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Version: Full Version

**Citation: Fleming, Anna (2017) Child psychotherapists' fantasies about working with 'cultural difference' : a psychosocial exploration. [Thesis] (Unpublished)**

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***Child Psychotherapists' Fantasies About Working With 'Cultural Difference':***

***A Psychosocial Exploration***

**VOLUME II**

**APPENDIX II**

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## APPENDIX II

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# INTERVIEW TRANSCRIPTS

## INTERVIEW 1

Okay.

Um, I brought you some information to start off with.

Hmm.

Just about the project.

Mm-hmm.

I mean, as you know, it's part of my DPsych.

Yeah.

At Birkbeck, ...[unclear].

Yeah, yeah.

And it's had ethic approval from Birkbeck.

Yeah.

Um, and will be talking about sort of psychotherapists, your views, about working with cultural differences in child psychotherapy. Um, so if you agree to participate, I imagine that the interview will be about an hour. It's not a problem if it's shorter.

Mm-hmm.

Um, and you are free to drop out of the research at any time.

Mm-hmm.

The sort of, the important bit to say is that the ethical approval that I've got doesn't cover work in the NHS because that has a separate ethics system so I have to ask you not to refer specifically to any NHS work-

Oh really?

**-in the interview.**

Really?

**But you have a private practice, don't you?**

Yeah.

**Yeah. So, {pause} and {pause} to say that um {pause}, when the interview's transcribed, I'll take out all names and place names-**

Yeah.

**-so it will be fully confidential.**

Fine.

**So if you agree to that can I ask you to sign the consent form?**

Signing my life away.

**Do you need a pen?**

Would help, yeah. Excellent.

**I'll see what I can do.**

Is that a pen?

**I've got a highlighter. I'll have a pen in my pencil case.**

Thank you. {Pause} What's the date today?

**The 15<sup>th</sup>.**

[Long pause] Ah. June, June already. Be Christmas tomorrow. Right.

**Thank you.**

There you go.

**You can keep one.**

Oh I have one? I'll have the one that I messed up. Right. Thank you very much.

**And the other thing I sort of ask you to keep in mind for today-**

Yeah.

**-is that this is my pilot interview-**

Yeah.

**-so part of the purpose is to sort of-**

Yeah.

**-afterwards think about the interview itself.**

Yeah.

**So if you would be-**

Mm-hmm.

**-frank at the end about the questions and what might be missing and what might have been unnecessary that would be helpful.**

Okay.

**Um, to start off with, can you tell me a little bit about your training and the context in which you work now?**

Well, uh, my training was with the [Training School 1] uh, what was [Training 1] Therapy Course and Clinic in those days, [Year A] to [Year B] was my training. Before that I was a social worker-

Mm-hmm.

-in the [Country1] and in, in London, the [University 1] is where I trained with Winnicott teaching, can you believe, on a social work course, and um, {pause} and [Therapist 1] was a very excellent psychoanalyst who gave a whole year's lectures on psychoanalytic thinking, really good. So that was that and uh, and then I've been, that's where I trained and I've worked in all kinds of clinics and centres, [Organisation 1]-

**Mm-hmm.**

...{unclear} therapeutic community and [Psychiatric] Hospital, I mean lots of places, [Organisation 2]. So, you know, I've worked in, with - I'm old actually basically is what it says, um, so I've done a lot and I, I've always had a private practice-

**Mm-hmm.**

-going along with whatever else I was doing because some of the jobs I've done have not been actually particularly clinical. It's been more managerial-

**Yeah.**

-campaigning, all that sort of stuff, politics and so on and um, so I um, but I've always kept a small private practice going.

**Mm-hmm.**

Which has been a mixture of children, adolescents and young adults so-

**Okay.**

-you could well think of a young adult in my book as a sort of late adolescent really.

**Yeah.**

Uh, so I've always kept my, my oil running, as it were, clinically, otherwise all these other jobs become pious and full of platitude and cliché and you don't really know what you're talking about.

**Mm-hmm.**

So that's about me I think.

**And {pause} your mother tongue?**

English.

**English. And how would you define your own cultural background?**

Um, I'm [Ethnicity A] obviously. English. Um, working class, moving upwards, social mobility {pause} from sort of working class, lower middle class background up to whatever kind of professional middle class I am now, with a posh-ish sort of accent whereas I used to have a, another kind of accent once upon a time. So, and I think it's white middle class.

**Mm-hmm.**

{Pause} And all the rest of it, middle aged, well no longer middle aged but you know, I think that's where I am, yeah, that's cultural.

**Okay. So how would you define culture?**

Well it's a difficult one, isn't it? I mean there are a thousand definitions, but I think it's fundamentally a system of values, assumptions, beliefs, ways of doing things {pause} that uh, that particular cultural group conforms to, agrees to-

**Mm-hmm.**

-enjoys, gets sustenance from, gets some sort of sanity from really, because it's a wide open world and there are myriad possibilities and I think one's culture helps one to shape one's life in it. It's limiting because it precludes the possibilities of going outside or beyond all of those assumptions and beliefs and so on. On the other hand it's um, it uh, it's reinforcing and uh, fortifying and um, um, {pause} it kind of lifts you up really, helps you deal with the complexities of everything really so-

**Mm-hmm.**

-it's a very amorphous thing but it's, paradoxically it's amorphous, but almost tangible really. Like I know where I am on a particular issue really.

**Yes.**

But I'd be hard put to articulate it to you really-

**Yeah.**

-if you see what I mean.

**Yeah.**

But it's there and uh, I rather love it, frankly. I like my culture.

**Mm-hmm.**

I like my culture, that I'm in. And there are sub-cultures within. I'm talking about a broad white middle class culture, really.

**Yeah.**

And I'm being so much in it that I really have no idea what it's like to be not of that culture-

**Mm-hmm.**

-really. I have no idea when it comes to all the issues about racism and so on, you know, I'm very conscious that I sit very comfortably inside a mainstream culture really.

**Mm-hmm.**

I don't really have much experience of being on the outside of it, one or two bits and pieces um, but there are cultures inside that aren't there? Um, I think, I think inside that broad general culture, I think, I do think I belong in a psychoanalytic culture-

**Mm-hmm.**

-which is not to say that I am a member of the Institute and I avoid the [Training School 2] at all costs-

**{laughs}**

-and all kinds of things, but I feel like my way of thinking is, is strongly psychoanalytic, which is Jewish.

**Ah, okay.**

When you think about it, most of the pioneers, Freud and all the rest of it-

**Yeah.**

-were Jewish cahooters, my favourite is Jewish, everybody is Jewish, my best friend and well probably the most alive, leading psychoanalysts of our time, [Therapist 2], is Jewish.

**Mm-hmm.**

So, I'm not Jewish, but I feel part of that kind of culture or certain kind of Jewishness, an intellectual culture, the culture that uh, has a kind of mensch about it, a warmth-

**Mm-hmm.**

-a humour, I love Jewish jokes uh, I love Woody Allen, I love - I feel like I belong to that. [Therapist 2] once said to me "you're really one of us", which I thought was a great compliment actually.

**Yeah.**

Um, so there's a, there's a little culture there and psychoanalysts in everything that it believes in, I believe fundamentally in the unconscious and all the things, all the myriads of feelings and thoughts and transferences and uh, narcissisms, the whole panoply of ideas which is psychoanalysis. That is a culture, it seems to me. It's a culture within this broader thing that I talked about.

**Yeah.**

There are many cultures. Music cultures, I can't stand and I'm getting increasingly accused of being an increasingly old and ancient fart. *{laughs}* I cannot stand concurrent pop music, I cannot, people think I'm just you know, old fart. I'm not. Musically it's appalling. Uh, I love jazz, you know, so, and I'm not quite classical, so in that musical world I live within a culture of jazz.

**Yes.**

So there's so many sub categories of culture which is really interesting really.

**Yeah.**

Really interesting and why those and not others, you know, I can't bear opera. I can't bear it, you know, but that really should sit in my white middle class repertoire, but it doesn't, so it's a highly complicated question really.

**Yes, and you've sort of chosen various different ingredients to talk about it haven't you because-**

Yes.

**-when I asked you about your own cultural background-**

Yes.

**-you used ethnicity and social class-**

Yes.

**-to sort of-**

Yes.

**-locate yourself-**

Yes.

**-and then when you talk about it more generally, you're talking about sort of professional interests and-**

Hmm.

-personal tastes-

Hmm.

-and {pause} all sorts of-

All sorts of things.

-different things.

Yes. Yes.

Um, I'm also intending to work with quite a broad-

Yes.

-definition of culture, similar to the one that you've been talking about.

Yeah.

Um, rather than one based on-

Yes.

-ethnicity, you know-

Okay.

-something about um, you know, the way people-

Hmm.

-structure their lives, the, the different bits they inhabit and-

Hmm.

-all the, you know, the little patterns of life that come into the family.

Yes.

**Um, which I think is similar to what you have said.**

Hmm.

**If you hold your definition of culture in mind-**

Hmm.

**-how do you think it impacts on the work of child psychotherapy?**

Oh gosh. {long pause} I mean, the first thought is, because one's so much in one's culture, you really, it's very hard to climb outside it and actually see how much it does impact on child psychotherapy. Um, {pause} oh this is so difficult. I mean, I think to kick off with an answer to that, I think it um, I think it has a major impact on it actually.

**Mm-hmm.**

Um, you know, we go in ostensibly with an open mind and a non-judgmental attitude and focus ourselves on the internal workings of the child and in that sense you could say you know, anybody could, the culture doesn't come into it at all but one has a pure sort of stance, pure sort of approach and a clean kind of focused interest on the internal world. But I think culture seeps in in all sorts of ways. Um, we do make judgments as child psychotherapists. We have a clear, well, we have a def-, an idea of normality.

**Yeah.**

And I suppose culture and the notions of normality and abnormality come into uh, the issue of the concept of culture and I think we are, we do have quite strong views about what is age appropriate, what's not age appropriate.

**Yeah.**

Um, what sort of sexual practices are considered normal and what are not, what are perverse.

**Yeah.**

That's a very loaded word, perverse.

**Yes, it is.**

It really is, which really means I find this rather distasteful and therefore it's perverse and I don't do it or if I do do it or wish I, if I wish I did it but I don't, so {pause} I think we, we do make, we make judgments about that. Um, I, I often think, you know, I've, a lot of my early life in psychoanalysis was around the [Training School 1] Clinic and-

**Mm-hmm.**

-rather, you know, rather, certainly a lot of Viennese ladies and, because there were a lot of them around, and a kind of um, generation of, of analysts who, who came from different parts of the world, South Africa, there was an awful lot of them came from South Africa it seemed to me at that time, [Therapist 3] and [Therapist 4] and uh, a whole bunch of them it seemed to me, and I think there's a sort of pristine lofty flavour about that, that middle class attitude and I don't think they really understand culturally where an awful lot of these kids are coming from.

**Mm-hmm.**

And I think they're quite judgmental really. I can't be more specific at the moment. I mean I was going to use the term 'working class' but it's a funny old term these days since most people are not working-

**Yeah.**

-or are down that class so, but I think do people do come from another sub culture, I really don't think some child psychotherapists, something about pristine is the word, I'm not sure it's exactly the right word but I think you know, you feel it, there's a kind of, mmm {gesture}, and they miss the nuance, they miss the ways, the assumptions of another class really so I'm talking about social class I mean.

**Yeah.**

I think child psychotherapy predominantly is filled with, with middle class women really.

**Yeah.**

And women comes into it here because I think that middle class and women create a particular kind of judgmentalist, that make them particularly judgmental. There's something about, I don't even know what I'm talking about but I, I know I'm talking about something important. *{both laugh}* Something about, ah, I wish I could think of a better word than pristine. Something pure, something fastidious, something, um, somewhat, somewhat repulsed by the common qualities of people. Perhaps I'm slightly overstating it but-

**The word that's coming to my mind is 'disdain'. Is that sort of-**

Disdain, beautiful word. Beautiful word, thank you. That is lovely. There is a disdain, that's a lovely word. There's a slightly *{laughs}*...*{unclear}*. And then they fortify themselves with uh, concepts of perverse and perversion or delinquent or, all these terms which they're not comfortable with. They're not comfortable with delinquency. They're not comfortable with perversions. Um, they're very happy with little babies because that doesn't offend their sensibilities or autism which is another sort of breed, you know, they can, *{pause}* so I don't think, I don't think they're comfortable with delinquents and perverse people. You see, I think a lot of the other cultures have perverse and delinquent elements in it, you know. There are ways in which you do things and you, you finagle and uh, you do a little bit of wink, wink, wink here and a little bit of you know, deal here and, you know, there are different ways of doing things which are normal I think in other cultures. In sexuality, I mean all kinds of things go on but I think this disdainful attitude by uh, *{pause}* some child, and some child psycho, but, but a, a, a breed of middle class people if I may say so, who have predominated in the child psychotherapy profession.

**Mm-hmm.**

I mean, the leading people-

**Yeah.**

-are all of the kind that I'm talking about and so it's had a pervasive effect. {Pause} It has had a pervasive effect and I think it's had a, an effect on practice, that people begin to feel extremely constrained and proper and, and um, analytic and all the rest of it, constrained so that you don't quite get the freedom, the, the way of sort of knuckling in and joining in-

**Mm-hmm.**

-getting engaged with adolescents in particular. So um, a rather long and difficult answer to, what was the question? Culture, how far does culture influence child psychotherapy? Well I think everything I've said, I think it does actually. I think child psychotherapists over the, well it's not generations but over the decades, I think it has sort of become rather precious, which links in with that disdain, and I think that's unsuitable for many of the kind of kids we see in ordinary, well I'm not supposed to mention the National Health but you know, any kind of clinic-

**Yeah.**

-or anybody who comes your way, could be in the voluntary sector, I mean I ran the [Organisation 2] for eight years and tons of funny kids came in there and uh, you know, I really wanted a particular kind of therapist who were not loose in the sense of no boundaries but uh, open-

**Okay.**

-to other ways of being, really and I, I think they kind of frighten this pristine disdainful upper female middle class band that I have in my mind.

**So do you think that {pause} that sort of psychoanalytic attitude that you're talking about-**

**Yes.**

**-towards other cultures, do you think it sort of creeps in to theory at all, to psychoanalytic theory?**

Hmm. {Long pause} Well of course having said all of this, you know, the main theorist was Freud and he was a man. Um, {pause} yes, and he did introduce the word perversion and inversion because he had fundamentally a concept of normality uh, which he didn't really waiver from and so {pause} I think he struggled with it because I thought, I mean I think the "Three Essays on Sexuality" was a very brave attempt to sort of, you know, as it were transcend the moral Victorian attitude and look much more uh, openly and liberally to the phenomenon that were in front of him. I was thinking of other, one of the latter day theorists. {Pause} God, that's a difficult question really. You feel like you are, {pause} Klein.

**Because I think before you were talking about sort of a professional attitude-**

Hmm, yes.

**-wasn't necessarily built into the theory.**

No. No, I think that's right. That's right. It, it's something about practice and the attitude and the approach. Whether it affects theory formation, {pause} but I, I'm just trying to think of contemporary theorists. I mean Kohut was a man and he really - God I can't answer this question. It will, it will irritate me, this question {laughs} when you've gone. How far has it affected theory? Ooh. It's a great question, I don't know. I honestly don't know.

**Okay.**

It'll be fascinating though if anybody else answers that question.

**You were talking about practice-**

Yeah.

**-as well and the need for openness.**

Yes.

**Do you think there's anything particular to private practice about how culture impacts on the work?**

In private practice?

**Yes.**

Well, I mean, first of all it's conducted in nice middle class homes, by and large, not all that much private practice goes on down the Balls End [sic] Road or Old Kent Road. Uh, and if it does, it'll have a nice consulting room I would imagine and not too many people so I think it's difficult for people who do not belong to this middle class regime to enter into.

**Mm-hmm.**

And when I think of my own practice, they've all been middle class.

**Yeah.**

Of course they can afford it and actually, no, not all, there have been one or two blokes I've seen here who felt distinctly uncomfortable, I felt, sitting here with a bloke, you know, in a fancy home um, because I tend to see them here. We have a, a consulting room upstairs which I don't use actually anymore, interestingly because I just found it, became aware, because in, when I start, this is slightly off subject, when I first practised there, you know, uh, sex abuse and uh, uh, malpractice and all this sort of stuff, then, you, you know, uh, uh, and there were some therapists having it off with their patients, that didn't seem to exist and then I did have a very rather attractive young woman, we'd go up to the *bedroom*. It seemed like we were going to a bedroom and I thought this is wrong.

**Yeah.**

This is not right so I see them down here in front of that window.

**Yes.**

I see everybody now in front of that window. All, {unclear} children as well. That window, you know, I'm not concealing anything and uh,

so I like to work here now. Um, but that's right off subject. Yes, so something about coming into the setting which is usually middle class setting. Um, it's money of course but then, you know, we're not the only people who have money. Um, {pause} whether or not people are, {pause} comfortable with this kind of child psychotherapy, which is essentially about talking or playing, whether they see {unclear} it, I mean there's a safety I think in institutions, going into a hospital or clinic, you feel there's a safety which doesn't exist in private practice. You've no idea what might be going on in these funny places, you know. So, so what was the question? How far does, say it again, the question?

**I asked you how you thought culture impacted upon private practice.**

Well, I think I've answered it really.

**Yeah.**

Yeah.

**And, I mean you mentioned working with children in front of the big window.**

Hmm.

**Do you think, I mean, are there any ways that you think culture particularly impacts on work with children?**

{Pause} I mean I want to talk about, I had a lot of experience working in an NHS clinic but I can't talk about that. Because the fact is, I saw a lot of kids uh, from other cultures-

**Yeah.**

-working in NHS clinics not least of all black Caribbean kids at [Organisation 1], all kinds of people walked in there.

**Mm-hmm.**

They weren't walking in for child psychotherapy. They were walking in for something else, you know, help or don't help or whatever they wanted. But the reason-

**So-**

-my mind went there is that, how far does child psychotherapy impact on different-

**The culture on the work of child psychotherapy specifically, working with a child.**

Working with a child. {Pause} Well, {pause} it's a bit similar to an earlier question really, you know. I think, I don't think we can rid ourselves as a profession from our fundamental cultural assumptions and an assumption is an assumption, meaning you're not always aware of what it is you're assuming. So I think it does affect that to some extent.

**Yeah.**

I do. Having said that, you know, my mind goes to sitting there, drawing, playing with play-dough or plasticine or looking at pictures, you know, the paintings and you do get into a realm {pause} of a kind of inner reality which, you know, sometimes those cultural assumptions do not invade too much, something in the uh, um, but children express themselves in ways which are familiar to them so they bring their own culture and so on. They bring in the television a lot.

**Yeah.**

Um, and unless you're aware of what that television thing is doing, uh, in other words the culture because television is part of the culture.

**Yeah.**

Um, unless you're aware of that, you'll, you'll miss a lot of cues.

**Mm-hmm.**

Uh, and I think child psychotherapy tends not to be uh, interested in that. It doesn't, it should be part of your training really I think, you know, what's on {unclear}, you ought to have a daily, weekly

seminar of what's on kids' TV. You know, because there's a reality there. You know, off the subject again, I think you should take family history, a parent history, and a television history. {Laughs} Key part but we don't. Television doesn't exist. It's only the mother, the mother and the mother and maybe the father if you're lucky. So I think that gets in the way as well. We miss so much really.

**Mm-hmm.**

We really do. And with adolescents now, {pause} well, and kids, you know, I mean I work a lot now for [Organisation 3] which is non NHS, which is voluntary organisation-

**Yeah.**

-and then, you know, I deal, mostly that's with primary school children.

**Mm-hmm.**

And you know, they're alarming therapists and teachers with all their sexual activities and references and everybody's shocked. Of course we live in this paranoid world in which everybody's on the fringes of sexually abusing somebody or other, you know, but the fact of the matter is that most of these kids are looking at Christ knows what on their internet. Well we're not in tune with the pornography culture. There is a pornography culture out there. I've said this before. It's been going on, I can't understand why people are not more aware of it really. So a kid may do something and everybody's shocked and all he may be doing is sort of copying or imitating or being a little bit excited by an image they've seen on the internet.

**Mm-hmm.**

Um, but it becomes a child protection issue before you can even whisper. So if I'm getting slightly off the subject, what I'm getting at is that these kids are living in a world of uh, television culture, pornography culture, of uh, well, if I use the, Lady Gaga, all that sort of stuff.

**Yeah.**

Uh, I think we're a million miles away from that popular culture if you like.

**Okay.**

Particularly the, these disdainful creatures I've been talking about before.

**Yes.**

Maybe the younger ones are closer to it but you don't get too much focus on that for example in the training, do you?

**No.**

You know, it's not there. Um-

**What about working with the parents?**

How much what, what's the question?

**Again, about how culture impacts on child psychotherapy-**

Well, I think it's big-

**- work with parents**

-for the reasons I gave before because parents, because when you come to working with parents, you really do get to the stuff of culture. The culture breathes through the parents and the parents reinforce the culture if you see what I mean.

**Yes.**

What they do, how they do it. Uncle Bert, Uncle Harry or whatever and I think, I think it, it is quite a factor, parents. I think you know, we are in different worlds very often. Um, and all the issues about uh, child rearing and what you should do and what you shouldn't do, the psychoanalytic view is either very much about what it sort of captures in attachment terms these days and you've only got to uh, you know, see some woman who smacks her child or something as a sort

of an outrage and there's a, and yet within that culture it may be perfectly okay to do it.

**Yeah.**

But we think no. We, you know, so, I think it does get in the way. I think it's a very strong factor.

**You've been talking about difficulties of working with cultural differences.**

Hmm.

**Do you think there are any advantages to sort of culturally diverse work in psychotherapy?**

Well, if one's open enough to the whole um, domain of difference within one's mind there's immense advantage because you start to really look critically at all of your theories and all of your ideas really. Um, I mean I, the way I defined culture earlier on was, it's something that is, it, {pause} it's comforting. It gives you a framework and it helps you to be sane. On the other hand it is limiting uh, in how you see the world. So if you're open to other possibilities, then I think it can be quite liberating really, or liberating is probably the wrong word but I think there's, you know, there's a great potential to learn more-

**Mm-hmm.**

-that way. Um, trying to be specific about it really.

**So if you were advising a colleague who was working with a very culturally diverse population-**

Yes.

**-you'd advise openness you've mentioned.**

Yes.

**Is there anything else?**

{Pause} Well, I think openness and a preparedness to question your own beliefs, assumptions and all the rest of it. You know, what is normal?

**Mm-hmm.**

Basically. What is normal in how to bring up a child, what is normal sexually, what is normal aggressive behaviour, under what circumstances, all the moral issues, dilemmas of our times, it makes you question them, you know. If you're being bullied is it right to hit back or not hit back.

**Yeah.**

Uh, you know, what is, what is normal acceptable sexually, at any given age? The world basically thinks, you know, that children are asexual until they hit puberty. You know, that's not the case.

**Mm-hmm.**

Uh, so how prepared are we to open up to that? How far are we prepared to learn from our patients rather than to, sort of impose our own judgments and beliefs on them? Uh, {pause} I mean I, I have a chap, I've seen in that chair for some while, he came in when he was about 15 and the first year he was adolescent, he just talked about really bad movies.

**Mm-hmm.**

And he would just sit there and tell me about one bloody awful movie after another and he enjoyed, he had a catalogue, he prided himself in knowing the worst movies, you know, like The Hulk or the Impossible, Venom or there's a whole bunch of terrible films. That's what he talked about. Um, fortunately, dare I say, I wasn't being supervised by anybody {laughs} because I'm sure somehow or other that would have been questioned. What I'm getting at is he came in obviously it was a defensive thing, on the other hand there was so much being expressed, a bit like a child's drawing, so a child drawing over there is sort of resisting or something or other, *in* the drawing there's so much expression-

**Yeah.**

-and this was all about uh, the themes of uh, incompetence, patheticness, being laughed at uh, and this kid was really getting off on, on treating with contempt all this crap which was really his telling me about his own experience of being treated with crap and this was his way of telling me and it was also his way of coming to see me.

**Mm-hmm.**

Uh, and if I, either, I could have said this is a waste of time or something of that kind, or I could have said this boy's not being, he's not analysable or, you know, whatever, however bunch of words, but I um, I, {pause} I followed the fundamental principles I'll follow you wherever you want to take me really and I, I'm not going to judge you, you, you tell me, you choose your own way about telling me who you are and this is what he was doing. But in order to do that, and he was giving me his own, I was in the, I was in a, I was in, ah, stretching the word but I was in the culture of awful movies really. That was his cultural sort of envelope and um, I found it, {pause} I found it um, I found it fascinating actually. I knew I wasn't doing, what am I trying to say? It was strange. It was an odd position. But I kind of opened myself up to that difference, that different way of doing things. This was how he was bringing it in if you like, his culture.

**Yeah.**

I was learning from it.

**Mm-hmm.**

That's where we, that's what I'm trying to get at. The advantages are I learnt from it. Uh, I learnt about responding to him and the way he was, from where he came, um, with his own sort of strange, I, I know I'm stretching the term culture at the moment but it was a cultural sort of uh, uh, vehicle that he was in the midst of.

**I don't think you're stretching it too far.**

No? Good, good.

