

# How was this story told in the mother tongue? An integrative perspective

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*Most of the psychoanalytic literature on the mother tongue has focused on the clinical therapeutic encounter. The authors applied findings from therapy research using the Thematic Apperception Test (TAT) to tease out differences and similarities in how stories are told in the mother tongue versus the acquired language. This projective test provides a rich medium to explore the individual's inner world, fantasies, thoughts, wishes, sense of self, and self-in-relation-to-other via a narrative that is spontaneously produced in response to standardized stimuli. The TAT was administered to four participants in both the mother tongue and the acquired language. The narratives were then analyzed using two different rating systems. Differences in sense of self, self-in-relation-to-other, and level of pathology were identified using one participant's narratives. Although no global generalizations can be made from one study, the authors suggest that people tell their story differently when speaking in the mother tongue versus the acquired language. (Bulletin of the Menninger Clinic, 65[2], 246-265)*

Of the many aspects of the cross-cultural therapeutic encounter that are often overlooked, language, with its metaphors and meanings, receives perhaps the least attention. For example, when treating a bilin-

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The title of this article is based on that of Roy Schafer's (1958) article, "How Was This Story Told?"

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gual Hispanic patient using English as the language of communication, a clinician may be inclined to attend to characteristics of Hispanic culture, such as deference to and respect for authority, while overlooking how expressions of thoughts, feelings, ideas, and fantasies differ in the mother tongue. The articulation of suffering and pain in the mother tongue may elicit a greater emotional response and complexity than the expression of the same suffering in the acquired language. Mental health professionals, however, can be seduced into believing that interactions in the acquired language hold the same emotional valence, metaphors, and meanings as the mother tongue. Research on the mother tongue has noted shifts in defenses, affects, sense of self, and self-in-relation-to-other, depending on the language used. This research has focused primarily on the therapeutic encounter. With the exception of a few works, little has been written about how these shifts can be detected on projective testing, such as the Rorschach test, the Thematic Apperception Test (TAT), and the Word Association Test (Ervin, 1964; Melikian, 1964). It is important to extend the findings of previous mother tongue research to projective testing, given the increased number of bilingual and polylingual individuals seeking treatment at inpatient hospitals, partial hospitalization services, and community mental health centers.

The focus of the present study is to examine the differences and similarities in how stories are told in the mother tongue versus the acquired language using the TAT. This study integrates findings from (1) Schafer's (1958) "How Was This Story Told?" and (2) psychoanalytic perspectives on the mother tongue. The TAT was chosen because it provides a rich medium to explore the individual's inner world, fantasies, thoughts, wishes, sense of self, and self-in-relation-to-other via a narrative that is spontaneously produced in response to standardized stimuli. The goal of the study was to investigate the feasibility of applying a research methodology to the analysis of projective test protocols for the purpose of comparing the mother tongue and acquired language. Specifically, we sought to compare two scoring systems to a series of cases and to lay the groundwork for systematic research.

In the following sections, we first provide a brief synopsis of Schafer's work on the importance of narratives and then review the psychoanalytic and psychodynamic literature on the mother tongue. Beginning with Sigmund Freud, we pay close attention to how the acquired language is used defensively to keep back unwanted or repressed thoughts and feelings. Using existing drive and object relations psychoanalytic theories on the mother tongue, we introduce several exploratory hypotheses. We then analyze the differences and

similarities in the TAT narratives of four bilingual Middle Eastern patients, using two rating systems. Finally, we compare the two types of analyses, identifying similarities and differences in the two methods of analyzing projective narrative data.

### **Psychoanalytic and psychodynamic ideas of the mother tongue**

Schafer (1958, 1970) highlighted the importance of the unfolding process of stories, narratives, and anecdotes told on projective tests and during the clinical hour. Rather than focusing simply on the content, he suggested that clinicians focus their attention on “choice of language, imagery and sequence of development, as well as in the narrative details, cues as to the story-teller’s inner experience of his creative effort and his creation” (Schafer, 1958, p. 181). Furthermore, Schafer asserted that Henry Murray’s creation, the TAT, was not simply an apperception test, but a “thematic communication test as well” (Schafer, 1958, p. 181). It is of particular interest that Schafer focused the spotlight on language, imagery, and the story-teller’s inner experience, areas that are studied in the field of bilingualism and mother tongue. Rosen (1996) and Sharpe (1940) similarly emphasized the importance of paying particular attention to metaphors alongside a careful analysis of the specific words that are chosen to create a personal narrative. Finally, an empirical study by Holzman, Berger, and Rousey (1967) examined how 12 Spanish-speaking Latin Americans responded to the audio recording of their native-speaking voices compared to that of their English-speaking voices. These authors found that in listening to themselves in the mother tongue, subjects responded with “significantly greater affect, greater experience of discrepancy between their expectation and the present recording, more evidence of speech disturbance, and significantly greater defensive negation” (p. 427).

