

**An Investigation of the Transference to Determine the Usefulness of Cross-cultural Child Psychotherapy in the Development of the Patient's Self**

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## **Abstract**

This thesis is a single case-study of a Child and Adolescent Psychotherapist working with a patient who is a teenage, female, adolescent from a Bangladeshi, Muslim background. The patient being categorised as a second generation immigrant by society is pertinent to this thesis. The thesis presents the completed four years intensive psychotherapy (three times a week) of the patient's treatment. The patient commenced this treatment when she was 17 years of age.

The patient's struggles to negotiate her adolescence can be tracked back to her difficulty in separating from her primary object, her internalisation of religion in her early years, and her introjection of an 'Islamophobic' society in her adolescence.

The patient withdrew psychically and physically from the demands of the external world in mid-adolescence and suffered with psychotic-type symptoms, depression and anxiety. The effectiveness of the patient's treatment involved the Child and Adolescent Psychotherapist helping the patient negotiate her adolescent identity by bringing together the views that she had of their self with those held in the patient's family and wider community. Issues of gender, race, ethnicity and culture were consistent themes in the patient's treatment and the use of the Child and Adolescent's countertransference to the patient was integral to understanding the patient's relationship to them.

The primary research method used to analyse processed clinical sessions notes was Grounded Theory Method.

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## **Chapter 1 - Introduction to Thesis**

### **1.1 Synopsis**

The subject of this single case study is Anita, a Muslim adolescent female who is a second generation immigrant. Anita was 17 years of age when she was referred to me for psychoanalytic psychotherapy. Anita was offered three-times-a-week psychoanalytic psychotherapy by me throughout the four years of my training to become a Child and Adolescent Psychotherapist.

My assessment of Anita identified that she was deeply depressed and that she had responded to the demands of negotiating her adolescence and some of the demands presented to her in the external world by retreating psychically from them. Anita experienced psychotic-type symptoms which had a borderline quality to them. These symptoms showed themselves mostly through the visual hallucinations that she frequently experienced before she was referred for psychoanalytic psychotherapy.

I am using the term psychotic in this instance in a similar way to (Bion, 1957) does.

Bion, (Ibid, 1957) views psychosis as the unconscious process where the individual's internal world is forcibly projected into, and located in the external world, as a result of the individual having a 'contact barrier' (between the experience of the inner experience and the external reality) that is not able to keep apart the totality of their conscious and unconscious mind sufficiently. At the start of Anita's treatment the visual hallucinations she experienced (in particularly Jinns) prior to her psychotherapy commencing were a result of this process and a result of the psychotic part of her personality being more prevalent at this time. A part of Anita was able to recognise that her visual hallucinations were not real prior to treatment. However, she felt compelled to view them as if they were as it was more acceptable in her family to view them as spiritual and religious experiences. This thesis will illustrate how the visual hallucinations (mostly shown through the subject's experience of Jinn) was a consequence of her internalisation of religion and primary objects, in particularly her paternal objects, being split off and located into the external world, through projection.

Crawley's (2009) paper for UNICEF, 'The situation among children in immigrant families in the United Kingdom', reported that the foreign-born population in the UK in 2001 represented 8.3 per cent of the total population. In this paper Crawley defines a second generation immigrant as an individual born in the United Kingdom to at least one immigrant parent who was born abroad. I feel that it is important to draw attention to Crawley's definition of a second generation immigrant for two reasons. The first reason is that this thesis intends to explore how the identity and personality development of the adolescent from this background is informed by the views held in society about this group of people. The second reason for drawing attention to Anita's being defined in this way is that this thesis is also interested in exploring the effect on the personality development of the adolescent from this background from having internalised transgenerational ideas of the self from within their family. The role of immigration, and the influence that it has on the identity development of the adolescent from this background, is therefore pertinent when exploring this question.

## **1.2 My interest in writing about Anita**

I became interested in writing about my work with Anita during the third year of her psychotherapy. I was becoming increasingly aware at this time of the bearing that religion and her culture had had on Anita's personality development and how they had informed the views she had of herself and others. When I attempted to find out what had been written about race, culture (religion being part of culture) and difference, with a view to better understanding why they informed Anita in the way that they seemed to, I found that very little had been written about them in psychoanalysis. I felt from this that writing about my work with Anita could contribute to what has already been written about race, culture and difference in psychoanalysis. I also felt that my work with Anita was an opportunity to explore how issues of race, culture and difference are communicated and worked with in the transference and within cross-cultural psychoanalytic psychotherapy. (I am using the term cross-cultural psychoanalytic psychotherapy to refer to psychoanalytic psychotherapy that takes place between a therapist and a patient whose ethnicity and culture may be explicitly or implicitly different from each other.) Anita's psychotherapy was explicitly "cross-cultural" as her ethnic and cultural background visibly differed from mine (a black, British male child

and adolescent psychotherapist who is a second generation immigrant from a Christian, Caribbean background).

Although Anita and I are similar by virtue of our both belonging to the Black and Minority Ethnic (BAME) group and from our both being second generation immigrants, my work with Anita has shown me that my experience of negotiating my own adolescent identity was more different from (and somewhat less complicated than) Anita's than I had initially envisaged. This was in part because of the eras we were born into and the beliefs about adolescent identity held in these respective eras. Much of my sense of self was informed by the culture of the area I grew up in. I was born in East London in the '70s and my adolescence took place there during the '80s. A large proportion of my friends were second generation immigrants, although we did not define ourselves in this way at this time. What seemed to bind us together was that we had a shared, secular view of ourselves and that our parents were immigrants, albeit from the West Indies, Africa, India or Pakistan. We were also bound together by the fact that the BAME group made up the majority demographic in the primary and secondary schools we attended.