**I mean, you're sort of including the arts and the mass media.**

Yes, yeah, yeah. Uh, but I, my point was I could have just said this is resistance. This is just absurd, you know. Until you can wake up and talk to me about your sexual problems or something, go away!, and I didn't and I learnt from it and actually it's been the most wonderful successful case. I mean it's *moving* how successful it's been.

**Mm-hmm.**

Not only due to me but I just know I, {pause} I stretched over from my culture into his, perhaps I'm talking about because that's what therapy is about really and his mother, who is a rather lovely [profession 1] who I don't know well, she came first of all to ask me whether I should see him, the kid actually had also seen thousands of therapists before he saw me. Uh, you know, and recently saying she just can't find the words to thank me and he's doing so well, and actually if you were to meet him you'd love him.

**Mm-hmm.**

Studies philosophy somewhere. He's just, he is the most extraordinary chap but for a year I was listening about movies and uh, uh, I'll stop there because I'm not sure I'm actually making my point.

**I think you have made it.**

Good.

**You've touched upon it a little bit but I wonder if we could expand. What do you think are the fantasies that circulate in the child psychotherapy world and that might include unconscious fantasies, about working with another culture?**

Gosh, these are, you make these questions up? {Laughs} Is this what you do? A spare weekend.. {Laughs} What are my fantasies about working with another cultural, what are child psychotherapist fantasies about working with another culture? Uh, bloody hell.

I mean, I wonder if one of them that we didn't really talk about because we couldn't, whether one idea is that we would meet a more culturally diverse population in the NHS than in-

Yes.

-the voluntary sector or-

Yes.

-private settings?

Well I think certainly more, most, certainly more in private settings, whether in voluntary settings, no. The voluntary sector is wide open to all-

Yeah.

-kinds of things. But what are our fantasies-

Hmm.

-as child psychotherapists about working with other cultural groups? What are our fantasies? Oh gosh. {Pause} Well I'm going to be a bit uh, {pause} sort of unacceptable things coming into my mind now. {Pause} Well, uh, I'll just splodge on. I think the fantasies are somewhat colonial, if I can put it that way.

Mm-hmm.

In the sense that here are these people and uh, they're very different and they have different ways but, uh, really, our understanding, our assumptions, our values and all the rest of it are really true and so we'll bring them round to it. So almost colonial missionary.

Yeah.

If the truth be known, everybody will deny that, yeah? But actually we have it in our mind how a human being is constructed and all the rest of it and you've got to see things our way.

**I mean, taking the missionary metaphor a bit further, it's not only bringing the truth but bringing the truth to rescue them isn't it, to save them?**

Yes indeed, indeed, absolutely. To bring them to salvation, to a proper cure. But I think that one would be denied, but you have a way of asking questions {laughs} so I find myself having a way of responding to them really. I think, I think that, I think that's the predominant fantasy actually.

**But it's interesting isn't it because something clearly came to your mind-**

Hmm.

**-and then you were wondering about whether or not to say-**

Yes.

**-it.**

Yes.

**Even though this will be a fully anonymous-**

That's what it said.

**-research interview. So, I wonder if that suggests that we all have private prejudices-**

Yes.

**-but because of our nice social education-**

Yes.

**-we would try to filter them out.**

Absolutely. Because none of us are racist, you realise that don't you? I'm certainly not racist. I mean, black people are my friends, my best friend, and I think it's uh, well you see, I, I think I said it earlier on when I was trying to define what culture was. I feel,

I feel um, you know, relatively confident and comfortable and fortified in my, my experience-

**Mm-hmm.**

-of my culture and um, because of that I do actually if I'm honest find it very difficult to really empathise and know, for example what it's like to be black in this country. I honestly don't know.

**And do you think that matters working with a black young person?**

Well I don't know what I'm missing by not knowing. I mean I've worked with a lot of black kids in many different places and you know, I've got on with my business and I've listened to the stories and the drawings and we've talked about their fears and worries and things and upsets and parents, we've done it, I've worked with the whole families and I've got on and done it.

**Yeah.**

And they seem to have responded well and everything's hunky dory. But I honestly don't know what it was, what if, I don't know what I've missed. I've no idea really. I mean I have worked in, you know, [Borough 1], [Borough 2] and I've worked in these areas and I've no idea perhaps, I hadn't got a clue what it is that I've missed, the whole idea of colour blindness I suppose and so um, you know, I think it's a very difficult one to answer that really. I can work with anybody, I'll say, you know, and I'll proceed in my way and be fairly open and empathic and warm and this, that and the other, this, all the rest of it, but I've no idea really what it's like to be from another place and does that matter? Well, it only, it matters because I may be missing a whole bunch of things. I mean, [Organisation 3], non NHS, we um, there's a P- postgraduate diploma and Masters course and they have residential weekends.

**Mm-hmm.**

I've just done one on adolescents you'll be pleased to learn.

**Mm-hmm.**

Which went rather well, but they have one on cultural diversity, difference and uh, the students, there are about three or four, there were at that particular cohort of students, three or four black people. So they had this whole residential week, weekend and it was run by a black woman and it really got into these kind of issues really, do we really know, you know, I mean like um, you know like, you know like, you know, I gather in their experience, I mean, you know, if you're a black woman you go into a supermarket or department store and you're walking around and you've got a handbag you're much more likely to have it checked than if you're a white woman because that's what happens. If you're a black kid you're much more likely to get stopped or this, that and the other. I have no experience of that. I have absolutely no experience of that. I can use my little imagination to get across it but I don't know what it's like. So this residential weekend there were black and, these kind of issues came up. This year we're having a different residential leader who's white and all of the students are white middle class females. It will be a totally different experience.

**Hmm.**

Because we all believe that we're nice, lovely, generous people without a, but the way I answered your first question is a giveaway; basically sweetheart you're going to come my way, this is missionary, I'm going to turn you around and save you and I don't really give a f-, toss about where the hell you come from. So, but does it matter, well I think it matters in the sense that we don't know what we don't know. That's the awful, that's the best, I mean that's the worst sort of sin of all it seems to me when you don't know what you don't know.

**Yeah.**

It's uh, in whatever that would be the case so I think it does matter. How far one can change it, is very difficult really and if somebody accuses me of being racist or my organisation is called, is accused of being institutionally racist, you know, what am I going to do? Say sorry or fuck off?

{Pause}

**I think we should start wrapping up. Is there anything else that you would like to mention that springs to mind before we stop?**

Child psychotherapy cultural differences what are we talking about?

**Yeah.**

No, {pause} I think the questions have been really quite thorough. That one about the fantasies was a real zinger. I think that's a really important one actually. I'd be fascinated to know how people answer that. Cultural difference {pause} and child psychotherapy, which is fundamentally psychoanalytic, {pause} and likes to, I think in a pure form likes to, pretend that it's just the internal world that we're working with and that's a sort of, when you do that you start to deny that there's an external world, that it's just some sort of archaic body of fantasy in the internal world that has no relationship with the external world. That's really the Kleinian position as far as I can make out really. I'm not very good on Klein, I do try but I can't get there. There's another culture for you. Bloody hell. Within the child psychotherapy profession there are different cultures. I hadn't thought about that but it may really read from Klein, it really emanates from death instinct and from fundamental envy and primitive uh, paranoia, schizoid fantasies which seem to be there regardless, seen to be there regardless of what's going on in the external world. If you take that view then culture seems to me not relevant but I don't take that view. I think all those fantasies that the kid has in the mind derive from the external world as much as the internal and therefore carry a lot of cultural significance. So, that's it.

**Okay. Thank you.**

Is that it?

**Was there any other thoughts you had about my actual questions to you?**

{Pause} Well you're a very good interviewer. You can put that down on your piece of paper because you just have a curiosity, a sort of built in curiosity about you so the questions come across with interest. You know, I feel like you really are wanting to know. Didn't come across in a rote way.

**Well I skipped a few but that's because I felt that you'd already covered them.**

Yes, okay. Uh, that's allowed is it in the method- dology? **{Laughs}**  
No, I just think you, you, I thought they were fascinating questions. I found them difficult sometimes to answer. It's a fascinating subject that you've got there.

**Hmm.**

Um, yeah, we talked about different sorts of cultures, different levels of culture and then as I ended up at the end, I mean, Kleinian culture is different from other cultures within psychoanalysis, these different theoretical things. How far it affects theory, that got me, I didn't know how to handle that one. I shall have to deal with that one somehow or other. I'll tell you about it in a couple of years' time if you come back then.

**Okay.**

But I thought they were great questions and I think you asked them in a very uh, very well.

**Thank you. Do you think there's anything I should have asked that I didn't?**

No.

**Right. Thanks very much.**

Thank you very much, yeah.

## INTERVIEW 2

Erm, if I go through with you first what it is that I'm doing-

Yeah.

-and then we can talk about it. So this is for my doctoral project. I'm looking at how child psychotherapists work with cultural differences. In terms of our interview today, erm, I'm imagining it's going to take about 45 minutes to an hour. Erm, you're free to stop the interview and withdraw from the project at any time and similarly after you've had the interview if you decide at any point that you'd rather it wasn't used, you're welcome to withdraw your participation whenever. Erm, the interview will be completely confidential. What happens to the transcript is that all identifying features are removed and it's stored with a number and I'll keep the recording for as long as I'm doing the projects and afterwards it will be deleted. Erm, is there anything else? If the interview raises anything that you would like to discuss afterwards, you can do so either with me or with Mrs Tischler or with Amber Jacobs who is my supervisor at Birkbeck and I've got-

Or me (laughs).

Or with yourself, yes. I've got contact details there so if I can give you my information sheet. And then if you're willing to participate can I ask you to sign two consent forms. It's one for you and one for me. Thank you.

Oh. I'm sorry. I'm signing them both.

That's fine.

There you go.

Thank you. Keep that one. Do you want to keep that one?

What do you do with both?

Well, this one's for you to keep so it's entirely up to you.

I'll do this one properly.

**Thank you.**

Oops, sorry.

**You can keep that one.**

Yes.

**Thank you. Can I start by asking you about your own background? So your professional background and your training.**

Er, I read [*subject 1*] at university.

**Mm-hmm.**

I then went on to [*postgraduate study 1*] which I, it didn't work for me so I return, I was lecturing in a [*Country 1*] university and I came back to England and I got a job at something called the [*Institute 1*]. Erm, and as I was quite young really erm, I did a [*postgraduate study 2*]-

**Hmm.**

-after er, my degree, which is why I was thinking academically and then I went to the [*Institute 1*] and I became a, what was called a [*Profession 2*], in other words I interviewed young people who didn't know what job they were going to do and it was really quite interesting and one boy said to me er, who was referred because he couldn't read, he said 'Hi. I'm not going to read because if I read I shall grow up and die' and that alerted me, amongst all the others, to something else that vocational guidance didn't quite do, by which time I was married probably to somebody also a [*Profession 1*] who was training to be a [*Profession 3*] and so I applied to the [*Institute 2*] and was accepted onto the child psychotherapy course and did it.

**Mm-hmm. And what's your, what's the context of your work now? In what sort of capacity are you working?**

Well, I'm largely retired. Erm, I've been retired for some time. After I, after I qualified, which took rather a long time because I had a rather messy miscarriage and got upset about having children-

**Hmm.**

-and eventually went back onto the course and I was doing an analysis through all this. So erm, I first worked at [Clinic 1] and then I worked at the [Institute 3] which was in the [Institute 2] building but not part of the [Institute 2] training. So on the basis of that and the fact that we were so near and yet so far from training child psychotherapists the three of us, four of us who were working in the [Institute 3] got together with others to start the [Training 1] training. Then the [Institute 2] amalgamated with the er, the [Institute 3] and I got involved in the [Institute 2], we all got involved in the [Institute 2] training as well. So three, we've all been riding the two training courses at the same time.

**Mm-hmm.**

While I was at the [Institute 2] I became interest, well actually before that when there was [Clinic 1] I became interested in its institutions and schools in particular. Perhaps it's hardly surprising after being in the [Institute 1] actually, which was where I did my vocational guidance. Um, so I became more interested in organisations and er, ultimately became vice chair of the [Institute 2]. I was vice chair of the [Institute 2] for a long time until I retired and after that, I've, I've sort of kept on with both the teaching of child psychotherapists, the um, organisational side in the sense I consult quite a lot.

**Yeah.**

Well, to some things, and er, and I was involved in the clinic here so I did er, I did training, I did, seen kids here for quite a long time. I haven't seen children for perhaps a year now.

**Okay.**

Erm, but it was under the aegis of the [Institute 4]-

**Right.**

-that [Person 1] and I saw this Muslim family.

**Yes.**

I have a lot of experience of supervising working with in, in my consultative work erm, with ethnic minorities-

**Mm-hmm.**

-and people working with them.

**Yeah.**

Erm, actually how many people I've seen from an ethnic minority I was thinking about it on the way here, I mean not a lot but I've heard about a lot.

**So you've had a lot of indirect contact?**

A lot of indirect contact.

**Yes.**

And particularly, yeah, yeah.

**Yeah. Can I ask you erm, what is your mother tongue and how do you define your own cultural background?**

I'm extremely English and I actually am pretty bad at languages.

**Mm-hmm.**

I mean I've obviously been various places but er, I, I relentlessly speak English (laughs).

**Erm-**

And actually, I, my family goes back to the 15<sup>th</sup> century so I know for sure where quite a lot of them were ahead of a long time ago. They were all in England.

Okay. That's a long time.

It's a long time.

Erm, my next few questions are about culture. How would you define culture?

Oh my goodness. The way in which people approach life, as dictated by the place where they are, the environment where they, which they're in, which gets to them right from the word go.

Mm-hmm.

So I'm terribly English.

Okay. That's quite interesting isn't it because you've said it's about their, their approach to life but also when I asked you about your own culture you defined it largely in terms of nationality so-

Uh-huh.

-maybe that's also a recognition that there are several ingredients to what-

Absolutely.

-comprises culture.

Yes.

Erm-

I mean, I once took part in one of those events for looking at racism and things at the [Institute 2] and actually, I was the only English person, firmly English person-

Yeah.

-in the room.

Mm-hmm. So there was quite a broad range of people-

Well there were-

**-taking part in that event?**

-a broad range of people but I mean I think the thing is that on both sides of the family, I tell a lie, on my father's side there were [Ethnicity 1], just, just one.

**Okay.**

But apart from that they were, they were living in [County 1] at the time and that's where the [Ethnicity 1] came. So somebody met, intermarried there but apart from that, I can tell you that half of them were in [County 2] and the rest of them were in [County 3].

**Okay.**

So you know, I am hugely English.

**Alright. Well, from that starting point let's think about culture in child psychotherapy then. Can I ask you how do you think culture impacts on the theory of child psychotherapy?**

Quite a lot I think. Erm, and I'm exercised about particularly the er, treatment of infants. I'm exercised about er, what we should be theorise, or how we should be theorising about it. However, having said that, one is so, I am so soaked in my own way of thinking, it's enormously difficult to manage too much by way of other ways of thinking about it. You know, it, I think it's a really, really difficult subject.

**Er, when you say your own way of thinking though, do you mean-**

I m-

**-a psychoanalytic way of thinking or-**

I mean-

**-an English way of thinking or-**

I mean English.

**Right.**

Which fits with the western psychoanalytic-

**Right.**

- I mean okay my mum didn't agree with it but that's a different matter. Erm, you know, it's, it's, it's coherent-

**Yeah.**

-with what I have taken in about the world.

**Mm-hmm.**

And one comes up against, I mean, it's, it's a really exercising problem.

**And in terms of sort of practice, clinical work with erm, well children and with parents how do you think culture comes into that?**

Enormously. Erm, I mean, I don't know whether you were at the occasion that [Person 1] and I-

**Yes, I was.**

Yeah. Well, you'll know from what I said about that mum erm, just how affected she'd been and it's made a lot of difference. I mean, I'm supervising or keeping an eye on work with somebody from I think [Country 3] [mispronounces] at the moment where there's a, erm, a marriage which has produced two hugely handicapped children-

**Mm-hmm.**

-one way or another and I have really had in my mind which hasn't been in the material that's been produced for er, the worker with the mum, erm, hugely aware of what was this marriage about? How did they get married? Where? and the, I mean, it's quite difficult because the mum concerned is utterly concerned with these two boys who she, who are terribly disturbed, I mean terribly handicapped, damaged I think.

**Mm-hmm.**

How did it happen? Was she knocked about? Who, and I've, and, and, I'm trying to work with the worker to get into that in order to try and understand what has happened to these two boys and this woman come to that, and although it's not just about the case that [Person 1] and I were talking about, it's just made such a difference to what I think needs exploring and with as open a mind as one can manage but of course one can't manage a terribly open mind. I mean, how can anybody?

**Can you say a bit more about why you think that's difficult?**

Well, this woman is doing her absolute best for these two kids who she said she loves though they're, they can hardly speak. One of them I think is probably, God knows what's the matter with him. I mean he's in school I know which takes dreadfully bad damaged children and you know, I've worked with somebody in that school to try and help the school to er, have a bit more of an open mind about the kids in it 'cause they sort of write them off and do everything for them and nobody ever encourages them and shows them they can do a little bit more than what they could do to begin with and you know, they blossom if, if they find that. So you know I'm seeing both sides of that. Where, where did I start? Well it's just trying to help the person whose working with the mum to have a bit of a view of, of, of the cultural background and what it may mean to this woman who, this mum who describes herself as well educated.

**Mm-hmm.**

But didn't go to university and, you know, I can't help thinking why didn't she go to university? Was it because she was married off in some sort of way-

**Yeah.**

-to somebody who was, who knows? We don't know. The dad isn't still around. He's, he's round the corner as opposed to with these kids and the mum but the woman who was working with, with them hadn't, hadn't really any idea about what the effect of being erm, in this country. I mean she's actually in this country from somewhere else but had no idea of the sort of impact I think-

**Mm-hmm.**

-by how she was talking. Anyway, I don't, I'm not very coherent about it I think but I do think that a bit of a, a bit of an idea of what it's like to be from Asia and a Muslim and being in this country, I, I do think workers ought to have some idea about it.

**Yes. Er, do you think there are any particular difficulties with working with different cultures? I mean, you've sort of mentioned one which is keeping an open mind, you said is sometimes difficult, or not really knowing what this means-**

Well I think it's not really knowing. I mean, it was borne in on me years ago, I mean, and there's the whole issue of interpreters.

**Yeah.**

What does one do with interpreters? Erm, I remember years ago somebody from, I think Somalia, but it could've been the Congo, erm, I'm not sure, but anyway, they had an interpreter which somebody had got from somewhere who was of the wrong sort and the entire thing went wrong because it was a Hutu and not a Tutu (*sic*) or whatever. Erm, and you know, one just has to be alive to these issues but it's terribly difficult to be alive to these issues. Have you read *The Heat (sic) of the Sun* by Ryszard Kapuściński?

**I haven't, no.**

Well it's a, it, my son tells me it's been discredited but I don't know that it's really been psychologically discredited. He, he travelled round Africa and talked about the different bits of Africa and you know, I became alive to all the differences you couldn't possibly be able to know about and you couldn't possibly be able to take into account. I know about Hutus and Tutus (*sic*) because I had a friend who was a missionary in the Congo and-

**Mm-hmm.**

-one, you know, you knew, I knew about that. Kapuściński was interesting but [*Person 2*] says he's out of date or not true in some

ways so but, but one does need to have some sort of idea of what's ordinary.

**Okay. Yeah, an idea of what's ordinary for different people.**

Yeah.

**Erm, do you think there are advantages to doing culturally diverse work in psychotherapy?**

Advantages in being of a different culture?

**Yeah.**

Well yes. I mean you can ask what it's like but yeah, you can, you know, you can say I, tell me about it erm, and you get it, yeah, that's the advantage but there are huge disadvantages in how you can put your foot in it.

**Right. Yeah. What advice would you give to a colleague? Well, you do. You supervise people who are working with different cultures. What would you advise people?**

Well, I, I do think, I do refer people to literature about things-

**Mm-hmm.**

-and I was enormously pleased to have the opportunity for looking around which I confess I hadn't done before erm, for writing that paper.

**Yeah.**

It was, it was really interesting and I think people probably, I'm not sure that I don't recommend the internet for much things, much, many things but I do think that when I looked up Muslim women on the internet it was really quite interesting and I, I, I think but I wouldn't, I, I think there are pros and cons. I mean I do think it's worth exploring where somebody comes from if you have any, if, if you can.

**Yeah.**

But you might not have the time and you might not know quite what.

**Mm-hmm.**

So, you know, you just have to do what you can.

**Sure. Erm, I'm going to start asking you a bit about more around the thinking about cultural differences. Erm, how do you think working with cultural differences or cultural difference is viewed within the child psychotherapy profession?**

Well I think it's more, I think people are more aware of it and more thinking about it than they used to.

**Mm-hmm.**

Erm, I think there's a struggle for everybody.

**You think it's tricky?**

I don't know that I want to say more than that.

**Okay.**

I mean, it was interesting. I, I was, are you going on to ask about this paper? Because I was quite reluctant to join [Person 1] in this paper, because while one can produce lovely material, as she had-

**Yeah.**

-from the little girl I think it's a whole different matter to think what, what the ...[unclear] is about and to talk about it in public. Erm, and then there's always that in, in talking about a case and I was very unhappy with the confidentiality issue and I had to disguise the material much more than I would have wanted to erm, and left out something terribly important.

**Right.**

Erm-

**Because it would have been too identifying?**

Yeah. And therefore left out a whole bit that was pretty important.

**Mm-hmm.**

In the family dynamics and mother's life and how mother in-in-influence the kid. Erm, yeah. So I think, I think thinking about it and writing about it is desperately difficult.

**That's more the sort of the public side of this.**

Yes.

**These discussions isn't it because that wouldn't have come into your own thinking about the case but in terms of you said it's been thought about more and indeed you presented on it at the conference but those, that missing information presumably impacts upon the discussion that can be had-**

Yes.

**-publicly at the conference.**

Yes. I mean, what I can say this to you, what I had had to suppress was that the reason that the dad lost his job was because he was accused of rape.

**Right.**

And that makes a bit of a difference.

**Yes.**

And what the mum opened, she opened a letter you may remember, was a letter which was a summons for rape. But I couldn't, I couldn't, I couldn't disclose that without it being far too damaging really were mum to, I don't, well I just couldn't.

**No.**

I'd have had to have had more permission than I was able to get.

**Yes. Yeah. Can I ask about fantasy? What fantasies and perhaps unconscious fantasies do you think circulate within our profession about working with cultural difference?**

[Sighs] Is there something about violence in some cultures? Erm, sexuality in some cultures.

**Mm-hmm.**

The roles of men, women and children in some cultures. Erm, yeah, that's probably the erm, but I mean just suppose there are fantasies the other way around, fantasies about greed in America or I mean it's mostly violence isn't it? Violence and sexuality where, where the differences are but there are, there are others and you know, there are stereotypes for any, for any country aren't they? And they get sort of entangled with what you think about that culture, whatever it is.

**Mm-hmm.**

So I think it's very difficult for us and I don't suppose we can do it right, ever.

**Because?**

Because of coming from a different stance actually, having, you know, like one of the things that I think is terribly important is the establishment of good objects in the infant.

**Yeah.**

Wherever they come from. I mean, is that a tenable point of view? I, I would hope it is but I don't think that I, I don't know whether I could argue it with a, somebody from somewhere else.

**Mm-hmm.**

Though one of the very important things that I learned in working with somebody who was working with the most traumatised African woman I think I have ever heard about and maybe just more awful than anything else, but she had had a good mum and-

**Yeah.**

-a good grandma and rather than caving in under the most dreadful experiences, she was able to work with it and you know my stereotypes about, which I take to be Western at any rate if not English, is something about the establishment of good object being so important to managing anything.

**Yeah.**

Now can I say that about every culture? I do have a question.

**So is that a question about whether theories of child development are very different in some cultures?**

Yes. Well, but it's not just about child development is it? It's also about a theory of good objects and so on.

**So a theory about what's desirable in child development or a theory of-**

A theory about the unconscious.

**Okay.**

And the inner world, which is, which is much more than child development.

**Mm-hmm. And that's something that belongs to western thought?**

Well, yes. Probably, but maybe it ought to belong worldwide, I don't know.

**Mm-hmm. Erm, if you're willing to share them, do you know what your fantasies were about working with other cultures when you were starting your career compared to now?**

I don't think it crossed my mind [laughs]. I, you know, I, I was as green as they come and I think most people are. Erm, and certainly all that long time ago, there wasn't, there wasn't the multicultural emphasis there is now. Erm, no, I don't think it crossed my mind and

actually, erm, you know it's crossing my mind more and more and more and actually writing that thing with [Person 1], you know, focused the attention even further so on and so on and also working with that lady but also loads of others, but at the beginning, all those years ago, I think it was, it was everything to think about as well. I mean, fantasies about the unconscious, fantasies about psychoanalysis, fantasies about being in a room with a child, you know, you name it.

**Mm-hmm. So fantasies about working with another culture would just be another order of fantasies that we have anyway?**

Yeah.

**Okay.**

Well, yes. I think so.

**It's another unknown.**

It's one of the things.

**Yeah. Erm, how do you think our fantasies impact on the work with the children, or how they impact on the profession more generally?**

Well I mean in an individual encounter, you know, it's one's own fantasies about what they're fantasising.