The impact of bilingualism and the mother tongue on psychotherapy can be traced to Freud’s early cases. Anna O suffered many complex disturbances, including paralysis, contractions, anesthesia, and an expressive speech disorder. She was often unable to speak German, her mother tongue, and expressed herself laboriously by putting together sentences from four or five different languages. Following a period of mutism, she began to speak only English, although her receptive skills for German remained. It was of particular interest that she spoke Italian and French during periods of fewer afflictions. German was also the second language for many of Freud’s patients, including the Wolf Man, Lucy R, and many Americans he relied on for financial support during the years after World War I.

Within Freud's inner circle, Karl Abraham had a passionate interest in language. But it was Sandor Ferenczi, a Hungarian, who detailed the significance of using a language in analysis that was different from the mother tongue. Ferenczi (1911/1952) proposed that a polylingual patient could pronounce an obscene word in the recently acquired language because it did not have the emotive power of the mother tongue. By avoiding the mother tongue altogether, the patient could avoid the affective associations evoked by that word and thus avoid the entire language of infantile sexuality. Despite Ferenczi's contribution, it was not until 1949 that the role of a second language in the therapy process was vigorously explored. Three classic papers, written within six years of each other, continue to be cited as seminal works on bilingualism and the mother tongue.

Greenson (1950) described the analysis of an Austrian female patient who was 18 years old when she immigrated to the United States. She suffered from hysterical symptoms and several addictions, primarily to her lover and to sedatives. She was further described as having an intense hostility toward her mother. Greenson discerned that the use of obscene words modified her sense of self. The patient feared using obscene words in German, supporting some of Ferenczi's conclusions. She preferred the acquired language, English, because it was "cleaner." The German word for masturbation, for example, was "Onanie" and "meant to masturbate with fantasies, fantasies concerning her mother and father. In English one masturbates like a lady and one has no fantasies" (Greenson, 1950, p. 20). When the patient spoke about sexuality, her affective associations shifted dramatically. When she spoke German, her fatherly transference quickly transformed into a maternal and hostile transference. Greenson posited that the new language offered the patient the opportunity to build up new defenses against past infantile life experiences or the creation of a new self-portrait, while at the same time enabling her to retain a connection with her mother vis-à-vis the mother tongue. Greenson concluded, however, with what remains a controversial issue when treating a bilingual or polylingual patient. He contended that if the acquired language was used for defensive purposes and the analyst was unfamiliar with the mother tongue, it would be advisable to change analysts rather than continue in the acquired language. Ideally, the analyst should speak the patient's mother tongue.

Buxbaum (1949) presented several clinical cases of children with a German heritage who were unable to speak their parents' mother tongue proficiently but maintained a German accent until their analysis was complete. Buxbaum concluded that the choice of language and accent served several functions. First, she believed that the ac-

cents served to maintain a fantasied relationship with the parents. Second, the role of the acquired language allowed for the continued denial of infantile sexuality, as Ferenczi had proposed in 1911, via the use of the second language as an auxiliary superego. Buxbaum believed that verbalizing infantile wishes in the mother tongue brought them to life, reviving the imagery and associative processes connected with the word, thought, and fantasy. Thus the second language took a role similar to the superego, keeping infantile sexuality and aggression at bay. Greenson and Buxbaum utilized a drive theory model, employing a hydraulic mechanical paradigm to characterize the structure of the mind. Sexual and aggressive impulses sought constant gratification, while the superego exerted control partly through the use of the acquired language.

Krapf (1955) was a polyglot who conducted therapy in seven different tongues. Unlike Greenson, Krapf considered the second language as serving a possible adaptive function. By utilizing the second language, the patient could mobilize ego defenses as protection from intolerable anxiety and disintegration fears. Furthermore, Krapf posited that the analyst could actively intervene by switching languages while making interventions. He contended that it was important for the analyst to be familiar with the patient's mother tongue and to allow the patient to wander in the mother tongue. However, Krapf did not support Greenson's view that the analytic process comes to a close if the second language is being used as a form of resistance or if the analyst is unfamiliar with the patient's mother tongue.