Negotiating our identity in this era seemed to be far simpler then than it is now, for young people such as Anita. Our shared "black" culture was what defined my identity and the identities of my friends. Black culture clearly informed the identities of my white British friends. It became a shared identity for young people growing up in East London, due to the influence black culture had on our interests in music, political views, sport, clothes and (simply) way of being and relating to ourselves and others. Unlike adolescents now, the political and societal context seemed to have little bearing on defining who we were. In hindsight, my friends and I did not have to develop our adolescent identities whilst also being bombarded by social media's ideas about it. My work with Anita will go to show how her identity and sense of self were shaped by an introjection of ideas about them from society and from her internalising ideas about herself from her family, a group whose ideas about Anita often differed from the ideas that Anita had about herself.

### **1.3 The study's relevance to Child and Adolescent Psychotherapy**

Race, ethnicity, culture and gender were once clearly visible differences that could be acknowledged and thought about in the therapeutic relationship when (or if) they were recognised. They have become less clear, as have issues of “sameness” and “difference” in the therapist / patient relationship, as a result of populations becoming more fluid than ever before. Working “cross-culturally” has therefore become increasingly common, as a result of mental health services, such as CAMHS, beginning to reflect more of the diverse populations they are situated in. This has certainly been the case for me as a child and adolescent psychotherapist working in an inner-city CAMHS.

I feel that there is a need to clarify how psychoanalysis engages with the phenomena arising from cross-cultural psychoanalytic psychotherapy because of this. This thesis will attempt to answer this question as well as the question posed in the study - a study of the transference relationship to determine its efficacy in working cross-culturally with adolescents from a BAME background.

I am (and will always be) indebted to the “spaces” that helped me to explore the questions posed in this thesis. My personal analysis, the clinical supervision I received during my work with Anita and my Doctoral supervision have been invaluable spaces in helping me to explore and understand the cross-cultural psychoanalytic psychotherapy phenomenon in more detail and in helping me to collate and structure the vast amount of data generated from my work with Anita. These spaces helped me to explore and better understand how my work with Anita illustrates the impact on the personality development of the adolescent from a BAME background of inhabiting social and cultural contexts that may hold very different views of their self to the ones that they themselves hold. This concept was particularly relevant to Anita, as her presenting symptomology and difficulties in her adolescent development were informed by this issue.

This thesis acknowledges that all adolescents, regardless of their respective backgrounds, are tasked with having to negotiate their identity within an internal

climate of re-emerging infantile sexuality and a drive to develop more mature object relations whilst also, at times, simultaneously making the psychological and physical transition to the wider community. I will go on to show how the task of BAME adolescents negotiating their adolescence can be complicated from having to do so within contexts that often do not reflect their “true-self” and that are often hostile to their “true-self”.

At the time of writing this thesis, it seems particularly pertinent to be thinking about these issues when adolescents from BAME and immigrant backgrounds are having to negotiate their identities in social and political contexts that they often experience as being hostile to their “true self”. Brexit is an example of a political context and climate that is looming at the time of writing this thesis, and this is arguably creating a hostile social and political environment for BAME adolescents. The rise of Islamophobia would suggest that this is the case and this could be viewed as a symptom of this country’s struggle to renegotiate a national identity.

The task of adolescents from BAME and immigrant backgrounds negotiating their adolescent identities within these types of societal and political contexts becomes even more complicated because of this, especially as a consequence of Brexit is that the word “immigrant” has now become a coded term for referring to the “other” from a Lacanian perspective. These political and societal changes posit a particular challenge to the psychoanalytic profession as one is now tasked with trying to make sense of how Brexit, and a climate of growing anti-immigrant sentiment, informs our psychoanalytic work with adolescents whose sense of self is inevitably shaped by these changes. It therefore seems an apt time to be exploring the efficacy of cross-cultural psychoanalytic psychotherapy with adolescents from BAME backgrounds, with a view to determining how it can help them with the task of negotiating their identities.

## **Chapter 2 - A Single Case Study (The Story of Anita's Psychotherapy)**

### Introduction

I will now give a summary of the work I undertook with the subject of this thesis, Anita. I will illustrate the salient themes that emerged and the theories that helped me to make sense of them. I will expand on these themes and theories in detail in later chapters. I will illustrate how the transference relationship was thought about by me initially and will refer to the particular incidents and events that took place in Anita's psychotherapy and in the external world as "turning points". I will show why I have come to view these incidents and events in this way and will describe how they made a positive contribution to Anita negotiating her adolescent development.

### **2.1 Anita's background history**

Anita is the oldest of four siblings. She has two sisters and a brother. Anita's parents, Mr and Ms Khan, entered into an arranged marriage in Bangladesh before they emigrated to England. They settled in an area that has a large Bangladeshi population. Ms Khan worked as a social worker whilst Mr Khan worked with an extended family member in a local butcher's.

Anita was born several years after the couple had settled in England. Her birth was unremarkable and she attained her developmental milestones on time. Ms Khan gave birth to Anita's sister when Anita was two years of age, before going on to give birth to Anita's brother and younger sister.

Ms Khan and Mr Khan separated when Anita was 11 years of age. Both parents cited each other's opposing views on how they should conduct themselves as the main reason for their marriage ending. Mr Khan cited Ms Khan's objection to adopting a more traditional, Islamic lifestyle, which would have involved her not working, as one of their differences. Ms Khan objected to Mr Khan regularly instructing the children from an early age on how they should follow Islam.

## **2.2 Anita's first contact with CAMHS**

Anita was 12 years of age when she was first referred to CAMHS. The difficulties in her family were a precipitator for her being referred, as her extended family had continued to blame Ms Khan for the end of her marriage to Mr Khan. They asserted in various ways that they strongly believed that Ms Khan's adherence to a "Western" way of life had made married life intolerable for Mr Khan. Anita's extended family also felt that Ms Khan had brought shame on them and her immediate family by choosing not to wear the hijab. They felt that her decision to do this had influenced Anita's decision to stop wearing the hijab shortly after her parents had separated.

Anita's extended family conveyed their disapproval to Ms Khan and her children (Anita particularly) in an aggressive and at times threatening way. Anita and her family were deeply affected by how their extended family treated them. A consequence of this treatment was that Ms Khan suffered a psychotic breakdown and was hospitalised for a short period before Anita was referred.