**Hmm.**

And how they influence one another. Um, that's one thing. How do our fantasies interact with the wider world of child psychotherapy?

**Yeah.**

Well, I suppose with the wider world of psychotherapy it's what one does with the psychotherapy but what one writes about, how one supervises, how one talks, how one... I mean I have a, I have a mission to revive, which is about, and this is what I do quite a lot, it is trying to influence people about what to look for in children, what to think about er, what, you know, recently there was a, a child who's had a terribly, it's fairly ordinary but quite a difficult time

with two drunk parents and this and that. Mother was drunk one day but said it was food poisoning and he went into a spin and I think it was because of the poisoning bit. I think these were Brits as far as I know.

**Mm-hmm.**

I think one may have been from the Commonwealth somewhere but anyway.

**Yeah.**

Ordinary people, and I really had a mission to the teachers I was talking to about this to say look, that that, the fact that there was poison around probably had some sort of impact on the child's fantasies about what was up with mum and who had done it to her.

**Mm-hmm.**

And so I, I, I had a sort of mission to help people to understand something about the fantasies of children but whether I could understand the fantasies of, there's a boy I've been trying, I've been supervise, sort of supervise, not hearing about, work with whose dad is Congolese and whose mother is Portugal, Portuguese and who's been on the streets in Portugal-

**Mm-hmm.**

-for most of his first four years and somehow to communicate with people that, his, how his experience and what his fantasy is about life in Paddington are like, I mean I think it's important that people understand about that.

**Yeah. Can I come back to your, the paper that you gave?**

Yeah.

**You were talking about how difficult it was that you had to leave out a big detail.**

Hmm.

**If that family had been White British, you would presumably, or would you still have had to have left out that detail, because it would still have been too identifying?**

Yes. But it was in the context of the arranged marriage if you remember.

**Yeah.**

The, the way in which this man had been introduced into this woman's life that made it so much worse. If it was a, you know, a British marriage where somebody had met each other in the pub or whatever, er, it would have had a different slant to it I think than having had this man more or less forced upon her.

**So the cultural aspect is more around the feelings that an event generated rather than-**

Yeah.

**-the event itself.**

Yeah.

**Er, there was something else I wanted to ask about your paper but it's just popped out of my mind [laughs].**

Perhaps it will come back.

**Maybe. Was there anything else that you wanted to mention about working with cultural differences?**

I'm not sure, I don't think so. I mean, I do think this good object thing and the work with that woman who'd been so traumatised and yet could begin to think about it, um, was very important to my understanding of, of, something that might perhaps be beyond culture.

**So it might be universal?**

Yes.

And just to sort of clarify what you mean about that, it's the... is it that a person should establish a good object in their mind or that they should understand themselves, that that's what they've done or what is it-

You see-

-that you think is important-

You see, I think what this woman could do and you know, I, I don't think that lots of us could do it, was somehow or other to go on thinking about the unthinkable.

Mm-hmm.

Given somebody there who will hold it and there was a very good worker, wonderful worker with her.

Yes.

Um, and you know she could go on thinking about it and she could, I think it's, there was something splendid about her grandmother who had said to this woman when she was quite young before the trauma which started when she was seven, eight, came to a dreaded climax at about 17, um, this, this girl had, they were making clothes and she'd made something and she was looking at somebody else's clothes and she said they're not as good as mine and grandma said to her yours are very nice and they're yours and it's, it's fine. It's good. You can do it and you know, she therefore was somehow, er, confirmed in her own self and her own body.

Mm-hmm.

However much it was then damaged.

Mm-hmm.

And, and she, you know, she could do that. She could remember that and she could hold onto that. And her mum was, was like it as well. It was just this story. It was very persuasive.

**Yeah. Erm, I've come to the end of my questions. I don't know if there's anything else that you'd like to say or ask?**

I shall be interested to read your, your doctorate-

**Okay.**

-when you get there.

**When I get there. Yes, it might take-**

How many people are you able to interview?

**I'm going to interview six.**

Crumbs. All practising child psychotherapists?

**Yeah.**

Hmm. Hmm. I shall be very, very interested and my fantasy about it is that you may not find an awful lot of commonality but you might and if you did it would be really, really interesting.

**You mean between the six people or-**

Yeah. Any sort of feeling of, of agreement between people as to what's important.

**So you think there'll be very divergent views within the child psychotherapy community?**

I think there might be.

**Yeah.**

But you see, 'cause I'm so locked in my own position that um, I can also think, well of course they'd all agree with me wouldn't they? [Laughs] They'd all be talking about good internal objects regardless of whatever, which is why I should be interested in where you come to. It's sometimes very difficult to think about all the destructiveness and the [unclear] violence it's about and that we all have to deal with one way or another.

Hmm.

I'm thinking of a little boy who run, who, from a very complicated British background who tries to get away from all the destructiveness and anger and violence that's around by looking out of the window and then, and he looks out of the window and he finds a digger or a bulldozer bulldozing a house. So difficult to get away from.

Yeah. Okay.

I shall be fascinated. Have you got hypotheses?

[Laughs] Um... It's still very much in the early stages but it's very hard to know what's a hypothesis and what is my own fantasy about working with-

Hmm.

-cultural differences.

Of course you've had a good, a good experience of cultural diversities where you're placed.

Yeah, very, very much so. I think that's why I'm doing the project.

Yeah.

Because you know, at the beginning of the first year, it was quite hard, well I think right at the beginning of the training it's impossible to know what your clinical interests are going to be and I'm working in a very mixed borough and trying to sort of think of something that's going to be relevant to your clinical work whilst not being directly about it 'cause-

Yeah.

-then you can't get ethical approval, it's um, and I do think the theory around it is also very interesting and I was very keen to pick a project that would still be interesting in five or six years or however long it takes me to write it so-

Oh absolutely.

**I think if the reading is interesting then, then you're halfway there.**

I'm actually beginning to think about other bits of the work I do. I've been very much I suppose guided by Mrs Whatshername who I wrote about-

**Yeah.**

-from talking to you but I also supervised the work of two counsellors in very multi ethnic schools.

**Yeah.**

And you know, I haven't drawn on that material and I do think that one of them working in a primary school I don't think makes much difference between how she works with one sort of child and another. The other of them, I mean she, I was going to say she's British but she isn't, she's German. Erm, the other of them is a refugee, um, and a Muslim.

**Mm-hmm.**

And she is more into the differences. Mind you, the first one works in a primary school, the second one works in a secondary school where the sexual element comes in very much more.

**Yeah.**

And I, when I was writing all that, when I, I hardly wrote it, I just did it, but when I was thinking about it I did want to bring in something about the secondary school and the dreadful difficulties there are for er, girls and, well, what the counsellor in that school thinks is that the issues for boys are around alcohol, will they drink or not. Er, it's not, it's, it's quite, quite a Muslim school this, this one, the secondary school. For girls, it's such a problem, the sexual, such a problem, and I did want to try and link up in that paper something of Mrs Whatshername's problem, Mrs Whatshername's history with all these girls who are going bonkers in the school [**both laugh**], one way or another, you know. But you know,

[Person 1] didn't want me to do that because we were talking about Mrs Thing and I didn't do it. Perhaps I ought to.

**So you were thinking about the challenges of adolescence and puberty?**

Incredible problems that-

**Yeah.**

-get diffused in all sorts of ways, acted out in other sorts of ways. Um, it is, it's, it's very difficult for girls er, perhaps particularly in London and for parents who are dislocated from where they came from and haven't sorted it for themselves.

**Mm-hmm.**

It's a really, it's, those girls have desperate, really desperate times sometimes.

**You asked about my hypotheses and I'm suddenly aware that I, I now become acutely aware of erm, the dictaphone er, which is interesting because I've asked you to talk about your fantasies, what's being recorded and obviously I'm quite at the early stages of my project so they might yet change but one thought that I have is that I think that child psychotherapy and its view of the development of the child and the development of the parent relationship does have something normative in it in that we have an idea of normal and pathological development and that that is quite cultural.**

Oh really? Hmm.

**Well, you know, just little things in terms of when we think a baby should stop sleeping with its parents or when we think a baby should be weaned or-**

Hmm.

**-how.**

Yes that's-

**It varies very widely from different cultures and-**

And attachment come to that.

**Yeah.**

Hmm.

Erm, so I think that there's an idea of what is good in how children are raised that's built into the theory and the professional culture which might not actually apply to all cultures and I also think that there is an acknowledgement in the child psychotherapy community that we need to be thinking about these things and then there's a sort of a closed mindedness or a, a stumpedness that nobody quite knows how to go about thinking about it and that I think in terms of our fantasies that we find a way of locating the closed mindedness in other people so you might have somebody saying well I think that at the other training school they're not very good at thinking about it or er, you know, older members of the profession are not good at thinking about it or people outside of London or for whatever reason, we can you know, put it in another group and that actually we haven't really developed a language yet for talking about it within our profession.

Hmm.

But then people often come back to defending the profession and saying erm, we're very familiar with working with other people's unconscious fantasies and we're familiar with working what's unknown and what's different to us anyway and why should it be different in a cultural context compared to just somebody else's different life experiences. Erm, I think we sort of, there's a tension between how we are equipped to think about it and how we're not equipped to think about it.

Hmm, hmm. I think the thing about adolescents is quite interesting and it, it, it, you know, when you started talking about this I was thinking of the counsellor who doesn't seem to notice much difference at the primary school-

**Yeah.**

-whereas the counsellor at the secondary school is sucked instantly into cultural differences in a, and I was wondering, wondering what that's about and you know, is it something of an awareness at that time or what?

**Hmm.**

I don't suppose we'll ever get the answer will we? And, and like I was saying right at the beginning, one needs, you know, you can't get away from who one is.

**I think there's another factor as well which is we often think of culture as being sort of synonymous with ethnicity so when we talk about cross cultural work we're often thinking about people of other ethnicities who might be in London. London a very multicultural city. But I think within, you also mentioned the woman you were working with as thinking of herself as highly educated and I think that's another factor that comes in that the child psychotherapy community is largely upper middle class and well educated. Erm-**

Yeah, well that's true. I mean, the lady with the good internal object from bit of Africa erm, was not educated, was, you know, just from wherever she came from.

**Yeah.**

She didn't have anything.

**But we might also be working with say white working class cultures that might be quite different from our way of thinking.**

Yeah. I mean, the best, one of the best things on racism I ever went to was this occasion when I discovered how English I was compared with everybody else, was really interesting and it, it, it sort of made me aware of, of who I was in relation to that and I think that's something we could well do or well think around, a once off occasion but it was quite, it was quite interesting.

**When you say something that we could think about, do you mean-**

We as a profession. Who we are and, and somehow define it. It's, the thing about our identity and there was a bit in my paper about somebody distinguishing er, ethnic identity from religious identity.

**Yeah.**

And he said er, that the ethnic identity was established very early.

**Mm-hmm.**

And I think that's, that's what we have to bear in mind and how it can be, he goes on to talk about how it can be misused or used.

**Mm-hmm.**

Hmm. I'm really quite ashamed of the fact that, you know, well I've done all this without too much in the way of consultation with, I mean, I've been asked to supervise somebody in a bit of the middle of [Country 2] erm, and I thought to myself you know, I've done all this largely on the basis of reading and I haven't taken the work to anybody particularly. I mean I might have taken it to a seminar here or-

**Yeah.**

-something there but, and it did occur to me that if I was going to do this I might have a bit of regular supervision on-

**Mm-hmm.**

-the ethnic, the Muslim bit, and I know who I shall go to. I intended actually to discuss that paper with her but I didn't. It seemed to pressure other things.

**Mm-hmm.**

But you know, I think it's a [unclear]. I don't think we know anything really do we?

**Well thank you very, very much for your time.**

Don't you leave me out of the circulation list of the paper that you write.

**I will certainly share it with you.**

Thank you very much.

**Thank you.**

INTERVIEW 3

So this is for my doctoral project.

Mm-hmm.

I'm doing my doctorate on how child psychotherapists work with cultural differences. I've got an information sheet for you and also a consent form so that if you agree to go ahead with the interview, if you wouldn't mind signing a copy for me.

Sure.

Erm, I think that the interview will take sort of between 30 to 60 minutes, just depending.

Yes.

And you are free to stop the interview or to withdraw from the study altogether at any time.

Okay.

Erm, the interview you give will be confidential.

Mm-hmm.

I will give the, I'll, I upload the recording onto my computer and keep it locked away and it's then taken off the gadget and I give it a number and take out all identifying features.

Okay.

So the data will become anonymous. Erm, my ethical approval for the study relates only to private practice so if you would mind not talking about any cases that you've seen in the NHS I'd be grateful-

Sure. Hmm.

- 'cause that requires a separate ethics-

That's not a problem. It's a long time since I've worked in the NHS.

**Erm, and then the other thing is that if anything should arise from the interview that you want to discuss at a later time you're free to contact either myself or Amber Jacobs who is my supervisor at Birkbeck-**

Okay.

**-or Mrs Tischler who is my progress adviser here.**

Right.

**And I have all the contact details for you.**

Yeah.

**So that's for you and if you're willing I have a copy of the consent form for you and if you wouldn't mind signing one and giving it back to me I'd be very grateful.**

Sure. Thanks.

**Thank you.**

What's the date?

**Erm, I think it's the 20<sup>th</sup>.**

Two copies.

**Well, I only need one. It's up to you whether you-**

You can photocopy it.

**It's up to you whether you want to sign your copy or not.**

Okay. It doesn't matter. Erm, do you want me to read, read this or-

**Erm-**

-you've told me it all?

I've summarised it, or you-

That's okay.

Er, if I can begin by asking you, can you tell me about your own training and your previous professional background?

Okay. Well, er, I, I may as well start off as I did a degree in psychology.

Yeah.

And I wanted to do [Profession 1] at that time. Er, in order to do [Profession 1] training you have to have had some teaching experience.

Mm-hmm.

So I, I taught in infant schools-

Yeah.

-in [City 1], two different schools I taught in er, for three years, covering three years. Erm, and then I, oh, I think I've missed out, after doing my degree I took the [Training 1] which-

Yeah.

-qualifies you to teach, having done a degree, so then I taught infants for three years and then I did the educational psychology training at the [Institute 1] clinic.

Mm-hmm.

[Coughs] Sorry, I've got a troublesome cough. Erm, and then erm, having done the [Profession 1] training I worked as a [Profession 1] in first of all it was [Town 1] which was originally part of [County 1] but during the time I was there it became the London Borough, the Greater London Boroughs came about and it became-

I see.

-part of [*Borough 1*].

**Yeah.**

And I was there er, was it three years or was it longer? I can't remember exactly but I could look it up if you need to know more precisely, and then I went er, back to the [*Institute 1*] to do the child psychotherapy training or I-

**Mm-hmm.**

-did that part time, you know, while I was still working part time as a [*Profession 1*] and after taking the child psychotherapy training erm, I did actually did some sessions in [*Borough 1*] but also er, did er, perhaps I moved from there. I worked at what was then called er, [*Clinic 1*].

**Mm-hmm.**

And became er, I'm trying to remember, I'm getting a bit senile and forgetting names, erm, it took on a different name anyway.

**Mm-hmm.**

And er, so I worked there for some years and then er, later still, I did an adult psychotherapy training at the [*Institute 2*] so that's-

**Okay.**

-how I first got involved with [*Institute 2*] -

**Yeah.**

-and having got er, involved in the, you know, become a [*Institute 2*] member doing the adult training I got sort of, and they were then contributing to the child psychotherapy training-

**Yes.**

-here too. So you know I took some seminars and er, did some supervising and tutoring.

**Mm-hmm.**

As well. Erm, and carried on, you know after retiring from erm, NHS work I carried on in private practice.

**Yes.**

Erm, with a, erm, I'd, adult psycho-, I didn't erm, I didn't build up a private child practice. There were actually too many people in the area.

**Yes.**

It's rather over subscribed and er, I think I, you know, had to, one or two child and adolescent cases but it was mostly adult psychotherapy I was into at that time, later stage.

**Mm-hmm. And the case that I heard you present at the conference, am I right in thinking that that was through here, that was through-**

That's right, yes. Yes. I did some erm, child, work in the child section here and that, that was a case that erm, it, it was originally erm, a child psychotherapy trainee who was er, took part in the assessment and was due to treat, take the child on for individual therapy. I think she did for a while but then she had married and she got preg, she got pregnant and-

**Right.**

-she had to break off er-

**Yes.**

-her work here so erm, we then worked out that erm, [Person 1] and I would see them as a family.

**Yeah.**

So we carried on, thinking that erm, the trainee might return.

**Yes.**

Here erm, at a later stage but in the end she didn't. She did her further erm, sessions that she needed for training purposes near where she, she lived near [City 2] so-

**I see.**

-it was quite a trek for her to get here.

**Yes.**

So erm, we did, we carried on with the family.

**Yeah.**

Erm, there's mother, stepfather and this one child.

**Yeah. Okay.**

With a fairly complicated background.

**Yes. Erm, can I ask you how-**

Oh wait a minute, sorry. I got side-tracked. That was the case that we did with the trainee, but the family you're talking about, the family that crosses cultures, actually came, the mother phoned me. It sort of came as a, I was at one time erm, I think we had a sort of rota. I had one day in the week that was quite, we ran a child clinic here.

**Mm-hmm.**

And I had one in the day in the week when I took referral calls-

**Right.**

-and this mother phoned me-

**Yes.**

-I mean, er, the very referral was very much, involved cultural issues. Shall I say what it was?

**Yes, please do.**

Er, she rang up and she said er, she was very worried. Erm, she had found her daughter, oh aged about, I don't know, seven or something like that, she'd discovered her masturbating and er, she said er, I can't remember the exact wording but you know, masturbation was a sin or, you know, a, a terrible thing in their culture and you know, she wanted me to stop the child masturbating and erm, it er, it emerged, it was a quite complicated background, they were er, a Muslim family erm, the mother had been previously married and divorced and then she remarried and on the, the time they found this child masturbating she'd actually been sleeping on a mattress on the floor next to their bed and they were having intercourse [**both laugh**] and then found her lying alongside the bed masturbating but do you know, the mother was horrified and this must be stopped because it's a sin in their culture. So this was a difficult, we agreed I would work with the child and [*Person 1*] would work with the mother but it was difficult issue how were we going to, how was I going to talk with the child about masturbation when the mother thought it was a sin and a crime and I didn't.

**Yes.**

So we did, I think [*Person 1*] and I we had some joint meetings, I, I think first of all with the mother on her own and then with the mother and the child together and what we worked out erm, was that the mother agreed to, we could talk about the, you know, some people think, in talking about the masturbation, some people think it's erm, I can't, I don't think we used the word sin but some people think it's bad and, and other people think, think it's alright as long as it's done in private.

**Mm-hmm.**

That was the sort of wording we agreed to.

**So in that case-**

And-

**-it was important to come to an agreement with the parent before finding a way-**

Yes about-

**-to work with the child?**

Exactly, yes. Erm, a way that we could all agree to, hmm, otherwise it just, it just went on really.

**Yeah.**

I wasn't going to talk to her child in the way she expected, you know, to tell her it was a bad thing but then she was very interested, very artistic this child. There was one drawing that she did of erm, I suppose it was supposed to be herself with an angel on one shoulder and the devil on the other shoulder and the devil was telling her to do it and the angel was telling her not to [laughs], that sort of was a way of expressing her conflict about it.

**Yes. Erm, before I ask you a bit more about working with culture, can I ask how you define your own cultural background?**

Oh, well, erm, [laughs] my family originate from [County 1]-

**Mm-hmm.**

-and so er, there was a, in fact my grandfather was a [Ethnic & religious leader].

**Mm-hmm.**

So erm, there's that and I did go to well, as a teenager where we lived at the time there was a [Denomination 1, place of worship 1]. We lived in the village in the next town so I went to [place of worship 1] there and er, there was a youth club attached to the [place of worship 1] which I belonged to and my social life kind of-

**Yeah.**

-revolved around that quite a bit. I remember there was a, a hiking expedition and various things. Erm, but then erm, I got to a stage

where I really erm, I suppose it was when I was leaving school and started university and so on where I couldn't, I, erm, I suppose some people might express it as I lost my faith. I didn't quite see it like that but I couldn't believe in this, what seemed to me a myth anymore.

**Yeah.**

So I sort of erm, it made it easier the fact that er, oh, also when I was at university my parents moved to a different town so you know, I wasn't back with that youth club group that were attached to the-

**Yeah.**

-erm, [*place of worship 1*] anymore. So I just kind of kept away from all that.

**Yes.**

And had erm, developed sort of agnostic way of life.

**And is English your mother tongue?**

Yes.

**And-**

Er, En-English stroke [*Language/ dialect 1*]. My, my grandmother actually spoke broad [*Language/ dialect 1*]. Not, not the, not the [*Language/ dialect 2*] language but the [*Author 1*] kind of [*Language/ dialect 1*].

**Yeah.**

A very strong accent and in fact one is very, erm, I was with a friend, with an English friend and we were sort of on holiday up in [*Country 1*] touring around a bit so we dropped into my grandmother's er, for a visit on the way back and we're sitting at the dining table. She was a great chatterbox, my granny, and she was on the other side of the table and my friend and I were on this side and she was chattering away and she suddenly looked at my friend and she said

"you can tell that lassie doesn't understand half of what I say" *{in dialect}* and she was dead right.

**Okay. Erm, and how do you define culture, if we're talking about working with cultural differences?**

Erm, er, er, I suppose it's, how to think of a definition but I suppose I think of it as the way in which erm, a group of people that er, originate from a particular area and perhaps have developed their own erm, traditions and often religion and have certain sort of you might call them rules or sort of cultural expectations, erm, that they share and beliefs that they share I suppose, a tradition built up I suppose and, and then you sometimes get people who migrate from that place to another place erm, completely different, I mean for different reasons erm, like, you know, the Jews in the Holocaust.

**Yeah.**

Erm, could be for more benign reasons, people wanting to go and find a new life elsewhere. Erm, they take some of their, if there's a, a group exodus like that, they take some of their erm, beliefs and traditions and ways of life-

**Mm-hmm.**

-with them. Erm, so the culture doesn't necessarily stay er, in one place.

**Yeah. It can move.**

Migrate and so on, yeah. Move on, you know, sometimes get blended in with the culture of the place it's moved to or in some instances I think particularly if there's a strong religious tradition, a group may keep themselves somewhat separate.

**Yeah. Okay. And in terms of how culture impacts on child psychotherapy, do you think or how do you think it impacts on the theory of child psychotherapy?**

Ooh, erm, [pause] er, I find that a bit hard to answer. Erm-  
[pause]

**Or do you think it impacts on the theory?**

I'm trying to think about it. I'm not quite sure in what way you think it might impact on the theory from, because of the culture of people who become child psychotherapists or-

**Hmm.**

Hmm.

**Or, I mean it's not supposed to be a test question, I'm wondering whether there is anything about culture that actually impacts on the theory of child psychotherapy itself [pause] or not.**

Well, [pause] er, child psychotherapy as distinct from psychotherapy or psychoanalysis generally? I mean I'm thinking back to-

**Er-**

-Freud and the origins-

**I see.**

-of psychoanalysis and so-

**Do you want to talk about that?**

Erm, because, I think I've been recently to some er, event at the, that took place at the [Institute 3] and also this film about erm, Jung and Freud and, did, have you seen that?

**Oh yes I've seen that.**

So erm, the origins of psychoanalysis were somewhat er, thinking about the erm, the sexual relationship that er, Jung developed with that patient who became, sexual partner of both Freud and Jung and how that would be just taboo these, later in, in the culture of that profession but erm, so it has its origins in, er, a different kind of setting and well, I suppose the theory of transference is particularly er, central.

**Mm-hmm.**

To the development of psychoanalysis. But there's a difference between erm, an adult going into psychoanalysis and psychotherapy whose childhood and adolescence are behind them-

**Yeah.**

-but they still er, retain those experiences and the developments they've been through in those respects. It's somewhat different if a child is in psychotherapy er, maybe think of the transference as somewhat different because they're still in that childhood relationship with their parents.

**Yeah.**

So it's not completely transferred because it's ongoing at the same time.

**I see.**

But transference does take place but I suppose one has to think about it a bit differently.

**Mm-hmm.**

Erm, but those are the things that come to mind.

**Thank you. And you've already touched on this a little bit but how do you think that culture impacts on the work with a child?**

Erm, do you mean the child's culture or the therapist's culture or the-

**Both I think.**

The er, culture of the setting in which they work. I mean there's the social culture but there's also the er, there's the psychotherapeutic culture as in the-

**Mm-hmm.**

-Freudian culture and the Kleinian culture diverged and-

**Yes.**

-erm, the [Institute 2] tries to kind of straddle those rather than get fixed in one. Er, but erm, you know, having done quite a lot of my training at the [Institute 1] of course the, the Kleinian culture was very strong there.

**Mm-hmm.**

Erm, and er, because I did er, early my time there erm, some seminars with [Person 2] and she was very kind of rigid in her-

**Yes.**

-ways of thinking.

**And in terms of working with the parents?**

Hmm. What-

**How do you think culture impacts on that? I mean you mentioned earlier that the mother-**

Yeah.

**-that you worked with had different expectations of the therapy.**

Hmm. Er, yes, I think the culture of the parents erm, plays a part in how readily they accept the child having psychotherapy or the-

**Mm-hmm.**

-the sort of parameters of the, the way we work. Erm, and erm, I think it's very important to have someone working with the parents when-

**Yeah.**

-there's a child in therapy. Erm, trying to think of other cases when, [pause] relevant issue... [pause] No, nothing in particular comes to mind.