After Krapf's work, there was a dearth of clinical and empirical research on the effect of the mother tongue and bilingualism on the analytic process. Marcos, a Spanish-speaking analyst trained in the United States, and colleagues picked up the torch in the early and mid-1970s. They authored numerous works in which they combined their findings with clinical neurology and information-processing theory (Marcos, 1976a, 1976b, 1976c; Marcos, Eisma, & Guimon, 1977; Marcos & Urcuyo, 1979; Pitta, Marcos, & Alpert, 1978). They emphasized several key elements when working with bilingual patients. First, bilingual patients may split off affective experiences when speaking their acquired language. This can be interpreted simply as resistance, but the function of the resistance is misunderstood. Whereas the therapist believes that the patient is resistant to exploring an affective experience, thought, or fantasy, the bilingual patient may be struggling to express his or her experience in the acquired language. Specifically, the patient may experience difficulties in the translation process. The result may be increased frustration for both

the therapist and patient, as well as increased risk for regression by the patient. Second, the acquired language may be used for defensive purposes, as seen with an obsessional bilingual patient who spends an inordinate amount of time searching for the correct word. Finally, the acquired language may serve a protective detachment function, similar to that proposed by Krapf.

The most important contribution by Marcos appears to be in relating how the patient's sense of self is related to the language that is spoken. He believed that certain individuals are language independent. These individuals are able to maintain two independent language systems that allow shifts in perceptions of self and self-in-relation-to-other and that these shifts are related to situational demands, such as who the person is currently addressing. This could lead to affective disturbances because of the individual's ability to perceive himself or herself in one manner in one language and in another manner in the second language. The individual who feels powerful, authoritative and aggressive in the English tongue may feel weak, permissive, passive, and repulsive in the German tongue. The individual may also refuse to speak the mother tongue because of the thoughts, feelings, and fantasies that accompany that language. Marcos strongly contended that it was critical to assess the differences and similarities in the patient's sense of self in each language. Rosen (personal communication, April 2, 1998), however, warned clinicians not to fall into the trap of the "monolingual fallacy," by which he refers to the clinician's apparent understanding of the associations that go along with a word simply because the patient and the therapist speak the same tongue. For example, the simple word "bath" can have different meanings and associative links for two persons who are monolingual.

Since Marcos's work, a series of studies and metastudies have focused on how (1) language affects symptom development, (2) early experiences are accessed through the mother tongue, and (3) pathology is expressed in the mother tongue (Aragno & Schlachet, 1996; Carlson, 1979; Davidson-Stroh, 1998; Del Castillo, 1970; Javier, 1996; Mann, 1995; Marcos, Alpert, Urcuyo, & Kesselman, 1973; Marcos, Urcuyo, Kesselman, & Alpert, 1973; Moon & Cundick, 1983). Marcos, Alpert, et al. (1973) and Marcos, Urcuyo, et al. (1973), for example, demonstrated that Spanish-speaking patients with schizophrenia interviewed in their second language "showed translation-process difficulties such as 'language mixing' or first-language word intrusions during the second language interviews" (Marcos, Alpert, et al., 1973, p. 554). An increase in speech disturbances and longer silent pauses that were associated with encoding difficulties were also noted when the patients were interviewed in the second language.

Finally, the modern contributions of Perez-Foster (1992, 1996a, 1996b) and Amati-Mehler, Argentieri, and Canestri (1993) are critical. Perez-Foster utilized an object relations paradigm versus a classic drive theory or ego psychological model to understand bilingualism in the context of many psychosocial interpersonal factors. Given that not all clinicians are polylingual and that the therapist will sometimes not be familiar with the patient's mother tongue, Perez-Foster proposed a strategy of assessing the "psycholinguistic history" of the patient. She assessed the "psychodevelopmental" and "current usage" factors of the mother tongue and the acquired language. We will use these factors in this study, detailing them in the Methods section.

Amati-Mehler, Argentieri, and Canestri explored how gender development and language are related. They proposed an intravariability factor within the mother tongue. That is to say, within the mother tongue, an identification to father, or alternatively, an identification to mother may be associated with a specific style of speech (intonation, volume, rate). This dimension adds an additional layer to the complexity in understanding the patient's communications.