Anita's GP referral described how Anita was suffering with low mood at this time and that she was very fearful of her extended family following her parents' separation. Anita and her family (her mother and three siblings) were offered family therapy for over a year after this referral. Her mood improved following this treatment and she was discharged from the clinic.

Anita was referred back to the same CAMHS clinic (the clinic that I was placed in during my Child and Adolescent Psychotherapy training) by her GP when she was 16 years of age. Anita had not attended school for just over a year at the time of this referral. Her absence from school resulted from the internal dilemma she was presented with from her school limiting the subjects she could study at A level. Choosing subjects to study is of course very difficult and complicated for many adolescents. However, it was even more complicated and internally challenging for Anita, a young person who had continually struggled with the internal experiences relating to loss. Anita responded to loss in this way in part because she did not have the experience of forgoing her primary object in childhood in the way that Klein (1952)

explains provides the basis for the individual to develop the capacity to manage losses during their lifetime. This thesis will refer to the clinical material from my work with Anita and will show how her failure to forgo her idealised, desired primary object fully in childhood resulted in her difficulty in managing losses of objects she viewed as desirable (such as the A levels she wanted to study). The thesis will also show how Anita's experience of her school acting to prohibit the A levels she wanted to study was, for her, akin to the infant's experience of their father's paternal function - acting to separate them from their mother (desired primary object). It will show that Anita's solution to this experience - brought on by her experiencing her school paternally in the way that I described – was to retreat psychically from the paternal experience presented to her and to study specific subjects independently in opposed to remaining in school and being restricted in the subjects she could study.

The CAMHS clinic's Child and Adolescent Psychiatrist's assessment of Anita concluded that she was not clinically depressed and recommended that she should be offered CBT in the first instance. Anita was referred for this treatment to a clinician in the clinic. Her low mood alleviated following this treatment and she attained very good GCSE results, despite not being in school at this time. This wasn't surprising: throughout Anita's contact with the clinic, her mother described how academically gifted Anita was and reported that she was a child who had always made excellent academic progress, from the moment she started primary school. Her parents, her mother in particular, viewed and referred to Anita as a child prodigy because of this. Ms Khan initially wanted Anita to attend a private school from a primary school age because of her view of Anita, but Anita's father objected to this.

Five months after Anita's CBT treatment had finished, Ms Khan contacted the Child and Adolescent Psychiatrist who had assessed Anita to request for her to have psychoanalytic psychotherapy. Anita had still not returned to school at this time and had reported to her mother that she was very anxious, that she felt depressed and that she was disillusioned with her life. Anita reported to the Child and Adolescent Psychiatrist who re-assessed her that she was having difficulty sleeping at this time. Anita regularly reported to her mother that her sleep was disturbed because Jinn<sup>1</sup>

<sup>1</sup> 1 The jinn are spiritual creatures in Islam and Arabic folklore. They are mentioned in the Qur'an and other Islamic texts and inhabit an unseen world in dimensions beyond the visible universe of humans. Together, the jinn,

appeared in her bedroom at night, but she did not report this at this assessment. Anita did report to the Child and Adolescent Psychiatrist that there were incidents when she would see her hands and feet being severed when she looked at these areas of her body. Anita reported that she was unsure whether she should pursue a career in academia or pursue a career in music. She did not socialise much at this time, other than to occasionally tutor children known to her family.

Anita reported at this assessment that she was very worried about what would happen to her after she had stated to her family, prior to this referral, that she no longer followed Islam. The consultant Child and Adolescent Psychiatrist's assessment identified that Anita's presenting difficulties seemed to have the effect of creating some sort of reconciliation with her extended family following their dispute with Anita and her mother. His assessment stated that: "...Anita had begun to offer the appearance of religious observance in response to the support of her extended family". Anita's extended family had continued to blame Anita's mother for her marriage to Anita's father ending, but were less blaming and angry with Anita as a result of feeling that she was trying to follow Islam again. They felt that the fact that Anita was wearing more traditional clothes in their presence was evidence of this.

Anita reported to the Child and Adolescent Psychiatrist that she was interested in psychoanalytic psychotherapy as she wanted a treatment that was more "autobiographical in nature". The Child and Adolescent Psychiatrist referred Anita to me to be assessed for psychoanalytic psychotherapy.

### **2.3 My first contact with Anita**

I first met Anita when the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy arranged for me to meet her to discuss this referral.

humans and angels make up the three sapient creations of God. The Qur'an mentions that the jinn are made of a smokeless and "scorching fire", but are also physical in nature, being able to interact physically with people and objects and likewise be acted upon. Like human beings, the jinn can also be good, evil or neutrally benevolent and hence have free will like humans and unlike angels, and so are able to follow any religion they choose.

The jinn abused their free will in front of Allah by refusing to bow to Adam when Allah ordered angels and jinn to do so. For disobeying Allah, the jinn were expelled from Paradise and called "Shayṭān" (Satan). Jinn are frequently mentioned in the Qur'an because the prophet Muhammad met them several times.

Anita attended this appointment with both of her parents. Ms Khan explained at this appointment that she had also referred Anita privately for psychotherapy as she wanted her to have a Child and Adolescent Psychotherapist who was Asian and female. Ms Khan reported that she thought that this person would be able to understand Anita's needs better and that she was unsure whether I, a male, non-Muslim Child and Adolescent Psychotherapist would be able to grasp how the religious and cultural beliefs in their family informed Anita's presenting difficulties. I was able to assure Ms Khan that all aspects of Anita would be considered during her assessment and that an informed decision would be made about whether psychoanalytic psychotherapy with me would be helpful for her. Both parents reported that they were happy for me to assess Anita for psychoanalytic psychotherapy.

It was noticeable that Anita did not contribute much initially at this appointment. She occasionally nodded to signify that she agreed with certain things that her mother said about her. I was struck by how young Anita looked for her age. She presented as childlike and behaved very deferentially towards her mother, the Child and Adolescent Psychiatrist and me. Anita became more engaged when her mother talked about her difficulty with sleeping. Anita reported that her difficulty sleeping was one of the things she would like to talk to me about in her assessment appointments. I explained to Anita what her assessment for psychotherapy would entail and she agreed to attend the three individual assessment appointments I offered her.