I was wondering whether there are any particular difficulties. I think you've answered this partly already but if you can think of any particular difficulties about working with cultural differences. I think you've-

Well-

-mentioned the difference of understanding.

Yes, well, as I've indicated I think there's erm, the kind of particular issue that makes things difficult culturally is when there are taboos about-

Mm-hmm.

-what you can talk about and-

Yeah.

-so on and erm, there's erm, there's our understanding of our way of working that we encourage patients to say anything that comes to mind but in some parent's minds that, you know, there are things that you shouldn't talk about and-

Yes.

-er, it would be rude to voice so-

Yeah.

-that I think that can be an issue, particularly that comes out, the child lets out that something was talked, was-

Yeah.

-talked about with the therapist that they disapprove of.

Hmm.

Erm, and you know when that sort of thing happens it's important to work with the parents about it and sometimes to have joint meetings like, like-

**Yeah.**

-[Person 1] and I did with this-

**Yeah.**

-mother. And the other thing that was an issue er, with this child, or it came to light erm, that the, the child's father, you know the mother had divorced the child's father, but the child visited-

**Mm-hmm.**

-the father and er, you know, regularly and spent time there and it emerged eventually that er, on one of her visits to her father's, she had seen the, I think he had left her playing around on his, you know, his equipment er, she saw some pornographic movies that he'd er, he'd left in a way that was accessible to her.

**Yeah.**

So that emerged as a feature. Erm, and I can't remember all the details of the history-

**Hmm.**

-of the relationship but you know, the mother had felt very badly treated by this father-

**Yeah.**

-her first husband.

**Do you think there are any advantages to working with cultural difference?**

Er, do you mean advantages for the patient or advantages for the therapist and learning about cultural differences or-

**I guess both.**

Certainly I think it's very, it's enlightening for the therapist.

**Mm-hmm.**

You learn a lot but you have to-

**Yes.**

-in order to know how to, to work out how to work with people from cultural differences. Also I think that er, you know, in a country or city like London where you have people coming in from all different parts of the world it's helpful to be in touch with some of the issues that-

**Yeah.**

-arise. Erm, and yes I, I suppose it's helpful for the, you know, a child whose kind of locked into a situation where there's sort of conflict between the, the parents' cultural expectations and the school's for example. It's helpful to the therapist to learn about and understand about these things.

**Erm, what advice would you give to a colleague working with cultural differences?**

Erm, well, I don't think I would sort of hand out advice, you know, not knowing anything about the case or cases they were working.

**Mm-hmm.**

This is what you should do if you're working with cultural differences but except to say you know it's important to be aware of, of them and-

**Yeah.**

-you know, perhaps quote some bits of examples from my own experience but one has to look out for the sort of erm, conflicts between, conflict between the expectations of the, the family's culture and

erm, the culture, the surrounding culture in which they live, in which-

**Yeah.**

-the child goes to school and so on.

**Although from how you first responded to that question it sounds like you'd prefer to look at each case individually if a colleague was coming to you for advice rather than having some thoughts more generally about working with culture.**

Erm, well I might say something generally but I think I'd be likely to quote examples from my own experience-

**Yes.**

-rather than just talk generally.

**Yeah. So looking at as sort of a case, a case-based approach as it were.**

Yeah.

**Yeah. Can I ask erm, how do you think cultural differences are viewed within the child psychotherapy profession?**

I'm not sure that I'm closely enough in touch with the, er, the profession in a, a wide enough way currently to be able to answer that but I think they are viewed as important.

**Mm-hmm. And what fantasies and maybe unconscious fantasies do you think circulate within the profession about working with cultural differences?**

I don't think I can answer that. Erm. [Pause] I would have, I would have thought that different people have, have different fantasies. You might get some people that think well it doesn't matter, you just take things as they come and others that would think they're very important.

**Mm-hmm.**

Erm. [Long pause]. Again I think er, some of the things that come to mind about cultural differences are really just observances that erm, vary from time to time as well as from one religion to another. Erm, I remember, I told you about coming from [*Ethnic & Religious*] background I remember my mother telling me that er, when she was a child, er, the rule or, I don't know whether it was just her family's rule or whether it was generally, but er, they weren't supposed to sing, hum or whistle anything but hymn tunes on a Sunday [hmm] and they used to have a, she was the eldest of a large family. There were seven of them and er, they used to have a, a family walk on a Sunday afternoon, out for a walk and er, my, my grandmother had a little bit of a sense of humour about it, if somebody started whistling some erm, non-hymn tune on the Sunday walk she would say er, what's that hymn you're whistling? [Laughs] That seems very strange these, to me these days-

**Yeah.**

-but that's how it was culturally in that area at that time.

**So that was normal then.**

Hmm.

**Yeah. Erm, can I ask if anything springs to mind, I don't know if you'd be willing to share but what you think your fantasies about working with cultural differences were at the beginning of your career compared to now?**

Hmm, if I can remember. Perhaps best to think of it in terms of you know, might my view have changed. Erm, I suppose at the beginning of my career I didn't have very much experience of cultural differences but, you know, in the sort of erm, relation to the sort of er, wild range of cultural experiences one comes across in-

**Yeah.**

-in London these days on er, even more than then. Erm, because the er, cultural differences I was exposed to early on I suppose were limited to the cultural differences between [*Country 1*] and [*County 2*] where I spent-

**Yeah.**

-the early part of my childhood. Erm-

**Although that is still a difference.**

Yes. Hmm. And er, so there were the religious differences as well. Actually the er, the first school I went to which was a little private school run by two women who were [Denomination 2] so that was a different-

**Hmm.**

-cultural religious influence. Erm, it's quite benign really. Erm, but erm, I didn't er, early on have any first hand experience of er, [Denomination 3] religious culture but erm, as I say there was the, the [Denomination 1] that my family were brought up with, particularly my dad who-

**Hmm.**

-whose dad was a [religious leader]. Erm, and then when we moved to [County 2] the [place of worship] my parents went to, you know, there wasn't, there weren't [Denomination 1 places of worship] there but there was a, the [Denomination 4 place of worship] there was, was a [denomination 5 place of worship] so we belonged to that and erm, I went to a, things for children and youngsters there, they put on a Christmas play and things like that-

**Hmm.**

-which I took part in. I got quite a bit involved in er, amateur dramatics in my sort of childhood-

**Mm-hmm.**

-and adolescence. Erm, and er, where was I going from there? Yes, also the [Place of worship 1] that we belonged to and they had an amateur dramatics society there which I took part in. Erm, so what was the question I was answering?

**I was asking about your fantasies of working or, of working with cultural differences at the beginning of your career compared to now.**

Yeah. Erm, well, at the beginning of my career, I hadn't been, I hadn't been greatly exposed to cultural differences at the beginning of my career, well, except erm, and I suppose this comes into my childhood as well er, someone I did my degree with, in fact we were the only two that did exactly the same timetable-

**Mm-hmm.**

-erm, because erm, the psychology degree at the time in [City 3] where I went to university, you could do it either as an arts degree or a science degree and nearly all of our year were doing it as an arts degree and myself and one other woman were doing it as a science degree and er, you had to do other science subjects with it.

**Yeah.**

And on one of the days it involved a bit of a trek from er, the arts building to the medical building where some of the seminars, scientific seminars that we were doing took place and the, the person, erm, the fellow student who was doing exactly the same subjects as me erm, was Jewish and erm, I hadn't been erm, sort of had much apart from a very important part of my childhood erm, I hadn't had, I'd only had this sort of one rather er, traumatic experience related to Jewish culture and during the war, we lived in a village which er, was one of the places that children got evacuated to, you know, children that were in the cities that-

**Yeah.**

-were in danger of being bombed-

**Yeah.**

-were er, evacuated to live with families in rural areas where they thought they'd be safer and erm, we had two evacuees who were somewhat older than me to start with, two older girls. I was about seven I think and they were 12 and 13 or 12 and 14, something like that. Er, and they erm, I remember used to kind of erm, not exactly bully but manipulate me by there was er, some kind of nail polishing

set that I had, not nail varnish but something where you buffed your nails-

**Yes.**

-and er, previously on one occasion when our one toilet was in the bathroom and when er, one of them had been sitting on the toilet and I wanted to do a pee and it was er, finding it difficult to wait or, I sat on, in the, sat on the wash basin and urinated into it and after that, if I wouldn't do something they wanted like I wouldn't let them, let them have this nail polishing set, they'd threaten 'we'll tell your ma you peed in the bowl'. [Laughs]

**Yeah [laughs].**

So they sort of blackmailed me that way and I think this must have come, they must have let this out to my mother at one stage. Anyway at one stage she er, there was something, she had something wrong with her hand which meant er, she wasn't supposed to put it in water much. It was some sort of skin condition or, I can't remember the details, but er, and you know no washing machines in those days so-

**Mm-hmm.**

-it was quite difficult for, you know, looking after a family properly, having to put her hands in water and er, at that stage the two evacuees were moved to, to somewhere, another family or different families I think in the village, and erm, she decide, my parents decided erm, at that stage that it might be easier to look after a baby or a young child they could sort of bring up in their own way rather than inherit other people's mistakes-

**Yes.**

-which my mother used to put it so they volunteered to, there was a, a system where you could volunteer to foster a baby or young child and erm, the result of that was that a baby was fostered with us who was er, the child of a German Jewish refugee-

**Mm-hmm.**

-erm, who was the only kind of work she was allowed to do in this country was to work as a domestic servant and she was working for us as a domestic servant for some family in [City 3] and er, she got pregnant. She wasn't married. She was an unmarried mother and er, the er, people she was working with didn't want to have the baby, didn't want her to have the baby there, so he was fostered out and he was fostered with our family and er, his mother early on she used to, she used to visit regularly at-

**Mm-hmm.**

-weekends and you know, be in touch with the baby and so on er, but then she stopped visiting, she stopped visiting quite a long time, hardly ever turned up and then some years later, er, suddenly er, she wanted to remove the baby who, you know by this time didn't recognise her anymore-

**Yeah.**

-and was, when she came er, he sort of yelled and screamed and held on, hung on to my mother and didn't want to go with her and er, she was very distressed by that and she came back at a later stage with, accompanied by a Rabbi who was you know, to help with this and the same thing happened again and the Rabbi didn't approve of the way this was, you know, this was being handled, you know, the, her trying to tear, trying to tear him away from my, from this woman he viewed as his mother who'd looked after him and eventually it emerged that erm, she wasn't planning to have him to live with her. Er, she was intending to place him in er, a Jewish orphanage so that he would be brought up in the Jewish tradition-

**Right.**

-which is what her mother would have want, what her parents would have wanted.

**Yeah.**

Now, er, her parents had been killed in a concentration camp so it was-

**Hmm.**

-all very tragic situation. Erm, but the Rabbi that came with her didn't, he didn't approve of the way this was being handled and in the end she sort of, just went off and didn't erm, didn't, you know, for a long time we didn't know what was going to happen but she just didn't pursue it any longer.

**Mm-hmm.**

Erm, but you know, there was always this sort of hanging over us and [Person 3] became very clingy and anxious about separation. Erm, anyway erm, as an adult he's now er, married, well for the second time. His first wife died tragically but they, I think they'd only been married about a year and er, he remarried a, a woman who'd been divorced and had two, at the time young children so he, he married her and took on these two step children as well. They're now adult. And er, so, but in adult life, he, er, got interested in wanted to track his family-

**Mm-hmm.**

-wanted to track his mother but also he was curious about who his father was and-

**Yeah.**

-wanted to track him down and eventually he had difficulty tracing his mother. He knew that she, whereabouts she had lived, that she was in [City 4] near [City 3] and er, in the end he put a notice in the Jewish Chronicle and that resulted in his mother phoning. He happened to be out at the time so his, his wife answered the phone but it emerged that her main reason for phoning was er, to try and stop him from putting, he'd put this notice in the Jewish Chronicle and she was afraid that members of her congregation would ask about who this long lost child was-

**Yes.**

-and probably she didn't want to, this er, murky secret from her past to come out. So er, that didn't-

**That's really sad.**

-go any further. Hmm. It's a bit, but [Person 3] did manage to get somewhere in erm, trying to trace his father. It seemed to be a, erm, some relative erm, a half brother or something like that but I'm never quite sure whether that was authentic somehow. Er, so, but erm, his, his er, stepdaughter married and had a child and that marriage ended in divorce but erm, the erm, [Person 3] and his wife have played a large part in looking after that stepchild while his stepdaughter went to work so-

**Mm-hmm.**

-he's had quite a big part in bringing up that child. So that's about as far as it goes.

**I have one last question which is how do you think our own fantasies about culture impact on our work?**

[Pause] I would, it's difficult to know but I would imagine probably quite a lot. [Pause] But erm, I suppose we try to take each case as it comes-

**Hmm.**

-and understand the cultural influences on that particular family-

**Yeah.**

-and their beliefs and traditions. Erm, but I mean I find it hard to, when you say fantasies about culture, I mean, without having examples of-

**Yeah.**

-particular, people's particular fantasies I wouldn't know how to answer it. How do you separate beliefs and fantasies?

**Hmm.**

Erm, but I suppose people have had experiences with their cultural differences and cultures as impacted on strongly erm, might bring something different to it from those where that doesn't apply. Erm,

another scenario I'm thinking of in relation to er, cultural impact and movements of culture erm, is connected with er, the slave trade and-

**Mm-hmm.**

-the black communities coming into this and other countries-

**Mm-hmm.**

-and how those experiences impacted on, on them and future generations. [Pause]

**It seems to me that we've hit on the same problem with the difficulty in talking about something generally when the, the training or the work is so much about looking at an individual case one at a time.**

Yeah. Yeah. Erm, but I suppose you can generalise to a certain extent. I mean for instance, the er, people who, slaves who were sent from one culture to another er, would have shared a certain common experience.

**Hmm.**

Erm. [Long pause]. But also thinking about, trying to remember the details of, er, West Indian children who were sent over and placed with families here. Er. [Pause] I remember when I was working as a [Profession 1] erm, there was one little girl who had come, she was actually from er, I can't remember where it was, a particular island in the West Indies that's French speaking-

**Mm-hmm.**

-and she came, she was sent over here by her mother and just at the age when she was just the age to start school and so she's placed with the family, come to a country with a language that wasn't her native tongue and started school sort of within a week, just about, and when she started school she just screamed. Referred her quickly, didn't know what to do with her, she just screamed but really seemed just all too much.

**Hmm.**

And er, I took her on for some regular work and she talked about her country that she came from and drew pictures of er, what it was like there and I think she'd been sent, yes, she'd been sent to relatives, was it with her father? Was it that her parents were separated? I can't remember the details but, or she was fostered, she- . Anyway, it just seemed the whole thing, being sent to live with a family that didn't speak her native tongue, strange country and starting school all in one week was just-

**Hmm.**

-too much and er, I think I took her on for some regular sessions over a period of time to try and help her settle down and I can remember that this sort of nostalgic pictures of her country and-

**Yes.**

-what it was like. But she did also talk about, you know, what it was like, going to school, what she was expected to do etc. and I probably did some work with her on, you know, helping to learn the language and-

**Hmm.**

-get to learn to read and so on.

**Well that's brought me to the end of my questions.**

Okay.

**Is there anything else that you'd like to add?**

Erm, I think you've covered quite a lot really. Erm, I wish you well with your study.

**Thank you.**

I hope something, you find that something interesting and useful comes out of it.

**Thanks very much. I'll switch the gadget off.**

#### INTERVIEW 4

Then I can go through the information with you, While we, yes we are recording.

Okay.

So this is an information sheet for you. This interview is, uh, for my doctoral project, which will be about working, how child psychotherapists work with cultural differences.

Hmm-mm. Okay.

Um, I think the important things for you to know is that when I've done the recording it will be transcribed and it will be made completely confidential, so it will only have a number -

Okay.

- and any identifying details will be taken out.

Right.

I'll keep the actual recording for as long as I'm doing the doctorate and after that it will be destroyed.

Fine.

Um, I've got ethical approval from Birkbeck. The ethics doesn't cover work in the NHS. So if you want to bring any case examples to our discussion I'd have to ask you not to refer specifically to any children that you've seen within the NHS.

Hmm-mm. Okay.

But I believe you work in private practice as well. And -

I work in private practice; I don't work in the NHS, not now no.

**And I've got my contact details and my tutor's and my supervisor's on the second sheet, and you're welcome to withdraw from the project at any time.**

So who is, where is Lydia Tischler in this, what is she?

**She's my progress adviser.**

Right okay and the research supervisor is Dr Amber Jacobs.

**That's it yeah.**

Yeah. Your consent will be sought if you wish to participate in this study please write - so I need to write something or sign something?

**I'd ask you to sign this if you wouldn't mind.**

Okay.

**I've only got a pencil.**

What if I'm not over 16?

**[Laughs] Sorry, just click on it.**

Oh is it a pencil or a pen?

**It is a pencil. Sorry -**

Your equipment -

**I know**

- I think it's sort of come into an alien environment or something. I'm not sure, is this purple?

**Yeah.**

Can I sign it with this?

**I don't see why not.**

And it's the twenty-?

**Second.**

There you go.

**Thank you. It's good to know that one of us has equipment that works. We'll have to hope that both of our brains are working.**

How many interviews are you actually doing, lots of people?

**I hope a minimum of six. I'm not finding it that easy to recruit people.**

Oh gosh, are there, there are six people, and they're all psychotherapists who are trained?

**They all need to be child psychotherapists who are ACP registered. They all need to be qualified.**

And you can go into the Tavi, the Tavi?

**I have interviewed some people from the Tavi but I'm trying not to just, um, you know, put people on the spot. I'm trying to ask people who have either written about culture or who have presented on culture at a conference or have chosen to attend the conference. I'm trying to sort of do it that way. But I'm -**

Yeah. Yeah, it can be a bit delicate. We're actually doing a study there, race and culture at the BAP in February.

**Lovely!**

To which we're asking all the trainees to come. We've only just met last night to talk about what the programme would look like.

**Yeah.**

So if you're, February, March, April, if you're not too heavily -

**Well I'll still be working then.**

You'll still be working in February?

**Yeah.**

It starts the end of February and Fakhry Davids is coming to talk.

**Okay.**

And I think there's going to be about six, six of us doing, reinforcing clinical material. There's [Person 1] and myself and [Person 2] and [Person 3] -

**Yeah.**

- and I think there's somebody else. So, um, we're going to have to get the word spread that we need as many trainees as possible to come, because it's really about the trainees who haven't really been exposed to this sort of stuff, not really, not particularly. So, um, when you go back to the BAP I'm going to ask [Person 10] to make sure that the heads of sections and seminar leaders and really all the trainees are informed.

**Yeah.**

And we're going to send a flyer out to say what it's about so.

**It might be worth speaking to [Person 10], do you remember the workshop space where you came and taught us in my first year?**

That was a long time ago now wasn't it?

**Yeah, it would have been two and a half, three years ago.**

Possibly yeah.

**We, at the end of the term that space is left open just as a plenary, as a feedback session, but it's all the four year groups together.**

Oh that's good yeah.

**So if somebody from your committee wanted to -**

To come to that.

**- come and just sort of speak, because [Person 11] sends us so many emails that I think half the time people don't really read them.**

I think that's, that's not a bad idea for me. Tell me when that is and I will arrange.

**It will be the 4<sup>th</sup> December.**

That's a Tuesday.

**Yeah.**

And you have a sort of space where things like this could be brought up?

**Yeah, it's 3.30 until 4.45 and it's chaired by [Person 12] and [Person 10], so.**

So both talking to [Person 12] and to [Person 10] would not be a bad idea to see whether one of us could come along and talk.

**Yeah, and just have a little word about it yeah.**

Yeah okay. We also try to encourage trainees even from, you know, we're involved with the [Institution 5] and [Institution 6] and this and that and all kinds of, and we're going to try and involve, involve as many of them as we can.

**Lovely!**

So hopefully it's going to be the beginning of something that can carry on, and we can only but try and see. Anything else I need to know before I get started?

**Not necessarily. There's a consent form for you to keep that I've got here, but it's entirely up to you.**

So I keep this bit do I, keep hold of this?

**All of the information is for you, yeah.**

All right.

**Um. Do you have a four o'clock patient?**

I don't have a four o'clock patient but I'm hoping that we're going to finish at four or a little bit after, not much after that.

**Right okay, that's fine. Can I begin by asking you about the professional context that you have been working in, so your training and your professional background?**

Right, well I trained at the [Institution 1]. Um, before that I, I started off really training to be a nurse, that was so long ago I can hardly remember. And then, um, I did, um, a degree in social sciences at, um, it was then the [Institution 2]. I think they call it the [Institution 3] these days.

**Yeah.**

And after I did that degree I worked in the education welfare department, so I was an education social worker. And that involved going into schools, meeting with teachers and heads of years, and it was particularly around issues of children not going to school. And part of that really was a lot to do with the parents' mental health and why the children didn't go to school. So very quickly you realise that non-school attendance wasn't just about a child not wanting to go to school.

**Yes.**

It meant a parent getting up and getting the child to school, or the child not worrying that the parent is going to be ill or die or would have left.

**Yeah.**

So I got involved in that. I actually liked that work and I was a team leader for the team in [Clinic 1], which is, which is [Place 1]. And, um, from there I, um, went to work in [Clinic 2] as a psychiatric social worker. I was sort of head, head hunted really.

**Yeah.**

And, um, while I was working at [Clinic 2] as a psychiatric social worker, and I was, um, uh, head of, head of a section there, there were people working there like [Person 4], [Person 5], [Person 6], and I got very interested in the way they talked about children.

**Yeah.**

And the way they talked to children, the way they understood what children were doing, so, um, and I began to understand what transference and countertransference was very quickly with some of the children that I was working with, because being around child psychotherapists you very quickly understand about that. And I was encouraged to go and do the training.

**Mm-hmm.**

So I applied to both the [Institution 1] and the [Institution 4], and I got accepted in both. But then the issue for me was, if I went back to [Country 1] to work, which training would equip me best and which language would I be most comfortable using?

**Yeah.**

So I chose the [Institution 1] to do the training, and I think that was the right choice. Because although in many ways it's harder, because you're grappling with Kleinian theory, you're grappling with the Freudian theory. I mean you don't sort of stick rigidly to any theory; you have to grapple with them all. You have to learn about Winnicott, you have to learn about Bion and all of that. But I think at the end of the day you somehow find your own level and you realise whether you're more interested in Winnicott or more interested in Fairbairn or more interested in who - so I suppose I'm a bit of a Winnicottian, I think.

**Okay.**

Um, so I worked, I trained as a child, child/adolescent psychotherapist, and I spent 14 years working down in [Place 2] as a, some of the training, while I was training I worked in [Place 2] - a place that offers education therapy and foster care. I think [Person

6] and [Person 5] and different people, maybe [Person 7] who is in here too and [Person 8], and there was a whole lot of people that actually ended up down there.

**Yeah.**

And I did that for 14 years actually.

**Okay.**

The only NHS placement I worked at was in [Place 3], and that's [Place 3]-

**That's right the other side.**

Yes, so I was in a situation where when I was training I'd had my, and this was in [Place 4], so I'd leave here in the morning and I'd drive to - no, no, I'd drive all the way to [Place 3] to see my under-5, then I'd leave [Place 3] and drive back to [Place 4] for my analysis, and then I'd leave [Place 4] and drive all the way back through town, all the way down the motorway down to [Place 2] to see another training case. And I wouldn't mind admitting by the end of it all, all I just wanted to do was sleep, and I remember, um, I had my reading in, which was really, there were people from everywhere that came, it was really such a good day. All the people I'd worked with in all different capacities just came to celebrate with me, and all, you know, the different, um, seminar leaders. And it was champagne and flowers, and I just, when I came home I got into my bed, pulled the blanket over my head and stayed there. Because you just keep going don't you?

**Yeah you do.**

You can't stop and think I'm tired. And you can't stop and think I'd rather not do this; there's always seminars to go to, analysis to go to, somebody's always pulling you in that direction or that direction. And to finish it is such an achievement, and I just, I'm glad I did it. And quite soon after I qualified I went to work at the [Clinic 3], and, um, again somebody contacted me and said, you know, and said, um, was I interested in coming to work there. And, um, anyway, so, so I went there and spent five years working in the parent and infant project. I think it was another brilliant thing to

do, um. But since then I've sort of retired because I'm properly retirement age, properly retirement age, so I, I do a lot of private work. I've always done private work, um, but I don't see children anymore.

**Okay.**

The last girl I saw I saw for six years from 13 to 19 until she went to university. And I saw another one for six years from 13 to 19 before she went to university, and interestingly both of them ended up at [Place 5] University, but now I do more supervisions. I supervise a project called [Project 1] that, um, uh, professionals go into the home of parents who are struggling, and I think that's such a brilliant way to start because you're at the level of the parent -

**Yeah, I've heard of it I think.**

Yes, and it's connected with [Place 6] and [Person 9], um, and people like that that are working up there. So I've been doing that properly for about three years, and I, I supervise a number of people who are working in the field rather than running around behind small children.

