principally differed from "natural" codes through the intention behind the communication. Moreover, signs are viewed by him as psychological tools, that is, as the instrument of the joint work done by the participants in the communication, whose aim is to pass ideational content from the consciousness of one of them to the consciousness of the other.

These considerations have also been highlighted in the works of Bakhtin, who believed that the nature of human communication not only involves knowledge-seeking, but is more broadly communicative (see Voloshinov, 1930, p. 17). Later, he speaks of the internal dialogue of the conscious, of the "responsive" character of all thinking and all speaking (Bakhtin, 1963; 1979). The similarity between Bakhtin and Lacan is in their conclusion that there is no speaking without an answer. Psychotherapy has drawn on this rather new idea that for the patient, there is no silence on the part of the psychoanalyst, at least not while the psychoanalytic transference is active. In other

words, the answer that the psychotherapeutic “quiet” constitutes is no less expressive than a sermon might be in another setting.

The school of Saussure stated that the signs of a language acquire meaning only in relation to each other, and that the word-sign in human language has a life of its own, separate from the subject and object, and from the time and place, which it replaces. Before Saussure’s essays were published, Russian poet Mandelstam wrote a similar thing (see epigraph). Since Freud and Jung, the symbolical and subjective function of the word finds new resonance in psychoanalysis and, later, in psychotherapy.

In his own way, Lacan was returning to Freud’s understanding of the analytic process as a process of translation (Freud, 1950b). Today we can elaborate this idea. When we start our own psychotherapy, our psychoanalyst/psychotherapist is our second translator, whereas our first translator was our first care-giver - usually the mother. Sometimes she is “a good enough” in this, sometimes “a bad enough”, but in any case the psychological birth of a child starts with the mother’s attempt to translate her child’s signals. Despite her efforts, she never knows exactly what the child is crying about. The child directs a cry at the world, the sole means of communication now within its grasp, and the mother interprets this cry and reacts to it on the basis of her own mainly anxious interpretations, and returns them to the child in the form of her answer, which makes the cry a call, for it is returned loaded with particular (its own) content. The call is formed on the basis of the answer of the mother, that is, it emerges from the unconscious desire of the mother. Thus, language begins to be formed within this pairing: the answer (to the cry) is originally determined by a desire belonging to the mother. This situation allows us to talk not only about “inner dialogue,” as philosophers do, and not only about the introjection of the mother’s drives, as psychoanalysts would do, but, following Lacan, about the subject as divided or split by the wish of the Other. Where is the baby and where is the mother? This split, then, gives rise to and determines the torments of ambivalent behaviour and depression that we encounter in the clinic and lies at the base of the childhood repression that might trigger hysterical symptoms, amongst others. It follows from this that one of the aims of the psychotherapeutic process is to hear in the speaking subject “the desire of the Other”. One can also

say that the conflict between the individual (unique) language and the language of significant others is the cause of neurotic and psychotic symptoms.

The first essential feature of therapeutic process, then, is that language must not be viewed and understood in isolation from the real (concrete, unique) process of the interaction with the psychotherapist, in isolation from the time and place where the Speaking and Hearing take place. In that therapeutic listening is essentially an unpredictable and creative process, and if the therapist trusts the reality of the unconscious, he/she knows that the therapeutic process cannot be programmed, and that understanding is a process of exploration rather than a fixed result. Even more than that: the process is information *per se*.

Secondly, speech always implies an answer, and thus human language creates a relational situation in which the speaker receives from the apprehender his own communication addressed back to him. Thirdly, according to Saussure, language operates through defining the differences, accentuating how one thing differs from another; in addition, this can neutralize differences between concrete objects and create an insurmountable distance between word and thing.

Lacan sees the relationship of speech and language in this way: "Insofar as language becomes functional, it becomes less useful for speech; if it becomes too particular, it loses its function as language" (Lacan, 1995, p. 68). Speech always contains some excess, which is what makes it speech.

Fourthly, a helpful thing to remember is that in the psychoanalytic process, speech is defined not by what is said but by what is not said, what is excluded from the spoken, repressed or suppressed. It is in this way that the listening done by the psychoanalyst differs from the listening of a person who simply wants to help. "The function of language is not to inform but to evoke images. What I am seeking in speech is the answer of the other. That which is constitutive of me as a subject is my question. . . I speak of what was only for the sake of what will be" (Lacan, 1995, p. 69).

Therefore, according to Saussure, in operating with words, we operate with differences and we lose a direct connection with the object, that is, language results in losses; language points to what has been lost, what is missing.

In conclusion, we can say that the desires, feelings, thoughts and fantasies of the speaking subject are subservient to the symbolism of language. We know that no food can satisfy the oral

yearning of the bulimic patient because the craving is a symbolic representation of some other unsatisfied need. No real object, understood physically, can satisfy a craving, and it is the symbolic meaning of the craving that, for the time, eludes the attention of patient and therapist.

Language performs many functions: it connects and separates; it hides and exposes; it creates and destroys. These functions, like all other functions of language, are not opposites, as they might seem, for in hiding we expose, in connecting we separate, etc. Giving a name to the object we inevitably reduce the endless spectrum of potential names of this object (Sartre, Winnicott), but at the same time as naming the object we *create* it. We create it not only by giving it a frame, shape, quality, address, meaning. Psychologists, historians and anthropologists describe instances where the “name” became more important and influential than the particular object, phenomenon or person that initially was the holder of this name. The name starts to exist independently from the object. Speaking within the counselling room is always imperfect and ethically risky because it challenges, dismisses or destroys old names and labels, hopefully giving space for a new name for “the same” object, event, story, phenomenon or early unconscious decision.

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