#### **2.4 Anita's assessment for psychotherapy**

When I met Anita for the first of her assessment appointments, I was struck by how differently she presented from when I first met her. When I first met her, Anita had spent a lot of the time facing down or away from me or using her fringe to conceal her face and eyes. She did this much less at this appointment, which allowed me to notice how pretty she was. Anita was lively and engaging in a way that was in contrast to how she was when we first met. Her eye contact was better than previously and conveyed a passion and interest that her words mirrored when she spoke. Despite Anita's more lively and engaging way of relating, I felt that she was also quite suspicious of me, which gave me the impression that she was assessing me whilst I was assessing her

for psychotherapy.

I found myself being interested in what Anita had to say and how she spoke and presented. I felt that Anita's more lively way of being and relating was as a result of her parents not being present. I found myself liking Anita from the start.

Anita was keen to talk to me about the issues she felt contributed to her being referred for psychoanalytic psychotherapy. She explained that her disillusionment with Islam was an example of one such issue and how the different views that her family had about Islam made it difficult for her to be herself. Anita explained that her extended family did not like the fact that she continually disagreed with their more traditional views and interpretations of Islam. Anita reported that her family's view of Islam was opposed to many of the things that she believed in. She gave as an example that her extended family disapproved of her view that women should be equal to men. Anita also felt that her extended family did not like women to be outspoken in the way that her mother and she herself were. Anita explained how angry her extended family were with her when they found out that she viewed herself as being an atheist, and described how upset and disturbed she was by the contempt they showed her for having this view of herself.

What emerged from exploring with Anita why she viewed herself as an atheist was that she seemed to identify with atheism as her way to distance herself from the influence that religion, in particularly her family's understanding and interpretation of it, was having on her psychologically. It did seem (although not explicitly stated by Anita at this time) that Anita still believed in a God, but that she had now come to believe in a very different God from the one in whom her family believed. Despite Anita's attempts to distance herself from her family's take on Islam, she showed how it continued to impact on her psychologically and inform her sense of self. For example, Anita described her attempts to appease her more religious-minded extended family members by wearing the hijab, whenever she knew she was going to have contact with them.

In Anita's third assessment appointment she reported that she had had several episodes where jinn appeared to her. She explained that a jinn appeared at the end of

her bed a few months after she stopped attending school and that it ordered her to sleep on the right side of her body. Anita felt that the jinn ordered her to do this as her left side would then be facing towards Allah and this would show Allah that she was subservient to him. Anita clarified to me that the left side was viewed in Islam as a sign of holiness and that she believed that the jinn's appearance was a sign that Allah was angry with her for not following Islam. Anita explained that she believed that Allah had sent the jinn to show her that she would be punished if she did not return to Islam. She described how very persecuted and fearful she felt whenever these jinn appeared, but felt comforted by her mother who she thought understood what she was experiencing. Anita reported that her mother had said to her that she was a prophet, as only prophets were visited by jinn.

The idea of being a prophet seemed to resonate with Anita. She was thoughtful and effervescent when she talked about this and it seemed that she identified with this idea of her as her way of making sense of her more difficult experiences with her extended family. Anita explained that she only truly felt safe from these difficulties when she was at home, on her own, wrapped up tightly in her duvet in her bed. She referred to this as being wrapped up in her "cocoon". Anita was in touch with what felt like feelings of loss and disappointment when she acknowledged that she realised that her reliance on her "cocoon" had stopped her attending school, due to the comforting feeling it gave her.

Anita seemed to be identifying, quite early on in her treatment, how her not attending school and her tendency to take refuge in her "cocoon" were expressions of her retreating psychically to areas of safety, as her way to avoid difficult realities. Steiner(1993) termed this particular defensive mechanism an example of a "psychicretreat" and has described how the fusion between self and object supports the individual's phantasy of retreating into the object(s) that they are using to avoid difficult realities. Meltzer's (1992) theory of the claustrum describes how the claustrophobic type inhabitancy of the primary object is a feature of this type of defensive mechanism. Meltzer explains that the type of object-relating that comes from this sort of defensive mechanism lends itself to the phantasy of inhabiting the internal compartments of the internalised mother. Anita's "cocoon" seemed to give her the claustrum-type experience that Meltzer is describing and suggests why her inhabiting

the family home (in the absence of her siblings) during her absence from school, was experienced by her as her inhabiting the compartments of her internalised mother.

Anita seemed visibly frightened when she recounted her experience of jinn visiting her. I also found myself feeling anxious, though also intrigued, by what Anita had to say about this. Anita reiterated to me on several occasions during the assessment period that jinn were real. I felt that her conveying this belief to me was one of her ways of ascertaining whether I was someone that would understand her more religiously informed beliefs and experiences, or whether I would be dismissive of them. A part of me did feel dismissive of what Anita reported in these moments and I found myself having to work hard to suspend judgement on what she reported. I did feel that Anita's experience of me in the transference as someone who did not believe her was a communication of how alone and abandoned she felt in relation to her difficulties. She seemed to be describing feeling "cast out" of the minds of others and by her extended family in a similar way to how jinn were "cast out of paradise" for having free will (according to Islamic theology).

During one of her assessment appointments, Anita explained that she had found out about psychoanalytic psychotherapy from reading about it on the internet. She described how she had found out about lots of treatments for depression and anxiety whilst she had not been attending school. Anita explained that she was drawn to psychoanalytic psychotherapy as she liked the fact that it was interested in understanding how a person's history and the contexts that they live in shapes them.