In reviewing these clinical case findings, we note several important elements that emerge in relation to the mother tongue. First, different defense mechanisms can be specifically tied to the mother tongue or to the acquired language. The acquired language can be used as an auxiliary superego that helps keep unwanted sexual and aggressive impulses at bay. Feelings of sadness associated with loss and shame can also be kept unconscious through the medium of the acquired language. At times, however, the acquired language can serve an adaptive function by keeping intolerable anxiety unconscious. Second, when the mother tongue is invoked, images are vivified and made real because of the rich affective associations, most specifically with obscene words or sexually laden terms/words. A related contribution is that affective shifts can occur when the individual proceeds from mother tongue to acquired language and vice versa. Third, the individual's sense of self and self-in-relation-to-other can shift, depending on the language invoked. Finally, transference and countertransference paradigms can be modified, depending on the language spoken.

## **Hypotheses**

Despite the rich contributions during the past 80 years on the effect of bilingualism and the mother tongue on the therapy process, there is still a paucity of research on potential differences on projective test-

ing conducted in the mother tongue versus the acquired language. Ervin (1964) has been one of the few to examine content differences on the TAT among French bilinguals. Given the paucity of research on the impact of the mother tongue on projective testing, we developed three exploratory hypotheses. Using the methodological approach described in the next section, we anticipated observing:

1. Differences in perception of self and self-in-relation-to-other between the mother tongue and the acquired language.
2. Greater defensive attempts to keep back unwanted emotions when using the mother tongue, but also greater likelihood of failure in these attempts, when compared to those in the acquired language.
3. Greater levels of psychopathology in mother tongue narratives than in acquired language narratives, including perceptual distortion and cognitive slippage in the mother tongue.

#### **Methodological approach to administering, scoring, and interpreting the Thematic Apperception Test**

The four participants were recruited from The Menninger Clinic. Although a nonpsychiatric sample was seriously considered, we chose to focus on a psychiatric sample for this study because of our immediate access to and daily work with this population. A Middle Eastern dialect was chosen as the language because The C. F. Menninger Memorial Hospital treats a number of patients whose mother tongue is a Middle Eastern dialect. In addition, the same Middle Eastern dialect is the native language of one of the primary researchers.

The participants were first interviewed using Perez-Foster's (1996a) "Psychodevelopmental Factors" and "Current Usage Factors" semi-structured questions. Psychodevelopmental Factors are age at acquisition of each language, nature of relationship with people from whom language was learned, social/cultural/environmental context of each language acquisition, psychodevelopmental phase or special psychodynamic issues surrounding acquisition of each language, and domain or context of each language's early usage. Current Usage Factors are current domain or context of respective language usage, people to whom languages are spoken, experience of self when speaking each language, language of internal dreams and internal self-talk, and language of sexual fantasies. Each participant was asked to respond to each question in sequence and to elaborate on his or her responses.

Participants were then given the TAT, once in their mother tongue and once in their acquired language of English. We administered the TAT twice over a 4-week period. Eleven TAT picture cards were given to each participant in the same order: 1, 5, 15, 3BM, 10, 14, Picasso's La Vie, Klee (old man on shoulders of old man), 13MF, 18GF, and 12M. Participants were instructed to tell the examiner what was happening in the story now, what led to the events, and what will happen in the future, while paying attention to what the characters are thinking and feeling. The same examiner administered the TAT in English and in the participant's mother tongue. The examiner spoke only English during the administration in English and only the patient's mother tongue when the TAT was administered in the patient's mother tongue. We counterbalanced the order of the language administration.

After the stories were completed, two sets of judges independently rated each narrative. The first set of judges utilized a structured process method, focusing on the unfolding of each narrative and each participant's relationship to the TAT card (Peebles-Kleiger, 2000; Schafer, 1958; Shevrin & Sheckman, 1973). This method of analysis has no formal title or name, but has been used at The Menninger Clinic as a teaching method with fellows and trainees during the past 45 years. Peebles-Kleiger (2000) is currently articulating the structured inference-making steps utilized in this method, which includes paying particular attention to the (1) unfolding process of each narrative, (2) shifts in affect within and between each story, (3) self and self-in-relation-to-other shifts within and between each story, and (4) the patient-examiner relationship. After each analysis, summary statements were created for each participant.