**Yes.**

I save that for the grandchildren these days, all the running around, so. That's it really, um. You know that I was born in [Country 1]? You probably don't but -

**I didn't know that.**

Born in [Country 1], I've lived here for fifty years, five-zero. So that's longer than I've lived anywhere else obviously because, you know, fifty years. I go back occasionally because my mother is 90 and I've just come back from [Country 1] as you know because she celebrated her 90<sup>th</sup> birthday.

**Yeah.**

And I've got children, three of them all grown up. Grandchildren, four of them partly grown up, and my granddaughter had twins at Christmas.

**Oh congratulations!**

So that's another generation down yeah, so that's not bad.

**Yeah.**

And I can still run a bit, climb trees and I'm still young enough to  
-

**Yeah.**

Anyway that's enough about me.

**Okay.**

Will that do, you can edit, you'll have to edit all of this stuff.

**It's good.**

Because once you get me talking I don't stop.

**Can I move on to talking about culture specifically? I was wondering how would you define culture as a concept?**

Ah-ha, interesting one! I actually think it's broader than, it's to do with your beliefs, um, family background, your belief systems, which includes religion, how you understand the world, how you make sense of the world, and all of that can be quite specific to a particular culture.

**Yeah.**

I also don't like people to get too bogged down with this idea about culture, so I was born in [Country 1], so I don't know what a [Nationality 1] culture. I might say I was born in [Country 1] and I grew up in that culture. But [Nationality 1] culture has changed.

**Yeah.**

And when I go back now it's not the same place I've left. And when people are working with, with culture in England you have to think

well what do you mean by culture because there's just so many mixed families at the moment that you can't say *that* culture deals with, um, child rearing that way, and that culture does this, because it all gets a bit entangled. So I just don't like people to focus too much on that word, to see it as the beginning and the end of how you deal with people. Whether they're white or black or in between, you have to understand something about that person.

**Yeah.**

How they use their culture, because not everybody subscribes to the same patterns and beliefs as that culture. So you might have a Pakistani person over here for five years, an elderly person, and then they have children in this country, they don't actually subscribe to the same cultural patterns as their parents because they've become a bit more cultured as they live in this.

**Yeah.**

So you always have to be clear.

**So it's something that's sort of fluid and changes with generations.**

It's something that's fluid and something that, that grows, and sometimes you decide to accept that aspect of it and reject that aspect of it. And one of the things I always talk about when I'm talking to people about working in a cultural way is to be, to understand where the person is coming from and what their beliefs are. You don't impose your views on them. Or you don't work with them thinking that is their culture and I can't question it. And interestingly in one of the supervisions somebody was talking about an African family and this idea that a lot of African families are more interested in education than play. So it can become very stereotypical about families and that's something I warn people against.

**Yeah.**

Always be curious, always find out from the person; don't assume that you know. Always be open to being educated by that person. And the other thing that I say about culture is, um, don't say things are cultural when they might be something else -

**Okay.**

- if they be abusive. And that is about a child, my baby observation, the mother used to do some awful things with that child and she used to say 'well this is how I was treated and this is going to give the child backbone and help him to get through work and live in a racist society'. Well she was talking about herself and how she was treated, yeah.

**Yeah.**

But, um, anybody looking at that couldn't just go down the road of saying that is cultural and that's fine, because really it was abusive. So people like us working as a child psychotherapist need to know what is cultural and when culture shades into something else that involves child protection and all that.

**Yeah.**

And that's a very very delicate area about parents who beat their children, about parents who chastise their, well parents who do this and that to their children. And the other thing you have is, you get all mixed up with children who might have the devil in them and children who might do this, whole lot of cultures that still hold onto some of those ideas.

**Yeah.**

That conflict with this society and whatever. So that's a very, that's a roundabout answer about saying don't get too bogged down with the word 'culture'. There's some things you hold onto, I'm struggling to know what I hold onto from [Country 1] that I haven't sort of, um, tampered with over the years and thought that doesn't work for me, and that doesn't work for me. So it just becomes, um, a nonsense to just think of it in terms of something rigid.

**Yeah. You've sort of touched upon it a little bit already but I was going to ask you how you define your own cultural background?**

My own cultural background? Anyway I still, I still say I'm, I'm [Nationality 1]. I've got a British pass, passport but I'm still,

I'm still [Nationality 1]. I think because my earliest memories are of growing up there so I would say, I would say I'm [Nationality 1], yeah. And the things that I still hold onto from that, I grew up in the church.

**Yeah.**

Um, and although I went away from the church when I was living here, I found my way back into the church. And I can, when I go to [Country 1] that's the first thing I will find, a church to go that belongs to that culture.

**Yeah.**

My, my mother and father grew up in the church. Um, my father was a choir master, so I sang in the church choir. I sing in the church choir here.

**Yeah.**

Um, and I've got lots of relatives who are musicians so they brought something of that culture from my father who loved singing and playing the guitar. So I'm [Nationality 1] but with all kinds of different things mixed up in there. But essentially I would say that I, I was from [Country 1], and that's where my earliest memories and earliest training came from.

**It's quite interesting isn't it, because you gave me a very broad definition of the word, but when it comes to your own personal feelings about your culture it's mainly in terms of nationality and religion.**

And that's why you always have to ask, when you come up against something in practice that is from a different place, you need to find out what is important to them.

**Yeah.**

Which bits do they hold onto, which bits have they been able to let go. Now some people I know from [Country 1] and [Country 2] thought that they were brought up in too strict a religion: it was all about hell and damnation and all that, and some of them have gone

completely away from it. [Pause] You might talk to someone who was born here rather than the [Area 1]. I was born in the [Area 1] but if you spoke to, again you might see a black person come into therapy and you say well this person's of West Indian origin, but which aspects of the West Indian origin do they still subscribe to? They might say well I'm Black British, as opposed to Caribbean, or I'm something else. So you should always ask people how they define themselves rather than putting any kind of finishing round them.

**Yeah, you've already spoken a little bit about this but can I ask you how you think culture impacts on the work of child psychotherapy?**

It depends on, well certainly whether you start with stereotypical ideas, whether you come with your own ideas and you don't explore them, that's one. Secondly, how curious are you, and how, um, how worried are you about making mistakes and being seen as racist, and does that stop you from asking quite pertinent questions? Because there are ways of asking, there are ways of being curious that are not being disrespectful. It's a delicate thing, how can you be curious without being disrespectful? Culture can impact though because I remember working with a family who was of Pakistani origin, and I had to very quickly understood, understand how the hierarchical arrangements worked in the family.

I wanted to talk to the mother because she was the one that everybody was presenting as having difficulties, and yet I couldn't really make eye contact. She wouldn't look at me and talk to me. I found myself, this was some years ago and I still remember it, I had to acknowledge the paternal presence there, and I had to direct some questions to him because he spoke for his wife. But I was also very aware that I needed every now and then to make sure that she knew I was looking at her and I was very interested in her. I couldn't keep saying to her what do you think, what do you think, what do you think, because I wasn't getting anything back from her. But what I really wanted her to know was that I was interested in her views, so I might ask him what do you think your wife thinks of that and would she say something slightly different. And do you know the end of that was I managed to see her by herself, I engineered it so, and she really wanted to see me by herself. But if I had started challenging what was the cultural norm without understanding a bit.

So there's lots of things, you need to understand or have some idea what are the norms in this culture. And then you have to think well how much does this family conform to those norms or not, and how am I going to find out? Um, and some of that might be influenced by how long have they lived in the country. Does this Asian young mother live in her own house or does she live in her mother-in-law's house? You know, all kinds of things because it's no good jumping in and challenging everything and making a situation worse. And that comes up a lot if you're worried about abuse. I remember trying to ring to arrange an appointment when I was working at the [Clinic 3], and the father had no idea that the mother was seeking help. So when I rang up and said I'm from the [Clinic 3, well who are you and why are you ringing my wife and what do you want?

**Yes.**

So you always have to be, when it comes to things where you're not one hundred percent sure what position the woman is in - the same in Britain! I'm not saying that it's any different in Britain, you always have to have some understanding about what you might be putting the woman, what danger you might be putting the woman in, who to talk to, how to be respectful without being down trodden. Because with this Asian man I was respectful, I gave him the respect he deserved, but I was still curious to ask questions about, well all kinds of things. Curiosity and respect, they're not opposite sides of the coin, so.

**Do you think that culture impacts on child psychotherapy theory at all?**

Well it does because, um, we're just beginning to think, um, in a small group to do with race and culture, how possible is it? Say you're thinking of a particular aspect of theory, say, I don't know, pick out of the air. If you think about that theory, how do you understand culture by looking at that theory? And often that's not talked about when you do theory. You've got Winnicott, you've got Freud. I don't know if anything about culture comes into Freud's stuff anywhere. Or even Klein, but as child psychotherapists you have narcissism say, what on earth is narcissism? How do we understand narcissism? And if we're applying that theory to somebody from a different culture what aspects of their culture will help us to understand that or not understand that. So it's always you're

questioning yourself about the theory that you use. It can't be applied just like that -

**Okay.**

- to everything, but not even in ordinary families. You've got middle class families, working class families, aristocratic families - you always have to ask how does it apply in that situation? Are there other aspects? Um, I'm just trying to think of what sort of theory that I've found really quite unpalatable. I've found a lot of Freudian theory hard to swallow, um, and then I have to ask myself now Oedipus, the Oedipal complex, does it apply in the same way? Yes, I think that the oedipal sort of complex can be seen in relation in culture; it's just how you actually look at it. The child wanting to kill the father and marry the mother - you have to ask yourself the question does this fit with the culture? Because if you said that to perhaps a [Ethnicity 1] woman, if you'd have said that to me when I first came to this country, well what on earth are you talking about, that my child, my boy child who I want to have in my bed with me doesn't want me to have any relationships with his father because he wants to marry me, there's all kinds of things. But then when you really look at it carefully there are aspects of the theory that relates to any culture, but you have to unpick it.

**Okay.**

Look at it properly, you just can't, a blanket thing, you can't just say this is the theory and it applies to every culture in the same way. You've got Asian families that the children sleep in their beds up until about five or something. If you're thinking about the theory you're already thinking well this mother and child are not going through the separation process as it should be. But then you can't look at the mother and say you shouldn't have your child in her bed because, because, because, you have to understand all kinds of other things before you start laying down, laying down the law.

**Yeah.**

So sometimes a separation individuation theory, it makes sense but you have to apply it in a way that people can understand rather than saying no that's wrong, you shouldn't have the child sleeping in your bed beyond three or four - you lose patients like that, you know.

I'm just trying to think if there's any other ones that particularly got me going. But yeah, I think the separation individuation one, weaning, feeding, there's a whole range of things that each theory you come up against you have to ask yourself how does it apply, and what would be different in this culture? The woman that I saw for my baby observation, her little boy, she cooked, I would walk into her flat and I would immediately want to cough because she was always cooking hot pepper stew, and I don't like spicy, spicy stuff.

**Right.**

And she tried to feed it to her one year old while I was, and he wouldn't, he wouldn't eat it. And he developed a way of letting his mum eat all the outside of the chicken to get the spicy bit off before he would eat it. Now hot pepper stew is a typical African dish, but her child couldn't tolerate it. And I had to find a way to, to really sympathise with this little boy, probably broke all the rules. I said 'you're finding it really hard to eat that hot stew aren't you, and you're making sure that mummy gets all the hot bit off so that you can eat it'. I found myself talking for the child because the mother's saying you know, 'this is what we eat in my culture, if he was living in Africa he would either eat this or he would starve', and she was getting very agitated about it.

**Yeah.**

And I couldn't say 'don't feed your child hot pepper stew, it's abusive or I'll have to get Social Services involved', I had to find a way to point out to her that this little boy, although he's her African little boy, he didn't like the hot pepper stew. Does that make sense?

**Yeah.**

So, as you sit in a room as a child psychotherapist with children and families from all over the place, you must never leave your curiosity hat off. Right, you should never be so sure of your theory that you're pushing it into other people without getting a sense of what they understand about it.

**Yeah. What do you think are the advantages of culturally, culturally diverse work?**

The advantages, um? I think the society we're living in is no longer a typical white British society that subscribes to some notion of normality. Um, in my own caseload I think I was, I was just so surprised, there were just so many different combinations of, of families, um, what was the question?!

**The advantages -**

The advantages: that you learn a lot as a therapist. If you're open to listening to people, and actually learning from them and taking on board that you don't have all the answers, I think is the most fantastic way of working. Um, it may not fit all that easy with how we were taught to be child psychotherapists. You're in the room with this child, the two of you are in this relationship, the parents are more or less kept outside of it - increasingly I found the best work that I ever did was that I found a way to engage the parent who then allowed me to work with their child. And I found a way of, when I worked in [Place 7] there was a child psychotherapist there where the children used to be bussed in from some school, these disruptive children who were nearly always black, I'm talking [Place 7]. They were bussed in to see this child psychotherapist at [Clinic 4]. The parents never came. Somebody brought them in, an escort brought them and an escort took them back to school. To me that made absolutely no sense; somebody had to see the parent, to help the parent to think about why the child was behaving bad at school.

**Yeah.**

And, um, and how they could work together as a team to help this child. I mean unless you have the parent with you, I mean as a child psychotherapist you usually have a parent worker.

**Yeah.**

And the people that I supervise, so child psychotherapists, I say well, what are you understanding about how the parent is managing, do you have regular conversations with the parent worker that will inform you a bit about what this child is doing? The relationship between you and the child is important but it can't be the only relationship because the child goes back to whatever it is it comes away from it still goes back to, and if you can't change the attitude

of the parent and engage with the parents. Sometimes you're saying to that parent 'I know better how to deal with your child than you do, I know more about what your child needs, I know how to bring up your child better than you do'. But then you can't, not when you're sending the child back to the parent.

**No.**

So I always, um, encourage people that you may have to come outside of your comfort zone. It's okay to be in a room with a child and everything is about the relationship between the two of you, that's only one aspect of it. You have to broaden it out a bit. The outside world impacts on the inside world, the inside world impacts on the outside world, and you have to be mindful of both of them. I think the BAP probably manages, people trained at the BAP probably manages it better, I think, and I think the BAP people generally seem to find work after they've qualified, because there's something about being open [Mm-hmm] to listening to what other people are saying. You, you, you know about child development. You don't throw out all the things that you know when you come into a room. Now you come into a room with me, you, you know that things are done in parts. I mean my past is going to have an impact on me because you asked me about the sorts of things that I still hold dear. Now if you can't grapple with the fact that I go to church and I've got a religion that I find there, you've already lost a bit of me.

So you might have Muslim families, African families that come in, you have to engage with all these different aspects. You don't have to have all the answers to them, but you have to be curious about what holds them together, what stops them from falling apart. Why is this religion helpful to you, who are these people around you that keeps you going? - unless you can do that you lose an essential bit of that person.

**Yeah.**

So curiosity, so curiosity killed the cat, but curiosity, but respectful, respectful curiosity, if you go away with nothing else you can be curious but still respectful, and that really helps so. I think I said that when I did that training didn't I?

**Yeah, I think you did.**

Yeah.

**I'd quite like to move on to asking you about fantasies, how do you think that cultural difference is viewed within the profession?**

Mmm. Um, that's an, that's an interesting one. I'd like to think that we're becoming more open about them, that we're able to talk about them more. That we don't feel that we have to take a child from a particular background and civilise this child or turn it away from its cultural roots to, to turn it into something else. But the profession I think is still struggling to acknowledge difference and the important of difference. And difference and sameness, and sometimes I think I'm not even sure if I'm answering your question, sometimes I think, um, we can also go down the road of difference all the time and not look at sameness. You and I must share something, we must have some goals. We must have some idea that we want our children to be educated. We might have different ways of doing it. Um, the African family might decide that rather than play, that play is not how a child learns, that a child has to learn its numbers and it has to learn its ABC. And I know that some child psychotherapists struggle with that.

So the idea then is how you can encourage play or encourage the parent to understand that play is also about learning without coming down really hard on that parent and saying all they're interested in is pushing education at the child and they're not looking at the child's social skills, they're not looking at, it's a difficult one. Because you see for people like me where there's racism all over the place and all kinds of things, sometimes you think the only root out of poverty is education. And you might have an idea that unless you push that, that the children here they'll spend their time playing, this is some, what some families will tell you. In nursery school they're only playing. In primary school they're only playing. They don't link playing with learning, when what I want my child to do is to know its alphabet and know its letters and know its sums and to get to university so that it can get a good job.

**Yeah.**

Now unless you can be sympathetic to that view from the parent, that being black in this society is difficult, and that they need to equip

their child with whatever the child needs for the child to get on, unless you can acknowledge that at some level you're not going to get very far with this parent. You need to come back to play and how the parent could then engage with the child and how they can get down on the floor and play with the child and how they can have fun with the child. But if you start pushing that without realising where the parent is coming from, again you've lost that parent.

**Yeah. Can I ask what fantasies and perhaps unconscious fantasies do you think circulates among the child psychotherapy profession about working with cultural differences?**

I don't know if they still do. I think the whole idea about sex and violence comes up quite a lot, um. I used to sit and listen to referrals about children, black children particularly and they talk a lot about how aggressive they were. It's almost as if aggression was something that was cultural and inbuilt. And that used to, that used to upset me. The other thing that comes up quite a lot is the whole sexual thing, you know, whether young black men are all potential rapists or something. Sometimes those sorts of things stay deep inside of people yeah. And if you go into the, um, the consulting room with those attitudes and stereotypes and fantasies you don't see behind them. I'm not saying some children are not aggressive, not saying that sometimes sexual, sexual things get out of hand, but I think there's still a particular sort of stereotype of black children, particularly black boys that I think still lingers on.

**Yeah.**

Just a little bit. Um, I'm just supervising a girl down in [Place 2], and she's telling me how aggressive this girl is and how frightened she is of this girl's aggression. Now I have to think as a supervisor - this is a black girl who's in care - about the therapist's fear. And when you are in a room with a child and you fear that child, you're not really going to work very well. So I have to ask myself is her fear justified, is this girl so out of control that talking about her - because the girl's aggression is also about being frightened of something. But if the therapist is then frightened and become immobilised I'm not sure how it can, how it can go forward. And I don't think it's an easy job being a child psychotherapist because if you're in a room and you feel fear from a child, neither you or the child is safe, and I don't know how, how

you're going to work with it. But if you just always see aggression and not fear, if you always think this child is aggressive, is going to attack me and I've got to watch out for myself, and you don't find a way to talk about it, that child then continues to think that I'm out of control and nobody can deal with me, and on and on it goes.

So our stereotypes and whether we feel that these stereotypes, that they can't be shifted, whether you're essentially aggressive because you're black or essentially over sexualised or sexual because you're a black young male, are things that I think are still around a bit. I would not underestimate aggressive children, children that throw things around, children that make therapists frightened, I think the therapist has to find a way either by having somebody else in the room or doing something, but sometimes I think the fear that this child is going to freak out and attack, you don't get any further than that. Each time you see that child, what you're seeing is an aggressive out of control child, and you don't get any further with that, so. I must say that these stereotypes, they're not rigid, they're getting better, and the more you talk about children. I mean a whole other thing too that I struggle with is all these young ones that are going round knifing each other, and that feeds into this whole idea about aggression and not talking things through. Why on earth are these boys killing each other, walking round with knives? Why on earth are planes being blown up, you have 7/11 {sic}, when you are, when you are involved in those kinds of things that involve people from other cultures it reinforces that kind of stereotype, you know.

**Yeah.**

I remember a child that I was working with, white girl, she, when they had the 7/11 bombings we went through a real difficult period in the therapy, and although I'm talking about often white therapists seeing black children, there's another scenario where a black therapist might be seeing a white child - there's all these different scenarios. And she came in and automatically she was distant, she didn't want to talk to me, um, and I was the one that brought up the 7/11. I said I'm very aware that you're coming to see me at a time when there's been all the news about Muslims blowing up, um, trains and people being killed. And then she was able to say how difficult she found it getting on the train, to sit next to somebody who's other, because there's this fear that they're carrying a bomb. Um,

but the fact that I was able to talk about, I don't know if I didn't talk about it whether she would feel able to talk about it, because she might have thought she was being racist.

So you see what I mean, you're balancing all these things, there's some difficult things that therapists have to name to allow the child to move forward. Because if they feel I can't talk about this because she's going to think I'm racist, or she's going to be frightened or she's going to think I'm a pervert or she's going to think I'm going to attack her any minute, there's a whole bit of you that the child in the room, that you don't have a real relationship because you don't have to talk about anything that's really important, you're trying to protect the therapists all the time, so. I often say to people about my own analyst, I remember one day, um, I think I said this to somebody in some interview already. Somebody was so horrible to me on the train, I was going to see her, and I, I got to her - oh no somebody was horrible to me somewhere, I can't remember where but I was driving. And I remember sitting outside her house and I think 'I can't go in there'. The idea of going in to see my white analyst and lying on a couch and pretending everything was all right when I've just had such a nasty experience, I thought I couldn't do it, I couldn't do it. In the end I went in and I said to her 'I nearly didn't come in today'. And she said why? And I just said. But, you know, if she had not taken what I was saying seriously and how upset I was, and how hurt I was by what that person was saying, and if she had just tried to interpret it in terms of me and her.

**Yes.**

'Oh you're... something', I would have walked out, and I would not have come back. Because there was this real bit of me that she just needed to get hold of. And once she had acknowledged it, it was fine. But if she had not and she'd have just interpreted it in that way I would have closed down. And analysis could go on or therapy can go on where nothing ever really gets sorted out, because everybody's too afraid to mention anything that is important. And that's not what we should be doing as.

**No.**

But you have to do it respectfully. You can't be attacking people and judging people and challenging people all the time; it's about trying to understand and to make sense of and to look for solutions and alternative ways of managing things. Actually I got quite, remembering all that is quite difficult actually.

**I'm quite aware of the time, are there any, do you have any other thoughts or is there anything else that you?**

Is that all your questions?

**I haven't asked them all but you've anticipated some of them so I don't need to.**

[Both laugh]

Are there any other ones that you think you need to ask?

**No, I think we've covered everything.**

Is that helpful what I'm saying?

**Yeah.**

Because actually I don't know, I don't know what you're really looking for. Um, I can just answer from my perspective and I think other people will have different perspectives you know, if you.

**Of course, well it's a qualitative study which means that you're working with a very small sample and you're sort of seeing what comes out of it. And I find my experience of doing the interviews is that what I hear in the interview, and what I read when I have the transcript in front of me, are quite different because you, when you're just listening and it all comes quite fast you miss bits, and when you're looking at the actual written words there's other stuff in there.**

Yes, about silences and pauses and.

**But also I mean.**

What's difficult to answer.

**You said you thought that the fantasies within the profession were getting better, I would say having analysed a few interviews already that fantasies about sex and violence are still very very much there.**

Well I like to think they're getting better, and I think because I'm interviewing a whole lot of people, and whoever I interview I'm black, so I'm coming from a particular perspective. And most of the trainees that are people I'm interviewing are white; some of them are working with black children. But the more, I say well you know, you're frightened about this child in the room, let's stop and think about what you're so frightened about, and who's more frightened you or the child. And I think the people that I'm working with, I think gradually the language that they're coming back with is slightly different. It's not so, so the more we talk about this, the more. For me working with a white family, for a long time I had to think do they think I'm good enough, do they think that my education is up to their standard? You never really expect people to just say yes like that without their stereotypes and their prejudices and their fantasies coming into it. I'm very aware, aware of that. And once or twice I've even, I've said to some man that referred his child, his father, I said how do you think your child is going to deal with the fact that I'm [ethnicity 2] and she's [ethnicity 3]? I mean it's not that I'm paranoid about it, but what I've found, her father sort of looked at me, and I said to him you know, your daughter is going to come with all kinds of things, and if we can't talk about our difference we're not going to get very far. And this is the same girl that was able to come and talk about the, the July 7<sup>th</sup> bombing.

**Yeah.**

You have to be able to put yourself a little bit out there to allow people to think well there's just so many things to talk about, but if she can talk, if we can talk about colour between them well then they can talk about sexual acting out which was part of this girl's stuff. There's a whole lot of things come from that. But when you're too hemmed in and too, it means you haven't really got much confidence in yourself as a therapist, you're sticking so rigidly to what you think you should be doing, you're not noticing what's going on around you. So that's the best I could say to the therapists, open your eyes, be open, be curious, respectful. If you don't understand something say oh you know, I'm not sure I understand that,

maybe we, let's think about it a bit more. Thinking and exploring, that's what we have to do.

**Yeah.**

More and more of, not a nice tidy interpretation that shuts things down, that the child sometimes don't understand anyway.

[Both laugh]

But I love being a child psychotherapist, I love the job, because I'm a particular type of person, I think quite open. I can make a fool of myself in the interests of being a child psychotherapist. And if you can be a little bit open you find that children and parents can be a little bit open with you. If they're not coming to see you thinking she's got all the answers, she's looking down on me thinking I'm not as educated as she is, I don't know anything, I'm a bad parent. If you go around giving people that impression all the time without looking at how you can work together to make things better, you'll end up seeing a child for five years and you still wouldn't have made any difference at all. So you wanted to ask me if there anything I wanted to add to what I've said.

**Yeah.**

I would say that it's not just the issue about race and culture and difference, it's not only about a white therapist and a black family or a white therapist and a white child, increasingly black therapists come into the profession and they struggle with a whole lot of things to do with how they're received by their colleagues, whether they're seen to be at the same level, whether their own cultural background, whether my [Nationality 1]-ness interferes with how I can be a proper child psychotherapist. I don't think it does, I think it enhances it. But if you have that stereotype or that fantasy that this black child psychotherapist in training is not as good as you in terms of this, you're repeating the whole process of racism.