Following Anita's assessment, I met Anita and her mother to explain that Anita had showed during the assessment period that psychoanalytic psychotherapy had the potential to help her with the difficulties she was presented with. I explained that I recommended that Anita should begin with twice-a-week psychoanalytic psychotherapy, with a view to her treatment being increased to three times a week. I explained that Anita's complex psychological and emotional difficulties would have the best chance of being responded to in three-times-a-week, intensive psychoanalytic psychotherapy. I also explained that intensive psychoanalytic psychotherapy and what it entailed would likely give Anita the emotional foundation and containment necessary

to support her in returning to school. Anita and Ms Khan agreed with my recommendations and Ms Khan agreed to fortnightly parent work sessions with a Child and Adolescent Psychotherapist from the clinic.

## **2.5 Post-colonialism in the clinical setting**

Anita had not returned to school when her psychoanalytic psychotherapy started. What quickly emerged was that she seemed to find it difficult to attend her appointments, or come to them on time when she did attend. This pattern continued despite the fact that Anita was not attending school or engaging in other activities at the start of her psychotherapy. Anita was often anxious and extremely apologetic when she arrived late for her appointment or when she attended after missing an appointment. As the transference began to take shape it often felt that she expected me to be very disapproving, critical and perhaps angry with her about her attendance and punctuality at her appointments. I was curious to understand why Anita seemed to experience me in this way as my overarching feeling towards her at this stage was one of sympathy from being aware of how much her psychological difficulties informed this issue.

As Anita's psychotherapy progressed, she reported that her mother was trying to find a grammar school for her to go to. She was clearly anxious about returning to any school, but seemed to want to convey otherwise when I enquired how she felt about the prospect of going to this grammar school. In a subsequent appointment, Anita explained that her mother had in fact identified a grammar school for her to go to that was several boroughs away from where they lived. Anita reported that her mother had begun to make plans for her to reside, during term-time, with what felt like distant friends of her family that lived in the same borough as this school.

Anita explained that her mother had said to her that she thought that this grammar school's prestigious reputation would help her to get into the university of her choosing. She acknowledged that she also liked the idea of attending a prestigious school but was able to say that she was also worried about the prospect of living away from her family with people that she did not know well. Anita reported that she had not told her mother that she would prefer to study A-levels at her local school, which her sister and

brother attended. She explained that she liked the idea of going to this school as it was close to where she lived and that she knew that some of her friends also went there. Anita reported that she also liked the fact that a large proportion of the pupils who went to this school were from a similar ethnic and cultural background to her.

As we explored this issue together, Anita became more and more torn about which school to attend. She seemed to respond to this situation in a similar way to how she responded to the previous situation when she had to choose her A-levels. It did seem that Anita found the idea of choice, and the losses that occurred as a result of making choices, very difficult. This difficulty seemed to link to her not having experienced the loss of the type of relationship that she enjoyed with her mother. At this point in Anita's psychotherapy, it was clear that she was very tied to her mother in a psychological sense. This issue showed itself in my counter-transference to Anita, as I often found it extremely difficult to differentiate whether she was reporting her own views or beliefs or whether she was reporting the views and beliefs of her mother.

Anita was also torn about which school to choose, as a result of the appeal of attending a prestigious grammar acting to override her more infantile and adolescent needs. Anita's recognition that she would feel more comfortable (and contained) in her siblings' school often became lost and denigrated by her because of this appeal and how it resonated with the more elitist part of her. Anita illustrated how this part of her organised other aspects of her thinking when she reported that she imagined that there would not be any pupils as intelligent and as motivated as her in the secondary school her siblings attended. Anita illustrated this further when she reported that she feared that her academic needs would not be met in this school as she felt that the Bangladeshi young people who attended it were generally more interested in the social aspect of school. She noticeably became a bit contemptuous when she shared that she felt that girls from her culture often did not think that they needed a professional career as they would have marriages arranged for them. Anita reported that she believed that professional careers for women from her culture would not be encouraged by their husbands. She explained that she believed that she would find it different in the grammar school her mother wanted her to go to as she imagined that it would be populated mostly by white British pupils who were naturally bright, keen to

attain and motivated to develop careers in the way that she believed Bangladeshi girls were not.

Anita's descriptions of her siblings' school and the Bangladeshi children that attended it suggested that a part of her viewed her culture and ethnicity negatively. On reflection, Anita was illustrating what Fanon (1952) describes as the "inescapable psychic problem" for black people, which he explains involves black, or "non-white", being associated negatively, as a result of introjecting colonial ideas about them from society.

I felt that (Fanon's, 1952) idea of the "inescapable psychic problem" for black people was part of the reason why Anita viewed her culture and ethnicity in the way that she did. However, I also felt that there were other factors at play than Fanon's idea which explained why Anita viewed her culture and ethnicity in the way that she did. I found myself becoming more curious about why Anita had come to view her culture in the way that she did, particularly as I did not share this view of my own culture. It did seem that my curiosity about this phenomenon, and my providing a space for it in my mind, also created a space for Anita to begin exploring it in her psychotherapy. It also resulted in a space developing around thinking about how culture and religion informed Anita's views on gender. Anita's difficulty in choosing the right school provided us with the catalyst to begin exploring these issues: in particular, the issue of how her view of her culture had contributed to the difficulty she was having in choosing the right school for herself.

I was expecting Anita to be open and interested about thinking about these issues and was therefore surprised about the particular quality she brought to how she talked to me about her ideas on gender and culture. She spoke in a way that conveyed that I could not possibly truly understand her views about her culture, and especially her views and beliefs about religion. Anita became more contemptuous and detached from me in these moments. I found myself feeling irritated when this happened, and also usurped from my position as Anita's therapist, as a result of her presuming my ignorance about her culture and religion. My countertransference to Anita on these occasions involved me feeling redundant and excluded from her narratives about her culture and religion, especially when she drew on her knowledge about Islam in what

felt like her way of underlining my ignorance about it and my ignorance in general. Anita imparted her ideas about Islam in such a way in these moments that I felt completely positioned outside her experience of them. I found myself wanting to forcibly challenge her ideas of religion in these moments. On reflection, I felt that this was my attempt to get back into a more inter-subjective way of relating with Anita. Our ways of relating to each other in these moments created a dynamic where we both wanted to “colonise” one another’s religious (Anita) and psychoanalytic (me) ideas about the self and other that we were positing. It also felt that Anita and I were re-enacting a way of relating in these moments that was organised around a paranoid-schizoid way of viewing and relating to the “other”.