The second set of raters used the Social Cognition and Object Relations Scales-Q Sort (SCORS-Q) for Projective Stories (Westen, 1993). The SCORS-Q is an empirically validated measure that operationalizes and enables quantitative ratings on five structural dimensions of object relations as well as providing qualitative descriptors of *dominant interpersonal concerns*. The five structural object relations subscales are defined as (1) complexity of representations of people, (2) affect tone of relationship paradigms, (3) capacity for emotional investment in relationships, (4) capacity for emotional investment in values and moral standards, and (5) understanding of social causality. The Q-sort yields scores on 4- or 5-point scales (higher scores represent more healthy and/or mature object relations) for each of the dimensions. Thus all participants received five such scores, one on each dimension, in both English and their mother tongue. In addition to these scores, the instrument facilitates generating narrative

statements that articulate in experience-near terms what the scores say about the specific nature of object representations.\* To summarize, the SCORS-Q afforded the opportunity to compare participants in English versus their mother tongue on each of the five object relations scales based on (1) their quantitative scores and (2) associated qualitative descriptors. In addition, similar comparisons could be made regarding *dominant interpersonal concerns*.

After the two sets of judges independently rated each narrative, we identified similarities and differences between the two rating systems in order to determine convergent and divergent points between them.

## Results and discussion

Although we set out to rate all projective narratives, restricted stories in both the mother tongue and acquired language in three of the four cases precluded us from using all four cases. We encountered limitations (described in detail in the following sections) when using this methodological approach to administer, score, and interpret the TAT narratives. When a participant was not fluent in English, despite his or her reports of learning and using English in a variety of settings, he or she produced restricted acquired language narratives. Specifically, three of the four participants produced narratives that were one to two sentences in length, which made it difficult to assign SCORS-Q ratings and summaries using the structured process method. Furthermore, there was a greater likelihood of generating weak inferential statements about each story with only one-sentence narratives. Of the four cases, Ms. Z's protocol was the most vivid and complex; consequently, we decided to present only her case. Next we present (1) Ms. Z's background information, gathered using Perez-Foster's Psychodevelopmental and Current Usage Factors, (2) a summary of our exploration of the hypotheses, based on both methods of analysis, and (3) specific examples from Ms. Z's narratives that further elucidate the differences between her functioning in English versus in her mother tongue.

### *Background of Ms. Z*

Ms. Z is a single 26-year-old female who has been living in the United States since age 15. She has three brothers and two sisters. She

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\*Detailed information about how the two raters arrived at a consensus on the narrative statements is available from the authors. Also note that the mean interrater reliability for the eight structural Q Sorts (four subjects in English, four in mother tongue) was  $\alpha = .81$ .

began speaking English at age 9, and she received an advanced degree with English as the primary language. She reported that she “respected” and “was afraid” of her English teachers. She speaks her mother tongue with family and friends, and English when in the United States, Europe, or other English-speaking country. In English she thinks of herself as shy and error prone, and in her mother tongue as “good.” She dreams in her mother tongue, but has sexual fantasies in both languages.

*Exploration of hypotheses for Ms. Z*

Consistent with our first hypothesis, Ms. Z exhibited differences in self and self-in-relation-to-other between her mother tongue and acquired language narratives. This was supported by both ratings methods.

*Interpretive statements from the process-structured method of analysis.* Ms. Z’s English narratives tended to depict females as more proactive, while in her mother tongue she characterized females as more reactive to males or family members. In English she tended to depict women who were comfortable with taking an active role in manipulating their environment, despite the retribution that could follow. Ms. Z’s mother-tongue narratives typically depicted males as rescuers, victimizers, or both. Female figures’ self-worth was validated by the presence of a male figure in some stories, while in others she was abused by a sadistic tormentor who inflicted unrelenting physical abuse.

*Interpretive statements from the SCORS-Q method of analysis.* The Complexity of Representations scale of the SCORS-Q suggested that Ms. Z tended to be more egocentric and relied on splitting when speaking her mother tongue, compared to English. On the Affect Tone scale, Ms. Z represented relationships as grossly malevolent in her mother tongue, while in English her relationships were typically alienating or absent. On the Capacity for Emotional Investment in Relationships scale, in English there are some glimmers of conventional concern and caring, whereas her stories in the mother tongue more consistently depicted a need-gratifying orientation to relationships. On the Capacity for Emotional Investment in Values and Moral Standards scale, Ms. Z’s narratives in English were more indicative of occasional abilities to experience some sense of internalized guilt. In the mother tongue, her moral reasoning was more consistently childlike, that is, based on more of an eye-for-an-eye mentality. On the Understanding of Social Causality scale, Ms.

Z was more apt to leave narratives unresolved in her mother tongue.