**Yeah.**

Another way, because the black therapist struggles with other things, being accepted, feeling that she's going to be accepted by the parents that she's seeing, that when the child comes into the room

and calls you a black so and so how you're going to deal with it, you know, are you going to freak out and get all upset, or are you able to deal with a black and white issue in all kinds of ways. Because a child will throw at you what is going to hurt you, and if you're not dealing with it in your own analysis then you're going to get in touch with a whole lot of stuff that belongs to all kinds of places and take it out on the child and the therapy's not going to go anywhere. So be open, be curious, take some chances, respectfully.

**Okay, well thank you very much.**

Well I hope, it's an interesting subject.

**It is an interesting subject.**

I hope that you do, I know that there's something out there, because I've done some, an interview already with somebody who was looking at it from the point of view of the training, what's needed to the training, so there's some stuff out there that you should read.

**Yeah, I'm aware of that study.**

Yeah, I think it's [Person 1], [Person 1] and other people have put this together, I think it's been published. I mean they're somewhere but they've anonymised it, but yeah.

**Okay, well thank you.**

And you still don't want a cup of tea?

**No, I'm all right thanks.**

So are you going to head back to?

**To Peckham.**

Right, you're going to head back to [Place 8], isn't that around about way to get to Peckham?

**Well.**

You can get a bus.

I'll switch this off.

Sorry.

INTERVIEW 5

I'm going to start recording now while I - if that's okay.

Yes.

Er, while I explain things because I need to get your consent on the recording as well as.

Okay, that's fine.

So that's for me. This is for you. It's an information sheet about my study and that's a consent form that I'm going to need to get you to sign.

Uh-huh.

So, I'm going to be asking you about how we work with cultural differences in child psychotherapy.

Okay.

Um, it's got ethical approval from Birkbeck.

Uh-huh.

That doesn't cover NHS work because that needs a separate ethical process.

Okay.

So, if you have NHS cases can I ask you not to refer to them specifically?

Uh-huh. Uh-huh.

In terms of your participation, you can withdraw from the study at any time if you want to and then the information will be destroyed.

Uh-huh.

If you choose to go ahead and stay in the study then I'll keep the voice recording for as long as it takes me to finish the doctorate.

Okay.

And thereafter it will be deleted and the, the transcript becomes anonymised, so once it's in written form there's no way of identifying you -

Okay.

- or any of the people referred to.

Uh-huh.

Um, I've got some contact details of my supervisors should you want any more information.

Okay.

Is there anything that you would want to ask at this point?

No, there is nothing.

Okay, er, then can I just ask you to sign the paper?

Yes.

Thank you. Thanks.

Okay.

Um, can I start by asking you to tell me a bit about the, the context of your professional work, so where you trained, what you did before, that kind of thing?

Uh-huh. Um, so I have trained as a child psychotherapist at the [Institution 1] and then I, where I also worked at the [Institution 1] Clinic while training and then after that I have worked in [Borough 1] CAMHS and the [Charity 1], um, nearly full time for a year, uh-huh, and then a year after I qualified I stopped working at

[Borough 1] and only worked two days a week at the [Charity 1] and the rest of the week privately.

**Okay.**

Uh-huh, and right now I am working in full time private practice, although I have three hours at the [Charity 1].

**Okay and what did you do before you started the training?**

I did clinical psychology before I started the child psychotherapy training.

**Okay.**

Uh-huh, and now I am training as a [Training 1].

**Yeah.**

Uh-huh.

**With adults?**

With adults, yes, uh-huh.

**Um, I'm going to be asking you more specifically about culture and I was wondering if you could start by telling me what, how you would define culture as a concept?**

Well I guess it has, um, well, like from the top of my mind I can think about two things that would define culture. I think one is probably related to, er, the sense of belonging to an ethnic group.

**Uh-huh.**

Um, and then the other one I think it is more related to a sense of community.

**Okay.**

Uh-huh, so, but from the top of my mind those would be the two things.

**Yeah.**

So one would be for example, er, how do I, how do I look like and if I look like other people and I can consider that as part of my, er, culture.

**Yeah.**

You know, and for example, I don't know, where I come from and the people that where I come from look like me and I can identify with that ethnic group.

**Yeah.**

It comes with specific language, um, and then on the other hand I think there is some-something which is more about, er, the place where you live and the place, and the people with whom you interact.

**Yeah.**

You know, and can also give you a different sense of culture, so those are the two things that come to my mind, yeah.

**So one's sort of about ethnicity -**

Yes.

**- and one's kind of broader than that and about -**

Uh-huh, yes, one is...

**- the way you live with people and the way you feel you belong to them.**

Yes, and the, the way in which, er, you learn a series of, I think, ways of behaving and relating that can make you fit within a particular community, you know, I think that that is also something, th-there is something cultural there that goes beyond from where you come from.

**Yeah.**

Yeah.

**So a fitting in.**

Something about, yeah, how, how do you manage to become part of something, uh-huh.

**Yeah. That's interesting. Um, can I ask you about how you define your own cultural background?**

Uh-huh. I think I would think of myself as, um, a, because I am mixed in terms of where I come from, I think I, I would consider myself, um, white [Continent 1] if I have to give a, a, a, a tag, but I think it is very difficult isn't it? I think that, um, my mother is mixed so my maternal grandparents come from two different countries, continent, and my father is, er, also an immigrant and so I am I think a mixture of many different places. So I think I, I consider my-myself [Continent 1] and within [Continent 1] probably I belong to the white group.

**Okay.**

Hmm, so we have to, to talk in terms of ethnicity -

**Yeah.**

- that's how, how I see myself and, um, yeah, I don't know, that was the question or it was something like that?

**Yeah. No, it answers the question.**

Yeah.

**I mean it's quite interesting because you talked about the concept in terms of ethnicity and -**

And comm-community.

**- community, but how you feel about yourself you were talking about ethnicity and location.**

Yes. Yes. I think that is, er, what I think about myself, and yeah, I think a lot from where I come from, you know, but I also think that, um, there is also something about, um, coming from a family of people who have migrated a lot, you know.

**Yeah.**

And I think that also adds to, to the complication of where, where I come from, you know, and to, to which group do I belong to and, and so it is very hard really to, maybe to move away from, from the place where you bury your dead, [laughs] because I think that is an important place as well, you know, where, where you, where, where all your, where you bur-bury the dead people of your family is a very important place.

**Yeah.**

Regardless of from where you, where you live, where you work.

**Yeah.**

I think, er, and that's why I said that, that [Continent 1] is, er, sort of how I identify myself, uh-huh.

**Uh-huh, and your mother tongue?**

[Language 1].

**And when you talk about your family coming from mixed places, are they all [Language 1] speakers or?**

Uh-huh and [Language 2].

**Okay.**

[Language 2], [Language 1] from [Country 1] -

**Yeah.**

- and, and from [Country 3] as well, and [Nationality 3] as well, so it's [Nationality 3], [Nationality 1] and [Nationality 2].

**[Language 2].**

Uh-huh and I imagine [Nationality 3]s who speak [Language 1], you know, because there are [Nationality 3]s who don't speak [Language 1], you know, yeah.

**Of course, yeah, yeah, yeah.**

As the mother tongue, uh-huh.

**Um, if we move on to talking a bit about clinical practice.**

Uh-huh.

**How do you think culture impacts on the work of child psychotherapy?**

Uh-huh. Well I think it is, I think it is, um, I think there is something about the, the work of a child psychotherapist in London as well, you know, because I think that in, what I was saying about belonging to a community or being part of a community is something that takes a while, you know, to feel that you belong to or that you are a part of it.

**Yeah.**

And, um, it depends on, on, on the children you are working with and for how long you've been, for how long they have been here in England to begin with, or how, um, much contact they have had with people who are not from, from London as well and I think that has an impact. I think having a, a therapist who is a foreigner, you know, and who is not seen as perhaps part of their identity and their culture -

**Yeah.**

- can make things a lot easier sometimes.

**Okay. Can you say how?**

I think, I think that sometimes there are lots of assumptions about what one does not understand, you know, and things can be explained in a lot of detail and, and sometimes I think that that won't happen if maybe I didn't have an accent.

**Yeah.**

Or if I, if I look more English, you know, I think that certain patients will probably, er, not explain certain things, which give a lot of information about, er, the parenting styles at home as well, you know, how they explain things to me, assuming I don't understand.

**Yeah.**

That tells me a lot about how mum and dad treats them, you know, or explain things to them. Um, so I think that that is, it does have an impact on that side, you know, but of course it can also trigger feelings of you are, you do not belong to this, my therapist would not be able to understand me.

**Yeah.**

You know, um, but I think in both ways I find it very helpful.

**Yeah.**

Uh-huh. Now, it's also interesting that I do have a few, er, [Nationality 3] patients, you know -

**Okay.**

- and sometimes I can find it very difficult to work with these [Nationality 3] patients because I think the fact that we are [Nationality 3] not in [Country 3], er, creates some tension, you know, and I think it is, um, er, there is a wish to know really, er, from, from where in [Country 3] this therapist comes from or to try to map you in the, I don't know, social ladder in, in [Country 3] for example, to try to see from where is this therapist exactly coming from in [City 1], er, wanting to know, um, which university you went to and all that information that can tell you. So it all can become a bit more, um, there's more suspiciousness and, and more of a wish to know, er, who this person is that, um, I imagine if we were in [Country 3] wouldn't be really that intense.

**Okay.**

I think it would be easier, because probably from, even from where my room would be located in [City 1], the therapist already would know a lot about me, these therapists or these patients would know a lot about me, you know.

**Yeah, yeah, yeah.**

So I think it, it does have an impact, er, here, and, but I, I, I feel that, I don't resent it, you know, I think it's very useful and I think it is, er, being perceived as different, er, immediately has an impact.

**Yeah.**

You know, that I find helpful.

**Okay.**

Uh-huh.

**It's something about how much can be taken for granted and the patient's assumption that certain assumptions can't be taken for granted, are you talking about?**

Yes. Yes. Yes. Assumptions, er, that are inevitably part of the transference, you know.

**Yeah.**

Uh-huh. So that, in that sense I think that, er, the being different triggers something, you know, er, both ways, when accepted and rejected.

**Yes. Do you think that culture or cultural difference has any impact on the theory of child psychotherapy?**

Uh-huh. [Pause] Mmm. I, yes I think it, I think, I think cultural difference has, have, they have an impact on, er, the experience of training one has.

**Okay.**

That's what I think. I don't think that, or I want to believe that a, that my, my theory of understanding of the human mind does not change if I am with someone that I can perceive as culturally different from me, you know. I believe it doesn't.

**Yeah.**

I believe, er, that, that my, my way of understanding the unconscious is the same and my way of understanding the main psychoanalytic complexes, you know, people's conflicts, frustration, er, all of that is the same.

**Yeah.**

But I do think that I have been, er, trained here in England -

**Yeah.**

- and, and English training does have a lot of culture in it, because I know people who have trained abroad and I know a lot of their training is in other places and they are very different.

**Yeah.**

And I think that the difference in the training responds to cultural differences, so I think my therapeutic self, me as a, as a therapist, as a child psychotherapist is, um, definitely been affected by, er, the training I have done which is part of a specific culture, um, so I think in that way it has an impact, you know.

**Are there any examples that come to mind?**

I do believe there, I think that there are for example certain, [Pause] er, for example there, I think that there is something about, [Pause] er, patients and, um, waiting and, er, tolerating frustration, which I feel is, er, something which is characteristic of England and the English. I think there is a lot of that and I think that that has an impact on the, on the psychoanalytic work for example, the fact that, er, it is a lot easier to think about going five times a week to analysis in England than in [Country 3].

**Why?**

I think because there is this thing about, for example, I think that there is something very powerful in, in, in, in English culture which is the Protestant religion, [Okay] which people don't talk that much about, but I think it does have a massive impact on how people behave and how it moulds even the psychoanalytic training, you know, and there is something about this, um, er, putting up with things and waiting which I think is very Protestant, you know. I think there is something about, keep calm and carry on and, and pull up your socks and just put up with it, and wait and stay with it, which I think responds to a, a religious model, because I don't think it's Christian or Jewish, I think that it's more Protestant.

**Protestant.**

[Laughs] And um, and I think that that's ingrained in society, uh-huh, and I think that that is part of the training as well. I did the, the, there is, er, an, an exchange for students of psychoanalysis, um, which you can, you can go for, for a couple of weeks to another society anywhere in the world for free and people come to London as well, um, so I went to a society in [Country 3] for two weeks.

**I've never heard of that exchange.**

Yeah. It, it's part of the, it's for candidates -

**Okay, in the [Institution 2].**

- in the [Institution 2], the [Institution 2] and, um, and I went to [Country 3] for two weeks and I could see exactly the, the, the elements I also know about, er, the [Nationality 3] culture as part of the training and as part of, um, how people work with their patients, you know, so for example, er, certain informal stuff because [Country 3] can be very informal and the culture can be very informal. So for example a patient whom that you were seeing in psychotherapy twice a week face to face, er, can suddenly become an analytic patient that you see three times a week on the couch and there isn't much thought given to the fact that, well, there was a particular setting and then that changed and those boundaries were, and sometimes decisions can be taken very suddenly or, or very quickly, you know, rather than staying with the anxiety for a while,

thinking about it and seeing why are we making these decisions, why is it that you are becoming an analytic patient now, when two weeks, so what happened with all the work we've done and I think that that responds to something very cultural.

**Okay.**

Uh-huh. That responds to, to a country that is um, a lot more focused on immediate, immediate gratification, um, and sometimes informality, you know, things can be in a very informal way and that is acceptable, you know, nobody feels they are breaking boundaries, it is the way we do most things.

**Yeah.**

And so that, in that way I think culture has an impact on the training you do and therefore on your work, because of course if I have been doing a training where there are more boundaries, my work one expects will be bound-boundaried, you know.

**Yeah.**

Um, yeah, I can think about that aspect more than maybe I am completely unaware, you know, but more about me in relation to my patients and how I treat them in different ways.

**Okay.**

Yeah.

**Let's see where we're going next. Um, I was going to ask you about difficulties and advantages, but I think you've already covered those.**

Uh-huh.

**Er, if you were going to give advice to a colleague who was about to work with a, a difference of culture, is there anything in particular that you would advise them?**

Uh-huh. Hmm. Well, I think that, er, er, the only thing I can think of, er, which is what I try to do is, er, to always keep in mind in

as much as possible, um, the, the very fundamental basics of the psychoanalytic setting, um, because I think that sometimes, er, or I think that with-without the setting one is lost, you know, and I think sometimes because of, um, a fantasy that you have to accommodate maybe a bit more to certain people in one way or another, um, you do not, you lose that aspect of the setting or you lose the setting and, and I think that that is what, er, can create a lot of complications and problems, you know, because I think if you don't have this, I think clearly established, it's very hard to work, you know.

**Yeah.**

So your psychoanalytic stance, er, the, the boundaries, um, about times and all those basic things, I think sometimes, and I am saying this again coming from a place where things are very informal and times are not respected, you know, and it's very easy, for example, for a [Nationality 3] patient to come late and to expect to stay in the session for 10 more minutes, 15 more minutes, and if you don't do it you become this very horrible person.

**Yeah.**

Um, and if you talk about this for example with a [Nationality 3] analyst or a [Nationality 3] child psychotherapist, they will say, oh but what's the issue, you know, you, you can be, you can give a few minutes at the end if they were a few minutes late at the beginning of the session, why not? But I think that when you, when you lose those things, because then it becomes endless, you know, because maybe there will be a, a different issue with, I don't know, maybe a Jewish family where you, I don't know, you should behave in a particular way or only talk to dad and not talk to mum, or, but if you have a good clear stance and you are always aware of it with whomever you are working with -

**Yeah.**

- I think that's when you will always be doing psychoanalysis depending on, on the cultural differences. Now that's what I do, I try to do, so that's what I would recommend, you know.

**Okay. Um, I wanted to ask you a bit about, more about fantasies and possibly unconscious fantasies that we hold within the profession.**

Uh-huh.

**Um, how do you think that cultural differences are viewed within the child psychotherapy profession?**

Wow, [Pause] I, er, [Pause] within the profession?

**Within the profession, yeah.**

Uh-huh. I don't know. I don't, I don't, I don't, I don't think that, um, my experience is that there has always been, er, an atmosphere of tolerance, you know, to, to cultural differences within child psychotherapy, that is the impression I have, er, but I am not entirely sure about how much space it's been given to think about it, you know.

**Okay.**

So, so I wouldn't be able to say that much. My, my, my experience has been, er, that it is open and, and, and that there is a lot of tolerance, but really I don't know. I don't know, I, I don't know how much, how much space there actually is to, to think about it and to, to, an awareness about it and, and if it is valued or not and if there is an interest in it or not, I, I don't know, but, um, yeah.

**Sure, um, and what sort of fantasies and maybe unconscious fantasies do you think circulate within the profession about cultural difference?**

Uh-huh. Mmm. [Pause] I think that there, there is probably, um, a, a fantasy which is, er, mainly, you know, about, er, cultural difference as something that might, er, well yeah, let's say on the one hand something that could enrich the profession, you know, that, um, cultural differences can bring, er, something new or a different perspective, you know, um, and in that sense it is welcomed. I think that's one thing. But then I also think that maybe there is another issue which could be that, um, er, with cultural differences come different ways of doing things and that maybe that can dilute and can modify a way of doing, a way of working as a child psychotherapist.

But I, I think that er, I think going back to my previous answer, I really think that there is something about, er, not losing from sight the, the psychoanalytic setting and how the setting, er, is a very basic one and should be applied from, from any different cultural background you come from really.

**Yeah.**

You know, so, I imagine that there must be, um, benign fantasies about what difference can bring and maybe some more and more paranoid fantasies about, er, how destructive it could be -

**Okay.**

- for the discipline, but again I think it, to me it goes back to the setting.

**Sure, um, I'm not sure if, you know, if you remember at all and if you're willing to say. Do you know what sort of fantasies you had of working with difference at the start of your career compared to now?**

Uh-huh. I guess I, at the start of my training I felt very foreign, you know, and I felt very different, so perhaps when working with cultural differences I felt very comfortable maybe, er, as if there was something that some of these chil - I could empathise a lot more with some of these children I was working with, you know, but I think as the, as my profession has developed, I, I feel a lot less foreign in a way, so I feel a lot less different, culturally different now, which I don't think it's only because I have had more experience of work, I think it's also because I have been here for longer, you know.

**Yeah.**

Um, so I think at the beginning I felt very different and in a way, er, identified with patients who were culturally different as well, you know, and maybe a little bit more intimidated by a family that was English for example, you know -

**Yeah.**

- and coming to see someone who is not English and all the possible fantasies they could have about, is this person going to understand me, is this person going to, to really get me or not and, and who is he, what is he doing here, and all the different fantasies you can have about why is he here. Um, so at the beginning I felt insecure, anxious, er, with people who were, er, local you could say, you know.

**Yeah.**

Um, but I think that is something that's changed quite a lot.

**Can I ask specifically about that, was there a social class element to that, or was it to do with any, I mean were, were you talking about sort of, you know, upper middle class white families or are you talking about all white families?**

No I think in, I think in general, not only white families, I think, um, because I think that, er, the social system here in England is a lot more complicated than what it looks like, for someone who does not know a lot about it, you know.

**Yeah.**

So, um, I can see middle class, working class and, and, and, and very posh people and that, I, I think that is something, er, anybody can notice from, from the first day, but then slowly, slowly you start to realise that it is a lot more complicated than that, you know, so I don't think it was that much about class, I think it was more about, er, what for, er, a person who is new to this country, er, looks like a native English person, which can be black or they can look maybe Asian or they can look...

**Yeah.**

But, er, when you feel you are with a family that are from London for example, you know, and um, and by that I mean maybe a family, er, that, er, do not have an accent for example, you know, and for someone who is new here, that family is a, is a local family, they are from here, they are English and that, that was what was intimidating for me, you know, the, the -

**Yeah okay.**

- but no, I don't think it was about class because I think I wasn't really that aware of it and I think I, er, I think it was something a lot more basic and I think it was more about, er, a sense of being part of it or not, you know, you belong to it or you don't.

**Sort of insider/outsider.**

Outsider, yeah, more than class or feeling little, you know, it's you are part of it or you are not part of it and how they are going to see me if I am not part of it, you know -

**Okay yeah.**

- which it did have an impact because it did make me very anxious and it made my work a lot easier with people who were like me, or that at least I saw like me, because of an accent, because of a history of having just come to England or.

**Yeah.**

But I think that's changed a lot now, hmm, but I remember that at the beginning of the training, yeah. At the beginning of the [Pre-clinical course 1] even, I think with infant observation and, um, because I observed an English family and I remember that I thought it was going to be harder for me to find the family, um, because I wasn't from here and those were people who were going to be a bit more suspicious about it.

**Yeah.**

But that was not the case really. It didn't happen. I, I found the family relatively easy, yeah.

**Yeah. Um, do you think that the unconscious fantasies that we have about working with difference within the profession impact on the work?**

Hmm, I, I think it, it probably does, you know, hmm, but I do think that it, it, it probably has an impact if you haven't had, um, and how much you have worked through those fantasies I think, because I do think there is something about being different, you know, which

triggers a series of anxieties, you know, and I think it puts your unconscious in a particular frame, you know. I think, er, I think you question yourself a lot more, er, if you are going to be able to understand someone who is very different from you, culturally different from you, and I think if you are questioning consciously yourself it's because probably unconsciously, er, there is something that you fear might not connect, you know, with the patient.

**Uh-huh.**

But I think that those anxieties, er, are worked through as we become more experienced and I think, er, the more patients you see and the more you realise that the conflicts are very similar really. Er, of course each family is different and each child is different, but then you start, you start to realise that there are a series of conflicts that regardless from which cultural background the person comes from, um, if you dissect it then you find that the conflict is very similar and, um, and I think that helps to, to reduce all this anxiety. But I do think that when there are differences there is, there are unconscious fantasies about, um, at least in me I think about a, a mismatch, about a miscommunication, about not being able to connect, about, er, me not understanding and not being understood.

**Uh-huh.**

That's, that's where I think my unconscious goes.

**Yeah.**

And I think a lot of mismatch really, um, but that I think I have worked through as I have gained more experience, without being that aware of it I think, yeah.

**Okay.**

And I think that, I don't, I don't think, er, apart from the, the firm belief I have of the setting, I don't think I have sat down and I have thought about cultural differences and how I am, I have changed how I feel in relation to working with people who are culturally different from me.

**So something of a working through has taken place even though it hasn't had that much space in your mind or in your training.**

Consciously yes, or in the training, consciously yeah, but I think it's the experience of, er, seeing lots of patients.

**Yeah.**

And how that experience has had an impact on fundamentally what I believe is at the core of the human mind and the unconscious, you know, uh-huh, yeah.

**Yeah okay. That's the end of my questions.**

Uh-huh.

**Have you got any other thoughts on the subject that you would want to say?**

I guess the only thought that comes to my mind is, um, when, when thinking about the unconscious fantasies relating to culture, you know, which I think is very complicated, I think it's a very difficult, um, because I think it, it depends a lot on how, er, for, what does it mean culture unconsciously, you know, what, what, what, what is, er, how is culture being by the interviewer understood and I think in my answers I have been talking about a lot being different.

**Yeah.**

So I think, er, I think when you think about culture, probably you need to think about what does it mean for the individual. In my case I've been talking about, a lot about being different and, um, so I think that it is, it is hard to go, to culture as something that we all will understand in the same way.

**Yeah.**

So that's the only thing that came to my mind what I was thinking when talking to you about it, you know, that I think it will be important to, to, to observe what does culture mean, which I think is what you've done at the beginning.

**Yeah.**

Hmm okay.

**Well then one thing comes into my mind to come back to. You talked about, um, the English training as having a very Protestant culture.**

Hmm, hmm.

**And one of the things that struck me most when you were talking about at the beginning, you said something that nobody else has said in the interviews, about the place where you bury your dead being so important.**

Hmm.

**Do you think that that's because you come from a [Religion 1] place, or do you think that that's a universal importance?**

Maybe, I, I, I am, I don't practice any, I come from a [Religion 1] background, I don't practice any religion, but, um, I think it is, I think it is, er, important in general. I, I think, I don't know, but, um, I think there is a lot of focus on where you, er, you have been born, you know, but I think it's also maybe because of my history, you know, and historic, my family, you know, where there has been so much movement around the world that then at the end when they die or when they have died, er, they go back to a place where maybe they, or they are buried in a place where maybe they have not lived, you know.

**Yeah.**

So I think that there is something about where you bury your parents, your family, you know, that has an important weight and that sometimes, well, we would think about it, you know, where would you like to be, you know. I mean my, my grandparents for example are in completely different parts of the world, you know, they lived together all their lives, they loved each other and, but one died, one is in [Country 4] and the other one's in, in, and one is, so my, one of my grandparents is from, from [Country 5] and he is in [Country 4] and my grandmother is [Nationality 1] and she's in

[Country 3], you know, and it's, and they lived all their life together in [City 2], you know! *[Both laugh]*

**Yeah, that's fascinating.**

So, so when you, when you think about that that's, um, yeah, but maybe there is something religious about it as well, you know, something [Religion 1] about where you are buried and, and the importance of it, you know, yeah, uh-huh.