In the moments when I felt “othered” by Anita, I found myself interpreting in a more rigid psychoanalytical manner in what felt like my attempt to regain my position as Anita’s therapist. Relating to Anita in this way and my difficulty in thinking in these moments seemed to indicate incidents of resistance in the transference. It felt that they were moments when Anita was “acting in” the transference in the way that Joseph (1985) suggests conveys the patient’s anxiety about the transference relationship. On reflection it felt that Anita’s need to “other” me initially was informed by the anxiety she felt from her experience of me in the transference as an object that would view her “otherness” (her culturally informed views of her presenting psychological difficulties) as evidence of her being insane. Anita expanded on her anxiety about this issue in her third assessment appointment. (This will be explored more fully in Chapter 6 – Adolescence.)

## **2.6 The “cocoon”**

Anita had a tendency to withdraw from me emotionally when she felt that discussions about her culture and religion had reached an impasse. She often became more wedded to her views on them in these moments, particularly her views on religion. Anita occasionally withdrew from me physically when she felt that we had reached an impasse, following discussions about culture and religion, by either missing the next appointment or by coming very late to it. Anita’s use of her appointments in these ways conveyed how she attempted to retreat psychically to relatively safe areas of her mind

by reducing the level of physical contact between us. She hoped by doing this that it would reduce the difficult feelings and experiences that contact with me was presenting her with at this time (Steiner, 1993).

Anita showed that she could think about her tendency to retreat psychically when she emerged from them. She was interested in trying to make sense of this internal difficulty, in part because she recognised that it had the potential to sabotage her long-term goal of going to university. By working more intensely in the moments when she emerged from her psychic retreats, Anita was eventually able to identify that a part of her did not want to go to school as it would mean that she could no longer have the home to herself. Anita described how she liked being at home without her siblings and would often come alive in her appointments from being in touch with the pleasure that she got from being at home on her own, wrapped up safely, tightly in her blanket – “her cocoon”. We were able to think about the meaning of her “cocoon”, following my suggesting to her that being at home on her own and the feelings she described that this gave her might give her a similar feeling and experience to the time when she had her mother to herself, before her siblings were born. I also suggested that her experience of her “cocoon” was similar to being in a womb. I initially dreaded interpreting this issue in this way to Anita and was therefore surprised that she did not “retreat” from this interpretation in the way that I feared that she would. In fact, Anita seemed relieved that I had given voice to what felt like a salient theme of her emotional life and she showed an interest and curiosity to explore this issue further with me.

The fear I had about interpreting this issue to Anita and my wish to avoid interpreting it has echoes with what Strachey (1934) says about the analyst’s fear and wish to avoid an interpretation that is disturbing, in part because it holds the truth. Anita’s amenability to my interpretations about her relationship with her “cocoon” suggested that they contained a salient “truth” that resonated with a part of her. Anita later reported why she believed that being in her “cocoon” was pleasing for both her mother and her. She explained that she believed that her mother liked that she was still dependent on her (whenever Anita was in a cocoon state of mind) and that she felt that being this way made her mother feel better in some way. Anita felt that it was important for her mother to feel better as she believed that her mother was still mentally fragile following her

psychotic breakdown<sup>2</sup>. Her descriptions of her mother illustrated how Anita worried about overburdening her object.

It seemed that Anita was describing how her tendency to maintain a more infantile way of relating to her mother and her tendency to subjugate her own views, thoughts and feelings were her attempt to ensure that her mother did not become overburdened by her adolescent needs and drives. Anita's tendency to subjugate her own views, thoughts and feelings as a result of viewing her mother this way led to her developing what Winnicott (1960) terms a "false-self". Winnicott explains how the infant's "false-self" develops from suppressing their true drives and wishes in response to their mother's inability to nurture their infant's drives and wishes. Winnicott explains how the infant builds up a false set of relationships and a way of relating as a result of this, causing them to develop a personality very similar to those they have had to subjugate their drives and wishes for. Anita seemed to adopt a similar "false-self" way of relating in regard to her extended family. Her reverting to wearing the hijab whenever she had contact with her extended family conveyed how she had to subjugate the views and feelings in her "true-self" that she had about her religion. It illustrates the compromises that Anita made to her true-self in order to manage certain contexts and relationships that she felt were hostile to it. It also illustrates one of the reasons why her "false-selves" evolved and why she had developed the tendency to take refuge in her objects when these "selves" could not cope with what had been presented to them.

## **2.7 Choosing the "healthy option(s)"**

It felt that it was a significant turning point for Anita when she chose to go to the secondary school her siblings attended. It seemed to represent her choice to prioritise her psychological and emotional needs over her academic ones, whilst also being suggestive of her "true-self" becoming less subjugated by her mother's views and beliefs (Winnicott, 1960). Anita's choosing the school that she did also showed how this

<sup>2</sup> I was mindful that Anita was likely to have been acutely aware about the full nature of her mother's mental health difficulties. Ms Khan had talked about them extensively in front of Anita and Anita's siblings during her previous family therapy appointments at the clinic. Ms Khan was also talking about her mental health difficulties with the Child and Adolescent Psychotherapist who was offering her parent-work sessions.

more grown-up, informed choice, and her asserting herself against her mother by making this choice, were an indication of her beginning the process of relinquishing the more infantile structures of her mind. Waddell (2002) explains how this process is an integral task in the young person's adolescent development.

Anita's choice of school occurred shortly after I had recommended that she should increase her sessions to three times a week. She was hugely ambivalent about the increase in her sessions, initially as she deeply believed that her school would not support her attending more clinic appointments during school time. It was noticeable that Anita was very fearful about the thought of her school disapproving of her attending her clinic appointments during school time, despite my having contacted her school with her consent to arrange this. Anita's response to this situation reminded me of her experience of her previous school as an object that was very paternal, rigid in its boundaries and therefore not understanding of her needs.