With regard to the second hypothesis, the data were equivocal and difficult to confidently interpret with regard to whether Ms. Z made greater defensive efforts to keep back unwanted material in her mother tongue. We did note, however, that Ms. Z switched to English more often when creating mother-tongue narratives than she switched to her mother tongue when creating English narratives. This would suggest that she switched to English when she was stirred emotionally or she mobilized her acquired language as an auxiliary defense against unwanted thoughts and feelings.

What was more abundantly apparent, though, was that Ms. Z did in fact exhibit greater psychopathology in her mother tongue.

*Interpretive statements from the process-structured method of analysis.* This approach to the TAT data revealed that in the mother tongue Ms. Z expressed more primitive, primary process material and more of her personal core conflicts. Themes related to sexuality, aggression, punishment, and basic safety were more pervasive and emerged in more unmodulated fashion, compared to her English stories. Moreover, she displayed increased suspiciousness, vigilance, and paranoia in her mother tongue.

*Ratings and interpretive statements from the SCORS-Q method of analysis.* As indicated in Table 1, Ms. Z's quantitative ratings on the SCORS-Q indicated more primitive and pathological representations in the mother tongue, compared to English.\*

In addition, on the *dominant interpersonal concerns* thematic dimension of the SCORS-Q, the findings converged with those from the process approach. Specifically, this instrument also picked up on more consistently primitive concerns in the mother tongue, related to safety, survival, punishment, aggression, and sexual conflict. In English, however, Ms. Z displayed a more varied developmental range of concerns, mixing the more primitive ones with worries about loss, moral guilt, authority conflicts, and identity.

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\*Because the mother tongue is the language of childhood, the individual might present more developmentally immature stories in that language. This lower developmental level would not be pathological in and of itself. However, the greatest variability between mother tongue and English stories is found for the Affect Tone scale, a scale that has been demonstrated not to vary developmentally (Westen, 1993). Therefore we believe that the difference between the stories reflects more than a developmental variability.

**Table 1. Structural differences of Ms. Z's object relations in English versus the mother tongue, based on SCORS-Q ratings**

Object relations dimension	Language	
	Mother tongue	English
Complexity of representations	1. 58	2. 25
Affect tone	1. 30	2. 29
Capacity for emotional investment in relationships	1. 13	2. 03
Capacity for emotional investment in values and moral standards	1. 95	2. 30
Understanding of social causality	1. 12	2. 09

*Note.* Depending on the dimension, the scales range from 0 or 1 to 4 or 5 (see Westen, 1993). The lower the score, the more pathological and/or developmentally immature. These scores on each dimension are based on an average of those from each of the two raters.

### *Specific examples from Ms. Z's narratives*

To complement the preceding summary statements, we now present specific narratives in order to highlight the differences between Ms. Z's stories in the two languages.

On TAT Card 5, she narrates a story in her mother tongue about a servant:

*Abh . . . this . . . Jennifer was the servant, a homemaker or a servant . . . I don't know. Jennifer is cooking something in the kitchen, but something inside of her ["feeling" is said in English at this point] told her that there is somebody who is spying on her, she opens the door to look and to make sure whether her suspicion is true or not. She couldn't see anything despite the feeling she has, that something was there. She felt agitated and she sat down thinking if there was somebody listening to her or listening to what she was saying to a friend of hers that was with her. That is all. She went back to finish her cooking.*

In English, she tells a story of a woman and her dog:

*Jacqueline had a dog . . . who was . . . which was . . . very cheerful and playful as well . . . One day while she was cooking . . . one day while she was fixing breakfast to her family, she heard a noise or a voice, or a noise like a broken glass . . . She was afraid and she opened the door to see what is going on. She saw that the dog, her dog Muppy, I have a dog called Muppy, Doctor . . . has broken the*

*vase . . . She was very angry with the dog . . . and punished him . . . That's it.*

The first striking difference between the two narratives is the presence of paranoid ideation in her mother tongue. Her character is stirred by “something inside of her . . . [that] told her that there is somebody who is spying on her,” whereas in English, she responds to a noise that eventually turns out to be her pet. Her source of disturbance is identifiable in English, but diffuse in her mother tongue. The unfolding story in English leads to some resolution—“she was very angry with the dog. . . and punished him. . . . That's it”—whereas in her mother tongue she is left “agitated.” Her character remains uncertain as to whether she is still being spied on. Last, she makes self-referential comments in the English narration, whereas these are absent in her mother tongue.