**Is there anything else you wanted to say?**

No not at all.

**Okay. Well, thank you very much.**

No worries.

## INTERVIEW 6

Um, so, I have a consent form that you can sign, if you consent. Here's an information sheet.

Okay.

What happens is that once I've recorded the interview, it gets transcribed and then not just your name, but actually all names of all people and places, so if you refer to like the [Institution 1] or this place or anything like that, it all just gets given a code, so it'll be like 'institution one', 'institution two'.

Okay.

So you're not actually identifiable in any way.

Yeah.

Um...

That'd be, yeah, because I might talk about patients on there, yeah.

And patients wouldn't be identifiable in any way either. Um, but if you change your mind after we've done the interview, I just delete it. It can be destroyed.

Okay.

And other than that, the voice recording, it doesn't stay on this, because this comes around with me, I've got a, sort of a, an external hard drive at home

Okay, that's fine.

that is secure. Er, it, the voice recording gets kept until the end of the project, um, and then it all gets destroyed and the only thing that remains is the sort of the anonymised transcripts.

Interview relating to your private practice - now does that include my work here?

Yes. You can't refer specifically to NHS cases because the, the ethics that Birkbeck are able to give can only cover...

So like here, privately and in a school.

Those are all fine. If it's not NHS, it's fine.

And, and previously I've worked in an NHS clinic, so if I thought of something in relation to that I just wouldn't say.

Then speak about it in general terms, but not in...

Yeah. Yeah, that's fine. That's fine.

Yeah, um, if you want to...

Have you had trouble finding enough people?

Yes.

Really? What, people just don't want to do it?

People just don't want to do it. But I've also had trouble now in the other way in that I contacted the ACP a very long time ago asking them to email everyone

Yeah, I saw that email.

and they said that they weren't willing to do it.

Oh right.

So I've been recruiting people, sort of, through word of mouth and through approaching people more directly and then about, um, a week ago, ten days ago, they just suddenly sent out the email without telling me they were going to do it. So now I've got quite a lot of volunteers but, um, I, I don't need more participants for this. So it's all been, it's been quite an adventure.

Yeah.

And particularly it's been very hard to get enough men.

Oh right.

There are a lot of women who are willing to do it, but I need a-

Balance

-balanced sample. Um, did you want to sign another one and keep it?

Er, that's all right.

And do you want to keep the information sheet?

Sure, okay.

That's got all my contact details, just in case.

Yeah, that's fine, that's fine.

What time do you need to finish?

Um, quarter past, twenty past, I can go to twenty past if we, if we can't finish.

Let me bring the clock over so that we've got an eye on the time.

Yeah, um, I, I have a patient at three thirty, but I need, it's a family and I'm meeting them with a colleague so I'll need some time before.

Of course - um, before I ask you about culture, I mean my study is about working with cultural differences, but I was wondering if I could begin just by asking you a bit about the context in which you work, so your training, your profession before you trained and the context that you're working in now.

Okay. I, um, worked as a [job 1] and a [job 2] before training as a, um, child psychotherapist. I did the initial sort of pre-clinical part of the training in [Country 1] while working as an [job 3].

Okay.

with, um, children, teenagers and adults. And then I, er, did the, um, I trained at the [Institution 1], but I had my, all my clinical work during the training was in a CAMHS team, separate from [Institution 1]. The last six and a half, well, six and a bit years I have worked, um, at the [Charity 1], and through them also in a [setting 1] and a [setting 2], and I have worked in a [setting 1] independently from [Charity 1], and I still work there now one day a week. And I have, three days a week I have a private practice with children, families, teenagers, and adults now as well

**Okay.**

Er, and I'm currently doing the [Training 1].

**Oh right.**

Yeah.

**Great. Um, moving on to talking about culture, how would you define culture?**

Ah. How would I define culture!

**I mean the, the concept, what do you think it means?**

Well, I, I guess I've never thought of trying to define culture before, but I suppose I would think of it as, um, a set of, of kind of, er, practices and, um, traditions, language, er, shared history with a, a group of people. Um, I guess that would be the kind of broad definition in my mind. That's probably missed some things out, but yeah.

**And how would you define your own cultural background?**

Um, I have quite a, a complex cultural background, I would say, quite mixed, or mixed up, depending on how you think about it! Um, so, um, I'm [Religion 1] by, er, though I'm not an observant [Religion 1], um, and, er, my wife isn't [Religion 1] and, but, um, my - yes it's quite a, I guess - I was born in, in, er, in England, but I lived a chunk of my childhood in [Country 2] and as an adult I also lived a

number of years in Italy. Um, I was brought up in a [Language 2] speaking household. Both my parents are from [Continent 1].

**Okay, I didn't know that.**

Yeah, so my dad is [Nationality 1] and my mum grew up in [Country 3], let's say.

**Okay.**

But both of them, er, have quite mixed backgrounds as well which all sort of flows in, so my father is [ethnicity 1] of, er, the families of [Continent 2] origin, so, um, his mother was [Nationality 2] and, er, his father came from a [Nationality 3] family. And my mother came, they were [ethnicity 2], um, and came from all over the place, so that my grandfather and a whole branch of my family, my grandfather was born in [City 1] and a whole branch of my family came, actually is, is in [City 2], but they were all from [Continent 3], and my grandmother was also from [Continent 3]. So from [Country 4], places that are now [Country 4], [Country 5], [Country 6], er, [Country 7], and they, I've got cousins all over the place, there's a sort of diaspora. So [Continent 4], you know, in, in [Country 8], in [Country 9], in [Country 3], in [Country 10] and, um, yeah so. And yeah, a very mixed background, and, and in my family now where I, with my wife we tend to speak in [Language 1] because that's her language, so that's another sort of strand to it, so.

**And what would you say is your mother tongue?**

Um, English is my, er, the language that I, is the, the, my strongest language, but [Language 2] was my first language.

**Okay.**

But [Language 2] probably comes after [Language 1] now because I speak a lot of [Language 1] at home.

**Yeah okay. Um, thinking now about our work in child psychotherapy, how do you think that culture impacts on child psychotherapy?**

Um, well, I think that working, ob-obviously really in a way, I mean, working in a city like London, you are working with people from so

many different kinds of backgrounds and it's kind of, it's, and it, it's something that you have to think about in all your cases really. You can't sort of take it as a given, take it as a given that you can understand any particular kind of family dynamic without in some way, um, thinking about where the family is from, I would say. At the same time I do feel that one has to be very wary of any kind of reductionist explanation of, um, sort of trying to pin any particular kind of issue or dynamic on a cultural background which you don't really understand except from a kind of outside way, so it's very easy to, er, I guess stereotype people, um, and I hear that in clinical discussions sometimes. I feel that there's a kind of a way of trying to take a sort of, make room for and take account of something culturally specific in a clinical situation, but that can easily become actually a rather stereotyping, sort of, use of something, if you see what I mean.

**Did you have anything specific in mind?**

Well, um. I, I guess I'm just thinking of generalisations that are sometimes made in clinical discussions about Muslim families or something like that.

**Okay, yeah.**

Yeah. Yeah. Yeah. Er, yeah.

**Do you think that culture, um, impacts at all on the theory of child psychotherapy?**

Well, I think that, I mean child psychotherapy is mainly, the sort of child psychotherapy we have trained to do is mainly based on psychoanalytic theories, and I suppose that, that's a, a pretty complicated question and I, I guess, you know, and I just, um, I think one can think about that in different ways. I think obviously the people who developed the theory brought their own cultural baggage, starting with Freud, and that one can see all sorts of influences from his milieu, from his Jewishness, from his historical context on the theory, and that's true of other theoreticians as well I think. Um, I think that psychoanalysis has a kind of, um, well, I guess a kind of, er, it makes certain sort of universalising assumptions, so that it, it kind of, um, makes a kind of assumption about there being certain fundamentals that are true to all human

beings. And I think that, er, my own view, I think that's probably true, that, I mean I think it's definitely true that there are some things that are common to all human beings, but I don't think you can express any of them without going through some cultural medium.

So if you take any particular concept, I don't know, the Oedipus complex or something, I think that there probably are universal truths that the theory of the Oedipus complex expresses, but I think it's expressed in a particular way that may make more sense in, more sense in some places than in others, as it were, and that there might be other ways of expressing those truths through, you know, it's a, it's a myth that comes from a European tradition.

**Yeah.**

Um, and so I, I, I guess that's one, one aspect of it in terms of the theory. Can you repeat the question again, how?

**I, I was asking whether you think that, sort of, culture impacts on our theory at all.**

On our theory, um, so I mean in that sense, yes of course. I don't think you can have a theory that's independent of culture. I mean I think that's true even in physics or something, so I don't think that you can have a, a, a, a culture free theory, but definitely you can't have it in a human science, in, in, in psychology.

**Yeah. Um, what about clinical practice, either with the child or with their parents, how do you think cultural, cultural difference impacts on that?**

Well I think that, um, inevitably it does. Er, again I, I sort of feel the question is, um, [pause] quite vague in a way.

**Yes it is.**

I mean I'm just thinking, you know, maybe that's deliberate, but that how, I mean, in any kind of exchange there's going to be all sorts of questions about what people are bringing from their own kind of wider social context. Um, so, I mean sometimes that's really in your face and you have to kind of figure out ways of saying things across what you feel is a kind of gulf. I mean I'm thinking for instance of, um,

working through an interpreter with, um, er, a, a religious, um, Muslim family, um, where, er, there was a lot of resistance to taking on board that their adolescent son was learning disabled, um, and it was very, and he, he was really struggling with his kind of sexuality and how to find a way of expressing that, and it was a very difficult situation. And, um, there, er, there was something about finding a way of speaking to his mother in particular, where she was able to say, well, God made him this way, is that what you're trying to tell me, that God made him this way. And that I kind of said yes to that, because I felt it was, it was like, um, what I was trying to get at was, you know, this is a young man who came to the world in a kind of, with certain difficulties. It was very likely from his history he'd always had these learning difficulties and always would. And so in that sense sometimes you feel, you know, you need to kind of adapt how you're speaking.

Um, so sometimes it's more obvious, but I think often it's played out in a much more subtle way and one of the things is to kind of not assume, I guess, that you're, you're somehow on neutral ground!

**Yeah.**

You know, that you, you know, as if you don't represent something to them, being, you know, I've talked about my very mixed background, but, you know, I'm a white man, that's going to mean something to someone, um, yeah.

**Okay, um, do you think there are any particular advantages to working across cultures, [pause] or disadvantages?**

Um. Well, I guess there can certainly be an advantage in terms of understanding when two people share a certain kind of background, I suppose that's true, um. And I, I think working across cultures, one always has to be very aware of the kind of, er, extent of one's potential ignorance, um, and of the kind of relationships, the, the kind of historical background that might become part of the relationship, as it were. And I'm thinking particularly about histories of oppression, of power relationships between cultures, you know, and I, and I, I'm thinking of that both in terms of racial relations but also class.

**Mm-hmm.**

So I think if, you know, if you're working with someone from a working class northern background and you're speaking in a well-spoken middle class southern voice, that's got a particular kind of meaning.

**Yes.**

Yeah. Yeah and there's a history behind that and, and a present obviously as well.

**Yeah.**

Yeah. Yeah.

**What advice would you give to a colleague who was going to take on a case that was going to be working across some kind of difference?**

Um, well, it's interesting you're asking these questions, um, and it's making me reflect, because of course in a setting like this you're doing that all, all the time, for, I mean, you know, I guess in a way I feel, um, with my own cultural background, it's always across cultures, and, and maybe that's true for everyone to some extent, um, and I think it's certainly true, yeah, here and in my private practice, everywhere I work really. Um, I guess I would, you know, if, and it's not something that is thought about a lot in an everyday kind of way I don't feel, and probably not reflected on enough in a way, and I'm not sure, I'd need to think about it more really. I think I'd try to use some of the reflections that I've been doing in this interview, I guess.

**Yeah.**

Yeah. Yeah. Yeah.

**You, you mentioned social class.**

Uh-huh.

**Um, I was, I mean you, you mentioned also, um, sort of historical power relations and the example you gave was a sort of a southern**

**middle class therapist potentially with a northern working class family. What about when it happens the other way around.**

Yeah.

**Do you encounter in your private practice people from more upper class backgrounds or not?**

Yeah, well it's interesting isn't it, because one always gives that example and it, it shows how much your default position is to think of the neutral therapist and the other sort of patient, and all of these examples, it's always, you know, the white therapist working with the black patient, you know, and it's, I mean that's why, and I did give that example and I think it points to a kind of prejudice. Um, yes, it has been very interesting because, um, in my private work I do sometimes work with very wealthy, um, I guess, upper class kind of families. Sometimes upper class in sort of thinking aristocratic background, sometimes people who've made a lot of money, sure, but yes, and it is very different, because when you're, um, in a, in a setting where often you're, the families you work with, your patients or whatever are from much more deprive-deprived backgrounds from your own, you're managing one set of issues, but you don't have to manage your own envy in the same way

**Yeah!**

that you do when working say with someone who, you know, say with children who, you know, don't have to work and will never have to work in their whole life, who will have access, esp-especially having children of one's own for instance and working perhaps with children from families where they can access all sorts of things that one can't. A private education and amazing trips, experiences, things that you, you feel that you've never had and never will have and that your children won't have.

Um, so, yeah there's something to manage there in terms of one's own position that can feel quite different, um, and, um, and also in terms of, you know, when you say power relations I think that's true as well that, er, it can feel very different when you, and, when you work with a family where you do feel the parents are powerful and I've also had that experience, people who are prominent or wealthy in a way, and it can be very, um, anxiety provoking when things perhaps

don't go smoothly. It can be hard to manage one's kind of paranoia.  
Yeah. Yeah. So it is interesting.

**Yeah. Um...**

And it, and it's interesting sometimes, you know, on occasion to really be treated like [*clicks fingers*], you know, the stable boy or, you know, and it's obviously part of the, the psychotherapeutic relationship, but it's a different position to kind of manage.

**Yeah.**

Yeah. Yeah.

**Um, I wanted to ask you a, a bit about fantasies, conscious and unconscious. Um, I was wondering how you think cultural difference is viewed within the profession?**

Fantasies?

**Hmm.**

So you're asking me how cultural differences are viewed within the profession, but, but, but wanting a reply in terms of what sort of fantasies there might be?

**Or, yeah, what you, what sort of fantasies you think circulate within the profession about it, either consciously held ones or unconscious ones.**

Yeah. [*Pause*] Hmm. Hmm. Well, I think there is the kind of, um, as I said, something about, I don't know if this is quite a fantasy, but I think there is often the kind of position of somehow the therapist being on the neutral ground.

**Yeah.**

That they're the one who's sort of, I don't know quite how to put it, but in the middle, in the neutral position, kind of majority position, and the, and that the, the cultural other is the other, is the, the patient. I think often with a lot of the profession working in context where, um, where the patients are so deprived and, um, and

yeah, I don't know, I was going to say - I find that a difficult question to answer though in terms of what sort of fantasies. I mean I think there's a way in which one has to, in which everyone is a - I mean I think there are, in a way, are kind of fantasies that operate through a society, you know, that, that, so, you know, that, and which child psychotherapists, like everyone else, are kind of interacting with, you know

**Yeah.**

um, and certain kind of cultural stereotypes within our society that you are having to think of, well, or should be reflecting on and thinking about in your work, like, I don't know, the violent young black man, you know!

**Yeah.**

Or, or, um, but, I mean I think, to, to slightly add a - to put a different kind of angle on the question as well and maybe, I don't know if this is - I mean I'm also thinking about therapeutic cultures which is, you know, because your questions are quite vague, and I'm thinking of something else which is about, um, the real, the, the, the real, you know, that there's so much existential anxiety in the child psychotherapy profession at the moment [Mm-hm] and there's such a kind of sense of being embattled and I think there's a real difficulty in finding a kind of position where, um, one can hold on to and feel the value in our, um, psychoanalytic culture, as it were. And I feel that there's such a, my own feeling, I mean there's, you know, there's the kind of temptation to denigrate any other sort of, um, approach.

**Yeah.**

But I also feel that there's a great, er, sort of, in my own view a kind of, um, self-denigrating, overly compromising abasement, as it were, you know. That there's a kind of, um, I don't know, maybe this is just my own bee in my bonnet, but I think there is something about a way in which we take on - I'm finding my way here with this answer - but that we, we take on perhaps the deprived, um, mistreated identity, you know, and that, that we end up somehow this, er, embattled, um, weakened sort of, er, pushed out presence, having to greatly adapt our way of working because otherwise, you know, if we

don't agree to, um, you know, do an outcome measure at the end of each session then we won't be able to prove our worth and we're going to be kicked out. And so I, I feel that there is something, a, a kind, it's - I don't know. I don't know whether that's in your remit, but I feel...

**It is in my remit, yeah.**

Yeah. Yeah. Yeah. So, I guess that's something that I think, you know, this kind of being in the deprived position somehow or the, the kind of, the real struggle to feel the value of what we do, I think, not to kind of just fold and become something else.

**Uh-huh.**

Yeah.

**And do you think that that is impacting on the work that we're doing at the moment?**

Yeah, I'm sure it is. I'm sure it is. And I, I feel anxious about, like everyone, about the future of the profession, but I don't think it's just about whether we survive in the NHS or not, I think it's about whether, um, the training survives as a psychoanalytic training, yeah. Um and I guess, you know, we're talking about cultural shifts, other people might put it in more positive terms of, er, necessary adaptations and developments, but I see a great many, kind of, losses and I guess that's true in any kind of cultural shift.

**Yeah.**

Yeah.

**Yeah okay, um, that's, sort of, brought me to the end of my questions. Is there anything else that you want to mention?**

I don't think so, no. I don't think so. I, I know what's going to happen after this interview is I'm going to have all of these thoughts and think, I should have said this, or why didn't I say that.

Well, you could always send me an email if you wanted.

Okay, all right, if you want, yeah!

All right, well, thank you very much then.

No, thank you.

INTERVIEW 7

So I'll just put this down here.

Right here, okay.

Yeah. Um, I have a consent form if you wouldn't mind signing.

Not at all.

And let me just explain that when the recording gets transcribed I take out all references to names and places.

Of course, of course, as you should.

So it's completely anonymous.

Yes absolutely, yes.

The recording itself, um, I transfer it onto a hard disc that stays at home.

Yeah.

And, er, I'll keep it for as long as the project's going on.

Of course.

But once it's finished, er, all the recordings get deleted.

Yeah. Well, maybe it shouldn't. Maybe you will need it later on for some further...

Well, the transcripts will stay.

Right okay.

But the actual voice recordings will.

Right okay.

I mean for ethics they have to go, so.

Okay.

Um, so there, there'll just be a transcript left and it will be completely anonymous.

That's fine.

Um, so I will need to ask you to sign that for me.

Sure. I don't have a pen on me.

Yeah. I've got one. [Pause] I have too many things in my bag.

Hmm.

There we are. And I should also say that you have a right to withdraw from the study whenever you would like.

Of course.

And in that case everything just gets deleted.

Certainly. [Pause] Where are we, 12<sup>th</sup>? There you go.

Thank you very much.

Thank you.

And the information sheet you can keep. It has the names of my supervisors -

Sure.

- if you -

Sure.

- would want any more information.

Of course. Of course.

**Um, can I start by asking you a bit about, er, your, the professional context that you work in, so your training and what you did before the training and, and how you're working now?**

I initially trained as a [profession 1] before I trained as a child psychotherapist at the [Institution 1]. I worked for 20 years in the NHS and now for the past 8 years I am only working privately.

**Okay, um, I'm going to be asking you quite a lot about culture and cultural differences.**

Uh-huh. Uh-huh.

**So I was wondering if we could start by, er, can I ask you, how you would define culture as a concept?**

[Pause] I do not know that I have the answer to that question.

[Pause] Any ideas?

[Long pause] I do not know that I have the answer to that question.

**Okay, um, could I ask how you would think about your own cultural background?**

Hmm, um, I spent the first 25 years of my life, er, in a different culture to which I spent the latter 25, er, er, 25 years of my life, which means that, er, I have reach 50% of, you know, time apportioned to, er, er, to the countries in which I lived. So I was raised in one culture as - going back to the first question that you had -

**Yeah.**

- if there is such a, er, such a concept at all, and er, for the past, past 35 years I have been living in the UK -

**Yeah.**

- living back home in the UK, so the majority of my adult life was spent in the UK.

**Um, yeah, er, and your mother tongue?**

And my mother tongue was [Language 1].

**Uh-huh. Um, I was wondering if I could come back to something you said. You said that you weren't sure if there was such a thing as a concept of culture at all.**

Uh-huh.

**Would you mind saying a bit more about that?**

You see, it depends from which angle one thinks about this issue. My view is that if one looks at it in a microscopic way in terms of clinical practice, and by clinical practice I mean the axis of what we do i.e. transference, countertransference, projection, projective identification and the rest of it, I am actually not convinced that there is, um, er, er, a, such a concept of culture. Of course if one were to remove oneself from the clinical interaction and the intimacy of it, one would be very mad not to relay that there are differences, um, in, in, in people's backgrounds.

Um, so I suppose my view is that sociologically speaking, er, there is of course, um, such a thing as a culture and a cultural background, but my view is that the intimacy of psychoanalytical exchange, um, is of such order that, and I am again stressing when one looks at a key, key concept of psychoanalytical thinking, um, but particularly I have in mind projection and projective identification, that these processes are, if you like, pure culture, and by pure culture I don't mean culture in sociological way, but in biological way, as it were!

**That's very, that's very interesting, so you're sort of saying that it does, it does exist as a concept if we think about society as a whole, but actually in the clinical setting what takes place in terms of projections is much more about the inner world and...**

The clinical set, the clinical setting and what I, what I mean is, is, you know, I suppose it needs defining in, in, in more precise correlation. The clinical setting is a process that develops and evolves, er, and it takes some time for the clinician to be confident and speak from the place of clinical confidence when one is

addressing, er, a psychoanalytic exchange, interchange, and again I am stressing these key points of transference, countertransference, projection, projective identification, and when one is addressing these, er, as, as, as the relationship evolves, er, there are, as I said earlier on, in my experience, er, free from, er, sociologically defined concepts of culture, as I understand it.

I'm not, I'm not a sociologist, so I, I, I can't speak with confidence as to how they are defined. However, given that this is a process, at the very outset of the process one has to find, er, um, a firm footing and inhabit comfortably the place of psychoanalysis, psychoanalytical ex-exchange, er, and it is in these initial stages or during the process of evolution of the relationship that I think one is exposed and has to think about, um, er, the backgrounds of the patients that he sees and one's own background, but overall, my conten-contention here is that, er, psychoanal-psychoanalysis in pure culture is, er, in my experience not burdened by sociological conception of culture.

**Um, well, my next questions were going to be about how you think culture impacts on our work, but you already seem to have, have answered in a way, that you, you think it does at the beginning, perhaps as the patient and the, the therapist find a way of working together but then...**

Absolutely, it does, at the beginning, one in any psychoanalytic exchange, um, as I said has to find a place from which one speaks, er, with confidence about, um, unconscious processes and that doesn't happen at once, it is a process that evolves, er, and it is, as I said, in these initial stages that one has, one often will have these projections that are brought into the encounter which of course are unconscious. Not all, but some of them are conscious, er, that are coloured, that seem to be coloured by cult-culture and preconcept-preconceptions. However the closer analysis of these, one often then finds that they are very firmly anchored in, um, in, in, in individuals' makeup, unconscious makeup.

**Uh-huh, so it's almost as though there are kind of two layers then that they - well, there's the projection and it seems at first when you first examine it as though there might be cultural preconceptions behind it and then when you look further it's more related to the individual's internal world?**

I suppose, I suppose that that is what I'm saying, yes.

**Er, what about when you work with the parents or the carers?**

How is that different?

**Well, I, I, I thought we were talking about the, er, the quite intimate analytic world, work with a, a child, but if you were having more informal meetings with the parents or carers, would you think that...**

I don't have informal meetings with any of my patients. All my meetings with all of my patients, including parents and the carers, are deeply informed, not informal, er, it's only in the, exclusive-exclusively in psychoanalytic thinking, so I would not have an informal meeting with a parent. Quite the contrary, I would apply, um, er, the same ways of thinking and being with the parents and the carers as I would, er, with the children, adolescents and adults.

**Okay, um, I wanted to ask a bit about whether you think culture and cultural concepts impact on the theory of child psychotherapy at all.**

Is there a theory of child psychotherapy?

**Um, well, I suppose the theoretical models that we, we train in and the, the literature that we read.**

Yeah, well, I never thought that there is a theory of child psychotherapy, but there is a theory of child psychoanalysis.

**Uh-huh.**

Can you, can you ask, ask the question again?

**Whether you think that culture impacts at all on our, on the theory that we use?**

You will have to define the question a little bit.

**Um, I suppose I'm trying to wonder with the people that I interview whether our experience of culture and cultural difference has any**

bearing on work, whether either in practice or, er, in theory in the way we think.

I think we covered the practice, didn't we?