Anita did not attend her appointments for two months after she started her new school. I was left feeling that she might have felt overwhelmed about the prospect of leaving the "cocoon" to go to this school, but that she might not have been able to talk to me about this. I also felt that Anita was deeply worried about how she would manage an increase in her contact with me as a result of her sessions increasing. Anita conveyed her anxieties about the transference relationship at times, in particular her worry about how her present and previous absences seemed to be her way of managing the anxiety that came from her growing dependency to me (Joseph, 1985; Steiner, 1993). I felt very abandoned by Anita. On reflection, it felt that she was giving me an experience of how she imagined she had abandoned her mother by choosing to attend the school that her mother did not want her to attend.

Anita did not respond to my letters, which I limited to writing once a week. Following supervision with my clinical supervisor, it was agreed that I should not contact Anita by phone as she would likely experience this as persecuting. I found myself almost giving up at one point on the idea of Anita resuming psychotherapy. However, I felt a glimmer of hope that Anita might return to her psychotherapy from her mother's continual attendance at her parent-work appointments. Ms Khan explained to her parent worker

that Anita had received my letters but that she was worried whether she could manage three-times-a-week psychotherapy and school. Ms Khan had in principle agreed with increasing Anita's sessions but also shared Anita's concern about how she would manage her psychotherapy and school.

## **2.8 Anita's return to the boundary of psychotherapy**

Ms Khan had reported to her parent worker that Anita was finding the prospect of returning to school anxiety-provoking. She felt that Anita was depressed and took her to her GP soon after she had started school. Anita's GP prescribed her 25mg of Diazepam (antidepressants). Ms Khan reported that she felt that Anita's presenting psychological difficulties would jeopardise her education, without the intervention of her GP.

When Anita returned to psychotherapy, it was 13 months from when she had first begun to attend. I felt deeply relieved and pleased when Anita rang me to explain that she was returning to psychotherapy. When she returned, we explored why she had found it difficult to meet with me during her absence. Anita explained that she had considered stopping psychotherapy, as she had not seen any discernible progress regarding her difficulties. She reported that she felt that psychotherapy was not helping her in the way that she wanted and that her anxiety and depression had increased just before the summer holidays that she was due to go back to school. Anita reported that her anxiety and depressed feelings increased further soon after she returned to school, but that she wanted to see whether she could manage these difficulties without psychotherapy. She acknowledged with me that she was feeling anxious and depressed before her absence, but not to the extent that her mother claimed. Anita's psychotic-type symptoms, which involved her seeing parts of her body being severed, had presented intermittently during her psychotherapy but had reduced by this point.

On reflection, Anita's absence from her psychotherapy illustrated an omnipotent and self-reliant side to her that had the effect of making her believe that she could provide herself with the containment she needed. Her absence from psychotherapy also illustrated the difficulty she had in relation to her growing dependency on me, as her

response to this internal difficulty was to try to manage her transition to school without my help. It also highlighted how a part of her could at times act to negate the importance of her objects: in this instance, her psychotherapy and her therapist.

It felt significant however that Anita had made the choice to return to psychotherapy. An aspect of the anxiety she felt from the transference relationship was her experience of me and her psychotherapy as paternal, an experience that she was not used to and at times avoided. A part of her craved the safety and containment that my paternal function gave her, whilst a part of her found it difficult to accept, especially when it presented her with an experience of boundaries and authority. Anita's choosing to return to psychotherapy indicated that there was a part of her that recognised the importance that a paternal function had in relation to her own development and in relation to her wish to attain the identity she desired for herself.

Shortly after Anita had resumed her psychotherapy, she confirmed that she was beginning to recognise the importance of the paternal function that her psychotherapy was giving her. She reported that she was able to manage her anxiety better, that she could hold onto her own thoughts more and that she recognised that prioritising her emotional needs above her academic ones was the right thing to do. Anita's return to psychotherapy seemed to mark a few significant turning points for her. For example, it showed how a part of her could hold on to the importance of psychotherapy and the containment it provided her and that her objects (her psychotherapy and me) could withstand her attacks of them, without retaliation. These turning points signified that Anita was developing the idea that she could exert free will, without any reprisal.

Anita's attendance at her new school was good from the start. The excitement she felt when she talked about school and the friendships and relationships she had made there conveyed how her school was meeting many of her emotional needs, especially her adolescent ones. Interestingly, Anita began to present in a more adolescent way soon after this. She was less deferential in how she related to me and was more confident in how she carried herself. I felt very happy that Anita was enjoying life after all of the difficulties she had endured previously. I found myself feeling proud whenever Anita reported her academic attainments, but mostly proud of her "attainments" in

developing her relationships with peers and staff alike. I found myself feeling very paternal towards Anita as a result of these “attainments” and from noticing that a more carefree side to her was emerging, one that was clearly enjoying life again.

Anita’s enjoyment at school could at times be lost by her when she experienced her teachers as criticising her. This would happen mostly when they implemented boundaries with her, e.g. challenging her on the occasions when she did not complete her homework on time, or when she did not attend certain lessons. Anita experienced me similarly to these teachers on occasions, especially when I adhered to the boundary of the clinical setting (not going over time) or when I stayed within the boundary of our relationship (not allowing myself to be drawn out of my role as her therapist). It seemed that her ambivalence towards the boundaries of school and her psychotherapy occurred when she experienced them paternally. However, Anita’s capacity to bear the frustrations of a more paternal experience of her objects helped in the process of her beginning to differentiate her self from her objects. This had the effect of allowing her “true-self” to thrive and develop more.