On Card 10, Ms. Z unfolds a lengthy story in her mother tongue:

*(Laughing loudly) OK. (Begins speaking English, then switches to her mother tongue) Can we name names or cite them? . . . Maria was madly in love with somebody and he has the same feelings towards her. He promised to take care of her and provides a decent living to her. He was a tall, handsome man with sporty figure and broad shoulders. He loves Maria very much and, most importantly, he respects women very much and sees a woman as in equal creature. He was a decent man and not a playboy. He decided to tie the knot with Maria despite the fact that she was a playgirl and didn't [in English, she says, “How am I going to say this?”] have, or kept what society requires of a girl, her virginity. They loved each other dearly and decided to tie the knot. Maria was a diligent girl, ambitious, liked knowledge and work. She was able to balance her duties at home and those at work. Her husband was very happy for her and they both decided to have babies, but only after some time to furnish them with education and help them climb the highest ladders to be doctors. That is all.*

In English, she narrates the story of John and Sarah:

*John and Sarah loved each other for a long time, from a long time ago. They wanted to get married, but their families didn't agree because the two families had problems together. You know, doctor, like family problems. Like Romeo and Juliet. They ran away from home and they met at one of the places . . . that they decided before . . . what did call them, John? John gave Sarah a big hug.*

*They went to the church and got married and decided to live in another city . . . away from . . . their family problems.*

From the outset, Ms. Z is emotionally stirred, as seen by her laughter, pauses, and language switching. In English, however, she narrates a fairly coherent and stereotypical story. She exaggerates her male figures in the mother tongue, “tall, handsome man with sporty figure and broad shoulders,” and there is evidence of conflict around sexuality and her sense of self. She transforms her character from a “playgirl” to a “diligent girl, ambitious, liked knowledge and work.”

On Picasso’s *La Vie*, she tells the following story in English:

*Marjorie . . . fell in love with one of her colleagues. His name was Jonathan . . . her mother didn’t like . . . him . . . so they decided . . . they decided to put her family . . . in a situation to let them get married according to the family traditions . . . She had sex with him and they got pregnant . . . Her mother was very angry with her . . . She took the baby because it was innocent and told her that she didn’t want to see her face again. Marjorie felt very guilty because she like her family and at the same time she loved Jonathan . . . She cried a lot and didn’t know what to do . . . but finally she decided to go and live . . . with her boyfriend and pray to God that he will forgive her.*

In her mother tongue, Ms. Z dramatically changes her narration:

*(Pause) I don’t know, it reminds me of a lot of things, Doctor . . . Um, Nancy [in English, “mother of Nancy”] knew about what her daughter had done. A big sin in the eyes of society. She has sex with somebody and the mother scolded her for doing what she did. The catastrophe is when Susan! (shakes her head) . . . Nancy got pregnant and she gave birth to boy, or a bastard. Her mother decided to take the baby and raise him because he was innocent. The man was a bastard. He ran away and Nancy did not know anything about him. . . . Nancy was quite exhausted and was depressed and she couldn’t leave her room, or eat, and she hated all men and women, too. Sometimes she recalled what a woman told her, to have sex with women, because the man is selfish and doesn’t articulate or express what a woman feels, all that he is concerned about is himself. A woman, on the other hand, can satisfy another woman because she knows her body and they are of the same sex. . . . However, something stops Nancy from doing that . . . aaaaah (sighs) . . . that is all, Doctor (looks down to the floor).*

Ms. Z struggles to narrate her story in her mother tongue. She pauses, switches language, and announces, "It reminds me of a lot of things." Although both stories have a similar theme, she narrates a more coherent and organized English story. Her mother tongue narration is moderately disjointed, depicts personal conflict, and identifies the dangers of relating to men. Similar to previous comparisons, her English narratives included more closure and resolution. In summary, Ms. Z did exhibit differences in sense of self, self-in-relation-to-other, and level of pathology between her mother tongue and English narratives.

### *Clinical implications*

The method of administering, scoring, and interpreting projective narratives was successful for Ms. Z. She produced rich protocols in both languages that allowed for systematic and structured scoring and interpretation. Our method failed, however, for three of the four participants. They produced restricted narratives, which made analysis of the protocols very difficult. The key element seemed to be fluency in the acquired language. It is likely that administering projective tests to bilingual clients who do not have a good grasp of the English language may lead to restricted protocols and make valid scoring and interpreting projective narratives difficult.