**We did, yeah.**

Yes. Your, I suppose your question is whether I believe that the theory, er, that, that the psychoanalytic theory is, when formed and now when it, so it's been formed, whether it is liable to, to the cult, to the impacts of, of the culture. I suppose yes, er, none of these theories were developed in a vacuum. However, I think that the fundamental work, psychoanalytic work and I think here all, um, of key theoretical concepts posed by key theoreticians of psychoanalysis and in my line of, um, of education that would be Freud, Klein, Bion and neo-Kleinians, that the concept that, er, they put forward, that are part of my own, are actually, er, defined in such a way that, um, that is free, er, from "contamination", and I use that word advisedly and in inverted commas of course -

**Yeah.**

- as possible. I am talking yet again of transference, countertransference, projection, projective identification.

**Yeah. Thank you. Um, I was wondering about if you are working across a difference in cultures with a child, with a family, if there are any particular advantages or disadvantages that spring to mind?**

I always work across the cultures, as I explained to you, because I spent the first 25 years of my life in a different, in a different background. You see, I'm a little bit uneasy because I'm not sure that you and I use the term culture in the same way.

**Yeah.**

And you are asking me whether I am mindful of, of whether this, this were alive in the, you know, in my actual exchange with the patient. I'm not sure again that I understand how you use the term 'culture'.

Er, well for the purpose of the study I have been trying to look at how culture is defined when child psychotherapists are writing about it and how it's defined within cultural studies and sociology.

Right.

And, um, when people are writing about it within our profession they often make it synonymous with race and ethnicity.

Right.

So they say race, culture and ethnicity as though they were sort of all one thing.

One thing.

Or they might even begin with a broader definition of culture, but then as the text goes on, it gets, it gets lost, the broader definition, and it just becomes about race and ethnicity, whereas, um, in the sort of the sociological literature people are thinking very much about social class differences.

Of course.

Um, and religious differences, it's, you know...

Sexual orientation.

Yeah, much bigger concepts.

Of course.

And on the basis that one has to choose something as a starting point, I've been looking at the work of Bourdieu, the French sociologist. Um, should I say a bit or are you familiar with him?

No, not at all, I didn't, I, I never trained in sociology.

So he has a, the way he thinks about it is that individuals sort of occupy, he calls them fields, but essentially different spheres that we operate in. Um, so for a, a child, I think, I chose it because I thought it was quite intuitive to our work, so a child would be at

home with their family and at school and maybe in the mosque or the synagogue or the Sunday school or at a tennis club or whatever, and that each of the places they go to or the different fields they inhabit has a slightly different set of rules and they might have quite a different way of being at school or at their tennis club compared to being at home.

Absolutely.

Um, so Bourdieu discusses the, sort of, the social rules that belong to each field.

Field.

And then he developed this concept of habitus which is essentially how we inhabit our own worlds and sort of the overlapping fields and their various rules and the different sort of, um, well he calls it capital, but the sort of status that's available in each one, which might be literally money, but it might also be quite a complicated hierarchy of who's cool at school and this sort of thing.

Well let's, if we stay with the term capital, you know, capital in, in psychoanalytic exchange is transference, countertransference, projection and projective identification.

Yeah.

So in those, in that terms, in, in those terms, I'm not sure, you know, if that is the field or if the field is what I believe it is -

Yeah.

- er, then, er, yeah then I would, then, then I would argue when, when you establish yourself with the patient in that field, when this becomes the capital of your exchange, I believe then that the culture as defined in this common colloquial way of, of, of, race, ethnicity, social status, educational background and the rest of it, that it ceases to exist in its powerful, er, very toxic form and that the exchange, the, the "monetary", in inverted commas -

Yes.

- exchange between you and the patient belongs to the exchange of these, yeah, of, of, of these other concepts.

**Yeah, so it's almost as though the, um, the world of psychoanalysis, as it gets established that everything else sort of melts away into the background a bit and it's the...**

Ethnicity or social status, er, I think very often you hear this is a very common thing that, er, people have very powerful fantasies about one's social status or even about one's financial status. However, it is a very, how shall I say, they, they lend themselves very easily to understanding in terms of transference and in terms of projection and in terms of the process that, that one is really interested in and that is the psychoanalytic exchange.

**I was about to move on to ask you about fantasies and was wondering how do you think cultural differences are viewed within our profession more broadly?**

I think that our profession is burdened with struggles in terms of, er, of its ability to accord a difference, er, of any kind really, and by that I don't really mean, you know, the, um, cultural differences in terms of, er, er, er, language, background, ethnicity, race, er, I, I also think that, I also by that mean and I suppose most importantly that the profession is very burdened with an ability to accept, accept, er, a difference in, er, thinking more broadly, which I think is more pernicious. I have to be careful about it, but that it is very pernicious to the pr-profession and how ...[unclear].

**Uh-huh. Um, I was going to ask about what sort of conscious or unconscious fantasies you think circulate within the profession about working with cultural differences?**

I don't know. I don't know what, what other people think. You know as by profession, er, I was meaning inter-professional relationships rather than the relationship between professionals and the patients.

**Yeah.**

I'm thinking about inter-professional relationships and I think that the profession is burdened by not being able to accept different ways

of thinking, generally speaking, but I do not know what people's unconscious fantasies about culture are.

**Of course. Do you think that the, um, when you talk about the profession being burdened by, er, difficulty accepting different ways of thinking.**

Uh-huh.

**Do you think that that impacts on the work we end up doing?**

Of course, yes.

**Can you say how you think that this difficulty within the profession is affecting us?**

I think that the profession has a tendency, and I am now again only talking about the profession as a group -

**Yes.**

- rather than interaction with clinical profession and the patients, I am talking about the group of professionals, and I think that the profession as a group has a tendency, er, to accept what it recognises as familiar and finds it greatly difficult to accommodate what it does not recognise as familiar, um, just as what we know only too well, not an unfamiliar, er, process.

**Uh-huh. That sort of brings me to the end of my questions for you. Do you have any more thoughts or anything else that you would want to say?**

No.

**Okay, well thank you ever so much for your time.**

Not at all. Not at all.

INTERVIEW 8

So let me give you an information sheet and a consent form.

Okay. It's all anonymous, isn't it?

It is.

Yeah.

So, here's the, the information. What will happen with the interview is that it gets transcribed and once it's transcribed all identifying features get taken out so -

Yes.

- um, any places or institutions that you refer to will just be given a, a code number.

Yes.

Um, so it's just the text that remains with nothing.

Oh good, yeah.

Um, and the recording itself goes on an external hard drive which is locked away and the voice recordings will be destroyed once I've completed the project.

Oh, it's a bit MI5!

Yeah! Well it's to get through the, the ethical process.

Yes. Yeah, right.

And similarly you can refer to case material but if it's, er, NHS clients have a different ethical process, so please don't refer specifically to NHS cases.

Hmm yes.

**Or in specific terms, as it were.**

Do you want me to say whether they're NHS cases or not? No, okay, right, yeah.

**Um, but maybe...**

Well most of them are non-NHS cases in fact, yeah, so.

**Fine, that's fine.**

Yeah.

**Um and if you're happy - oh, if you change your mind about being in the study you can withdraw at any time.**

Yeah, I saw that, yeah.

**And you've also got on the second page, the, the names of my supervisors in case you had any further questions, or complaints.**

Complaints? Oh right. Oh, [Person 1], yes, right.

**Um, so if you're happy to go ahead I'm going to ask you to sign the paper, if that's alright.**

Oh yes.

**Do you have a pen? I've got one.**

Well I do have a pen, only I don't know where it is. Oh, I do know where it is.

**It's alright, I've got one here. There you are.**

Thank you. And is it the 3<sup>rd</sup> today?

**Yes. Thank you very much.**

Thanks. So that's that. Oh, there's two of them.

You don't have to sign both. You can keep the other one if you wanted to.

No, I don't want to.

Fine. Um, and could I start by asking you about, er, the professional context for your work, so what you did before you trained, where you trained and the context that you're working in now?

What I did before I trained?

Hmm.

Oh, um, well I, I worked for the, um, [Organisation 1] at the [Institution 1].

Oh gosh!

[Laughs] As a kind of [job 1], but that was a long time ago.

Wow!

Yes, and then I ran a, then I worked for someone called [Person 2] who ran [Institution 2] and I was the [job 2] there, and then, and then, um, and then, oh, I did some [job 3] as well and, um, some [job 4] and then, um, and then I got a job as a [Job 5]. It's a chequered career! Er, and er, I think it was from [Job 5] I went into, er - oh and I, I worked as a [Job 6], um, for a few years as well and then in my 30s I started training as a child psychotherapist at the [Institution 3].

At the [Institution 3], okay.

Yes. Yes.

And now you're working here.

Hmm?

And now you work here?

Now, I'm working here now.

**Full time, part time?**

Yeah there's a, yes, quite a trajectory in between, yes. So, do you want me to go through my jobs, um?

**You don't have to go through all of them. Could you just explain a little bit about sort of your working context right now?**

Well, I, I worked at what, um, used to be called child and family clinics, and er, as a child psychotherapist and, er, I initially mainly saw long-term child cases and also infants where there was a problem, crying at night, or not eating, or, or chewing the banisters, I remember one, yes! So, um, that was very successful actually, um, and then, er, er, yes, so I started off there and then I went to work at, er, [Clinic 1] as it was called and, um, and I worked with more adolescents there I think and I also started doing work with health visitors and, er, I went into some [Setting 1] and, er, I did, you know, more of that kind of work and, um, and then from there, um, I worked at the [Hospital 1].

**Okay yeah.**

Where I was in charge of the service and, er, well, that was a rather peculiar, you know, there was a rather maverick psychiatrist, and er, er, er, it was quite difficult to work in the way I was used to because of the hospital setting.

**Yeah.**

Um, and then I worked in a [Setting 2], yes, and, um, I was there for 12 years which is quite a long time and, er, I started developing group work there with the adolescents, which was very helpful and, er, I helped to found, um, the, um, psychotherapy training at [Institution 4] at the same time.

**Yeah.**

So I was one of the founder members there and then, um, um, I went up to [Country 1] to really develop a child psychotherapy service that hadn't existed.

**Yeah.**

So it was like pioneering work, so I was at, er, um, a specific hospital in [City 1], a children's hospital and, um, er, it was, er, I mainly worked with [City 1 local] children and, um, er, the work was becoming much more kind of, um, you know, you could do this and you couldn't do that kind of work, you know, it was, um, so, er, a clinical psychologist did that, a child psychotherapist did this and there was absolutely no point in working with children under four! So, it was, this was the management, um, view.

**Yeah.**

Um, and, er, I did quite a bit of supervision there, quite often of our therapists and er, er, yes, so and then I retired. So most of, so it was only after I retired that, er, I contacted an old friend of mine called [Person 3] who was one of the senior psychotherapists at, um, well, at, er, er, it's called [Charity 1] now but, um, it was, er, [Charity 2] when I, when I was...

**Yes, I'd heard of that name, I didn't know the..**

Yes, well, it's a stupid name. Anyhow, er, um, obviously I like the, the name it's, it's always had and, um, so it was there that I was working with, um, well I, I did work with a few people of, of, er, from different, different nationalities when I was in [Clinic 1], but not really in [City 1] and, um, yeah. So it was really there that, obviously I wasn't working with any English people there, everyone was from the [Country 2] or [Country 3] or [Country 4] or, er, er, [Country 5], [Country 6], those kind of terrible places that, um, er, and, er, you know, it was a, it was a learning curve for me because I was, everyone work-worked in a completely different way with trauma, people who had been traumatised by torture and violence, so that was, um, that was quite a, a different way of working and, and [Person 3] helped me quite a bit and, um, only I think she's just left there. And um, but, er, then I, a friend of mine [Person 4] who runs this organisation, set this up about, it must be about six or seven years ago, totally out of her own money, you know, it's just amazing, you know, she ran up tremendous debts and people helped her and this is, er, er, um, aimed at helping, um, unaccompanied asylum, young asylum seekers and I think we've got about 200 children on our books or

young people. I mean about half of them are kind of, you know, just touch base occasionally, but, er, we do, you know, we're got a client base that we're working with probably now of about 50 or 60 that come in quite regularly and, and er, yeah so I started work here and I've worked with, um, various, various nationalities here. At the moment I've got two trafficked [Nationality 7] young women and, um, a mysterious [Nationality 8] man who I can't fathom! So, so, that's, er, that's my career trajectory.

**It's an extraordinary career.**

Is it? Oh.

**I'm just at the beginning of mine but...**

Yes. Yes. Yes, well I haven't always done one thing so, and I think I've missed one or two things out! [Laughs] Yes. But I worked at a [Institution 5] when I was training, I forgot that, yeah. Okay.

**I'm going to be asking you about culture and I was wondering first if you could tell me how you would define culture as a concept.**

Well I suppose it's the air you breathe, it's the, the sea you swim in, it's the, you know, it's the way everything is defined so, er, er, but there can be different cultures in the same, in the same culture there can be subdivisions within it.

**Of course.**

Yeah, so er, er it's, you know, you, you suddenly discover that there's a totally different way of dealing with a certain area and that you've never thought of and, and, er, you know, you move into a different lagoon as it were, and, er, but er, they're all linked, so yeah.

**Uh-huh and how would you define your own cultural background?**

Well, [Religion 1] lower middle class! I was the first person in my family to have ever been to university, so yeah, yes.

**And your mother tongue?**

English.

**Is English, okay. Um, I'm going to go on to ask you some questions about culture and psychotherapy. Er, how do you think that working with cultural difference impacts on the work of child psychotherapy?**

Well I think it impacts quite a lot, I mean, you know, it's, it's very difficult. I mean quite often you're a white middle class woman, you know, working with very deprived people from a totally different background who have had totally different experiences from you and, um, and, er, it takes some time, you know, you've got to realise that, you know, you're probably on a completely different wavelength and it takes quite some time to, er, appreciate how, and you still might be wrong! Because obviously quite often they're working, um, in an alien language, I mean that's where, you know, the beauty of interpreters comes in that, you know, you, they're speaking in their mother tongue, so if you get on with the interpreter and the interpreter becomes integral to the work, it I think is sometimes better. In fact, you know, I, I worked with a [Nationality 9] woman and the interpreter was actually integral to the work and even though her English was quite good, I don't think we could have managed without the interpreter somehow or other. It was very, he represented quite a lot and, um, I've had that experience with another interpreter too, but it doesn't always happen. Sometimes, you know, they, they're just interpreters and they don't, um, they don't hold so much. It depends what they hold and what gets projected into them and, but, um, yes, I've forgotten what the question was now!

**It was about how cultural difference impacts on our work.**

Yes. Yes. Yeah. Well, you have to take it into consideration and as I say it's a, it's a minefield and it's very, very, it's very hard. I mean some people, um, like [Person 4], I think she does a lot of reading background to find out about different cultures and I can't say I do a lot of that, and I probably should. Er, we've seen films, you know, that...

**Yeah.**

Yeah, so some things can help you, er, understand what the circumstances of the person that you're seeing, even though they find it difficult to explain to you just how awful things are sometimes.

**But you think there's something about allowing the patient to speak their mother tongue which is important?**

Er, I think it can help, yes. I mean I, I don't want to say, you know, it's always the case.

**Yes.**

Sometimes you, you kind of click with, er, with someone and sometimes you don't, but, um, hmm but I think with a, it can, it can, it can be very helpful, yes.

**And you were talking about how important the interpreter can become.**

Hmm.

**Can I ask, are you then able to, or do you mean working with the same interpreter every time?**

Yes.

**I, I'm in the NHS -**

Over a period of like two or three years.

**- and we just get sent, you know, any, any person. There is an interpreting agency which will send someone, so it's not necessarily the same person that would come in...**

Well, I think working as a psychotherapist, here we're quite sensitive to that and at the [Charity 2] they have their own interpreters really that, you know, some of them were employed full time and the ones I worked with were employed full time, so.

**Yeah okay. Do you think that cultural differences impact on the theory of child psychotherapy at all?**

Er, well, um, it's a possibility. I mean for example hearing voices, that's not, I mean, er, not that this is necessarily a child psychotherapy theory, but it's a psychological theory, um, you know, that if, if people hear voices and, and communicate with them and, um, you know, kind of warning bells might ring, but, um, but, er, you know, if you're a psychiatrist or a psychologist or even a psychotherapist, you might think, you know. But in fact in, in the culture of some countries it's perfectly normal to talk to your, um, forefathers and foremothers and, and, er, and, er, and people can be perfectly normal, but they, they, they deal with their problem by, you know, it becomes, it becomes a person. I mean I remember a [Nationality 2] woman I saw, who, you know, she was persecuted by these men, I mean she'd been raped several times and she was persecuted by these men who were always coming after her and, you know, when she was in her flat they would be outside the door, and I dealt with this as a, as a reality thing. I would say, well, tell them to go away, tell them that you're going to call the police, and I know once when I was seeing her at [Charity 2] they were outside the door and, um, I said, well, let's just go and see them, I said, and tell them to go away, and she, she was absolutely terrified. I could see she was panic stricken, so I went to the door, there was no-one there and I said, well, they've, there's, they've gone, you know, and, er, she was quite relieved, er, and they did go during the course of the therapy.

**Yeah.**

It was, they, they ceased to persecute her, but I didn't think she was psychotic. I think it was an expression of her trauma and, um, you know, she, she was, you know, she had a lot of difficulties because she had some really terrible experiences and that was her way of managing them, they were out there, they were those men, yes. But I don't know if that's a particular psychological theory, but um...

**No, but I think you're saying there's something about how we define normality and normal development which might be different.**

Yes. Yes. Yes. And I was talking to, er, this [Nationality 7] girl today and of course I've come across this before, in certain cultures it's quite normal to beat your children, I mean everyone does it, you know. And, um, she is really, really stuck between two cultures now because she has the most hopeless mother who's really behaved, you

know, in a very terrible way to her over the whole course of her life and yet now her mother's depending on her. She's like the main breadwinner, she looks after this child that this mother has, she's managed to conceive two children since she's been here and she can't look after them and, you know, the daughter who she sent away and, you know, awful things happened to, you know, she was kind of trafficked here, um, um, you know, but still her mother's her mother and, you know, she, she feels she can't stand up to her, she can't say, well, I'm going to leave you, you know, because all her family will turn against her, because this is the norm. I mean, you, you have to respect your parents no matter what they do. If they beat you, that's what parents do and it's just accepted as the norm, whereas, you know, I mean here they'd be in prison.

**Yeah.**

So, um, but I don't know that that affects my view of child psychotherapy theory, I mean, you know, I still think that's the wrong way to bring up children and that it doesn't really, I don't think it can be a helpful way to bring up children and that it must be damaging, but then I suppose you might say any way, any way you're brought up you're going to be damaged some way or other because no parents are perfect, but, you know, there's a, there's an idea that in the UK people might strive towards and know that they don't manage it, you know, but, er, it's the norm in, in [Country 7] to behave like this apparently, so. And I've come across it in other cultures where, you know, it's perfectly normal for them to tie the children up even and beat them, you know, so, so that was in, um, where was that, was it [Country 3], it was a little girl had been playing with the boys and she wasn't supposed to do that and, you know, she got tied up and beaten as a result. So, so, but I don't know that that affects psychotherapy theory. I mean I don't think culture necessarily. I don't know. Well, I'm contradicting what I've said before now, aren't I, because I, I think, er, you know, there's different ways of thinking about hallucinations which we haven't conceptualised as far as I know into psychotherapy theory. I don't actually read a lot of psychotherapy theory now, so maybe someone has. I don't know.

**Um, do you think that there are any particular difficulties about working across a cultural difference, therapeutically?**

Well, yes I do, because as I've already said, you know, there's more of a divide. I mean there's always a divide because almost certainly if you're working in the NHS you're working with, you know, quite often, well, not always, that's true, but quite often you're working with a child from a very, and in [City 1] even more so, you know, children from very deprived backgrounds whose, whose father was almost inevitably in prison and, er, whose mother was probably alcoholic, and er, you know, so there was a divide there that I was a posh middle class woman.

**Yeah, so social class differences.**

Yes, yeah, so really, it would take, it takes time to overcome it. I think it's a question of time. I mean I think it probably takes about a year before you're going to be accepted as having any empathy or insight or you can be trusted in any way, because you're like a foreigner to, to, to, um, these children, yeah.

**Do you think there are any advantages to working across a cultural difference?**

Well, there might be advantages for me. I don't know if there's advantages for the patients!

**What would be the advantages for you?**

Well then I, I, I kind of broaden my outlook and I, I understand different ways of thinking and working. I, I, you know, I get new perceptions. I mean the children give me new perceptions that I hadn't had before and new ways of thinking.

**Yeah.**

So, so, for me there probably is advantages but I don't know that there's any advantages for them because, you know, if it wasn't there, you know, we wouldn't have the year of trial, you know, trial by fire, really and, er, you know, they do put you through it, you know, and you have to show you can cope and..

**So the work might actually be longer because there might be a longer engagement period?**

Yes. Yeah, I think so, yes, yeah, I think that's likely. I mean I'm just speaking personally. Other people might have more ability to get through than I have!

**And if you were giving advice to somebody, to a colleague who was about to take a, a case and work over a, a cultural difference, is there anything that you'd particularly advise?**

Oh. I don't know. It would depend on the colleague and the particular person they were working with. Er, no, I don't think there's anything I would, you know, I mean, you, you try to be as open and as sensitive as you can and that's the way you work and er, so I don't think, er, you know, you're going to modify your method. It's the understanding of the particular child and, and just persevering.

**Sure.**

And realising that all the awful things they say to you, you know, it's nothing to do with you, you know, but it's to do with what they've been through themselves, so yeah, I think sometimes if you're working with children who really hate you initially and think you're just an idiot, um, yeah, then it, it's quite hard because they will say really quite distressing things and, you know, some people might take it personally. I know when I first started out you might take some of it personally.

**Yeah.**

So I think if it was someone starting out, I might be a bit more supportive in that area.

**Uh-huh. I wanted to move on to asking you a bit about fantasies, sort of both conscious and unconscious, about working with difference. Do you have any thoughts about how cultural differences are viewed within the child psychotherapy profession?**

Do I have any idea how cultural - no, I can't say I do! *[Laughs]*

**Okay, fair enough!**

[Laughs] Yes. I mean it's something to be researched and thought about. I mean here, you know, I know, you know, um, [Person 4] does a lot of kind of research and thought, and thinking about cultural differences and trying to find out about them and understand them, yes. But, er, you know, you may theoretically know it all, but, you know, the person you're working with doesn't know that you know it, you know, and you still have to go through the process of establishing yourself as someone who, who's actually there for them and, and not just, um, you know, yet another person who's going to tell them what to do. I don't know.

**Do you think there are any sort of fantasies that circulate within the profession about cultural difference?**

Fantasies? I've got no idea. Er, I don't know what kind of fantasies might circulate about cultural differences. My mind is a complete blank. I'm sorry!

**That's fine. Not to worry. And I was going to ask whether if you'd be willing to share them, or if you can remember what fantasies you might have had about working across a cultural difference earlier in your career compared to now?**

Well, you know, um, I, I would be more, I don't know about fantasies, I mean, er, er, I must definitely be more wary and more nervous, you know, working with, um, you know, I remember a [Ethnicity 1] girl who'd had a horrendous history and attempted to blow up the, and attack a, a chemistry teacher, um, and, er, you know, it was very, very difficult working with her and, er, you know, you just, the fantasy is that you're useless really. I mean, you know, she just was quite contemptuous of me because I was white and, er, middle class and, er, and, er, she would just imitate everything I did or, you know, or mock me in, in various ways and it took again quite a long time. And it was, it was, I think what I, there was something that I said that was a kind of, I think a bit of a turning point, because I know she was complaining in one session just casually about the fact that she'd got this white dandruff on her black sweater and I said something about, um, that, that if you're black, you know, the, the faults, the mess shows up, is noticed a lot more than if you're white, and, er, I think that kind of got home to her. I can't remember how I said it, but I remember it did, I did feel there was a change after that, that she felt I knew what she had to battle

against or, so yeah, but, er, yes, I think it is sometimes a feeling of, of uselessness really that you're, you're never going to get through and that they're suspicious of you because you're a different culture and, and you're not going to be able to make contact. I don't know that it's a fantasy; it's a reality, but yeah.

**I've come to the end of my questions. Were there any other sort of thoughts that you wanted to mention about, or things that you had to say about working with cultural difference more generally?**

Well I have found it very enlivening and, er, you know, it has changed my way of working and, er, you know, I think you have a less stuffy approach somehow or other that, you know, er, you know, people can be quite matter of fact about things that, you know, you might throw your hands up in horror about if you were, you know, abiding by the kind of ideas of psychology or psychotherapy and so, er, I think they do that, that's okay, they live their lives, it's, they're managing, why, it's not so bad.

**It sounds quite liberating.**

Yes. Yes. Yes. I, I think I've found it quite, quite, liberating but, you know, I mean obviously things like the transference is still very important, um, but, er, I think there's always the, the, the problem that, er, they want to be terribly grateful to you and this is a cultural thing and at some level it's meaningless and it's kind of used as a defence almost. So that, you know, can be a kind of problem with certain people I've worked with that they're always so determined to be grateful to me in a rather meaningless way when absolutely nothing has happened, but, you know, just because I'm sitting there in a room with them they're grateful, so it's, er, quite hard to deal with! Yes. Hmm, yeah I don't, I can't think of anything else.

**Okay then, well, I'll switch off.**