From our investigative approach to projective testing with bilingual patients, we recommend an approach to psychological testing. The first step of testing a bilingual patient is to utilize Perez-Foster's Psychodevelopmental and Current Usage Factors to assess language fluency. A wealth of information can be acquired by asking from whom the patient learned the acquired language as well as age of acquisition and language usage. The examiner can assess where each language is currently spoken, how often each language is spoken, to whom each language is spoken, under what conditions each language is spoken, and the person's feelings/thoughts about himself or herself when conversing in each language. If the examiner determines that the person speaks English in limited settings and under limited conditions despite the person's report of a good grasp of the English language, the examiner can consider referring for testing in the mother tongue. This may decrease the possibility of a limited testing protocol in the acquired language. If the person is fluent in English and speaks English across a variety of settings, testing can proceed in the acquired language.

The examiner, however, can continue to assess whether the person converses in the mother tongue with family and friends but speaks English in a work environment and whether the person feels strong

and independent when conversing in the acquired language and weak and dependent in the mother tongue. In such cases, testing can proceed in English, but the examiner, who may or may not speak the person's mother tongue, can strongly recommend to the patient that he or she feel free to speak the mother tongue in response to projective stimuli. Although the examiner, who does not speak the person's mother tongue, may think it impractical to recommend associating in the mother tongue, much can be learned from nonverbal behavior. For example, the examiner can pay close attention to nonverbal changes, such as body posture, facial expressions, voice intonations, and inflection. The examiner can ask the person about his or her reaction to test stimuli when these shifts are observed.

Although no inferences can be made from nonverbal shifts, the examiner can determine whether the shifts in nonverbal functioning converge with existing test data. The examiner can also recommend that certain psychological tests be administered in both languages if the nonverbal changes in the mother tongue are frequent, intense, and dramatic. In cases where the examiner has proceeded with testing in the acquired language and the person has produced a limited protocol, the examiner can recommend that selected psychological tests be administered in the mother tongue. In summary, we suggest that a clinician has a variety of choices when testing a bilingual patient, all beginning with a thorough assessment of language functioning using Perez-Foster's Psychodevelopmental and Current Usage Factors.

### ***Research implications***

We used two methods of analyzing the projective data from the single case. These two methods yielded convergent data to show that Ms. Z exhibited differences between her mother tongue and acquired language stories. The process method is a structured qualitative approach to analysis of projective narrative material, whereas the SCORS-Q method is primarily a quantitative approach to analysis of projective narrative material. Despite the different methodological foundations, both approaches yielded similar results in the case of Ms. Z.

This finding has two important research implications. First, rather than espousing one method over another or claiming that one method is superior because of its quantitative or qualitative foundation, we believe that both methods tapped into and captured similar components of Ms. Z's functioning. Consequently, researchers have the option of choosing at least two methods to analyze projective TAT data for larger case series. These two approaches can also complement one another. A second hidden implication is the merging and integrating of quantitative and qualitative methods of analyses. Criti-

cisms from the qualitative camp suggest that quantitative measures cannot capture the complexity of the patient's functioning. Criticisms from the quantitative camp suggest that qualitative measures are unstructured and heavily inferential. We were able to show, at least in the case of Ms. Z, that both methods captured similar areas of Ms. Z's functioning, suggesting that these apparently diverse approaches to data analysis have much more in common than once thought.

## Conclusion

This study was inspired by Roy Schafer's seminal work in 1958. He pointed out that we should pay attention to the "choice of language, imagery, and sequence of development, as well as in the narrative details, cues as to the story-teller's inner experience of his creative efforts and his creation" (p. 181). Keeping these tenets in mind, as well as the findings from psychoanalytic psychotherapy research on the mother tongue, we identified differences in Ms. Z's choice of imagery, language, sequence of development, and narrative detail. In her mother tongue, she evoked vivid images and displayed more primitive psychological themes when narrating stories.

We do not recommend making global generalizations from the application of a methodology to one case study. Ideally, a larger case series may yield richer data. However, we do suggest that clinicians working with bilingual patients keep in mind the potential differences that can arise in projective narratives and projective testing, including the Thematic Apperception Test and the Rorschach. If a clinician does not speak the mother tongue of the patient, the clinician can, for example, ask the patient to narrate a story in the mother tongue, and note changes in facial expression, affect tone, pace and volume of speech, and changes in body position. A clinician can then ask the patient, in English, about his or her feelings and reactions when speaking the mother tongue. At the bare minimum, a clinician can employ Perez-Foster's Psychodevelopmental and Current Usage Factors in assessing language fluency and finalizing a diagnostic summary and treatment recommendations. Finally, the clinician should keep in mind that language is intricately tied to one's culture, and thus the articulation of suffering is best understood by familiarizing oneself with the different aspects of the patient's current and past culture.

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