## **2.9. Once hidden aspects of the transference begin to emerge**

Anita’s difficulty in differentiating her self from her objects was one of the themes of her psychotherapy. This issue first showed itself in Anita’s difficulty in internalising me and relating to me as her therapist, a figure that she came to for help. Her growing tendency to relate to me in the transference as if there were no differences between us, provided us with an opportunity for me to help Anita with this difficulty. It felt that the occasions when Anita tried to position herself in the role of therapist, by virtue of her knowledge about her culture, spirituality and religion, were opportunities to work on this issue. On reflection, Anita’s way of relating to me in the transference conveyed a “symmetrical” aspect to it that is similar to the one that Matte Blanco (1975) describes as involving the patient’s desire to abolish the differences between objects and things. Anita showed further how the type of transference that Matte Blanco describes conveyed the theme of her object relations where differences are avoided or negated. She illustrated this clearly when she reported that she felt that there was not much difference between herself and her mother. Anita reported that she felt that she shared

many of her mother's views and ideas, in particular the view that her mother had about her (Anita's) psychological difficulties, that they were a product of her experiences of the jinn. Anita reported that she also agreed with her mother's view that Allah was trying to communicate with her through these jinn. It was striking that she behaved and talked as her mother did when she talked about their shared views and beliefs in these moments. I found it difficult to relate to Anita in these moments, as it felt that the essence of her self was engulfed by these shared views and beliefs.

Anita showed further how she thought that there was not much difference between her mother and herself when she described how she took on a more parental role with her mother. Anita explained that she felt compelled to do this as she felt that she was tending to the part of her mother that was still emotionally fragile. Anita's difficulty in differentiating her self from her objects was suggestive of a fusion between her self and her primary object. Her descriptions of her mother being similar to herself suggested that she had internalised her mother as an object whose self had very little difference to her own self. The type of projective identification that is involved in internalising an object "similarly" is described by Hinshelwood (1989), who explains that it is based on the infant's idea that the breast has similarities with their self. Hinshelwood describes how the infant eventually becomes aware of the difference between their self and their object from an acknowledgement that the breast is not controlled by them omnipotently. Gaddini (1976) and Trowell and Etchegoyen (2002) explain that their internalisation of the father and their awareness of the "second object" help the infant to forgo the idea that they have control of the breast. However, Anita's difficulty in acknowledging the differences between her self and her object(s), and her difficulty with objects she experienced as paternal, seemed to suggest that her tendency to negate difference was informed by her not having internalised her father in a more developmentally helpful way.

A feature of Anita's way of relating to me when the issue of difference presented in her psychotherapy was similar to what (Tan, 2006) describes as the infant's attempt to annihilate the object that represents the difference. This way of relating has parallels with (Joseph's, 1988) concept of "anti-concern" as Tan (2006) explains that the mother's breast is related to aggressively as a result of its representing the difference

between the infant's self and their object. Tan explains that the infant relates in aggressive and sadistic ways to the breast in these moments in their attempt to control the breast and make it similar to their self. Freud's (1915) thinking on the self's response to difference is similar to the way of relating to the "other" that (Lacan, 1964) describes. As Freud (1915) asserts: "*all things outside the self are hated, all things not-self*" (p136).

As Anita's psychotherapy progressed, she slowly became able to identify when her views and beliefs differed from those of her mother. Her mother's plan to remarry, during the middle stage of her psychotherapy, seemed to have the effect of spurring Anita to explore the differences between her mother and her more. Anita reported that she was upset that her mother planned to marry another man - a Muslim man who she felt had more religiously fundamental views about gender and culture than some of her more religious-minded Muslim family members. Anita explained that she felt that her mother was taking on some of the fundamental views that her partner had on gender and culture. She became quite anguished when she shared that her mother had begun to criticise how she dressed and had suggested that what she wore was too sexual. Anita reported that her mother also wanted her to wear traditional Islamic clothes more often, even when she was not visiting extended family. It felt that Anita's mother's greater identification with the family's more religiously informed ideas about how women should be, were in part a response to Anita's disidentification with these ideas and from Anita beginning the process of dis-identifying from her.

## **2.10 A societal issue brought to the therapy room**

Ms Khan's relationship with her parent worker broke down soon after she remarried. One of Ms Khan's parent-work sessions had a significant bearing on this relationship breaking down. She had brought a newspaper article to this session to show her parent worker how negatively she felt Pakistani Muslim men were being depicted in society. The article in question reported on a paedophile ring in Rochdale, involving

Muslim men grooming and sexually abusing mostly young, vulnerable, white British girls. The article also referred to Pakistani men being implicitly paedophilic. Ms Khan presented this article to the Child and Adolescent Psychotherapist working with her as an example of the Islamophobia that she and her family were faced with.

The Child and Adolescent Psychotherapist working with Ms Khan reported to me that Ms Khan was furious because she felt that she (the Child and Adolescent Psychotherapist working with her) agreed with the views on Pakistani men in this newspaper article. This occurred after the Child and Adolescent Psychotherapist had suggested to Ms Khan that young Muslim men might wish to have their sexual needs met with white British girls if they felt that their culture forbade them from having sex within their culture. Ms Khan refused to attend any more appointments with this Child and Adolescent Psychotherapist after this and reported that she felt that this person had racist views about her culture.

It felt that something quite complicated was enacted in Ms Khan's encounter with this Child and Adolescent Psychotherapist. The strong anti-Muslim sentiment in this country at that time - that this newspaper article captured - seemed to have forced its way into the clinic. I remember feeling conscious of the anti-Muslim sentiment at this time, even though Anita had not talked about her experiences of it with me at this point. I felt that the point that the Child and Adolescent Psychotherapist who had been working with Ms Khan was trying to make to her had been lost and misinterpreted as a result of what I feel was a clumsy interpretation of the issue and of this Child and Adolescent Psychotherapist acting out in the transference in the way that (Joseph, 1978) explains involves the therapist being drawn into the defensive position of the patient. This is because the point that this Child and Adolescent Psychotherapist was trying to make to Ms Khan - that it is normal for adolescents to want to have their sexual needs met - became diluted from her being drawn into Ms Khan's defensive position in regard to sexuality.

If we are to follow Joseph's (Joseph, 1978) idea of acting out in the transference it was inevitable that the Child and Adolescent Psychotherapist working with Ms Khan would have been drawn into responding to her in the way that she did, due to Ms Khan's

need to defend against thinking about her own abuse and the familial abuse in her family. A feature of my work with Anita involved me becoming at times similarly drawn into her defensive positions. This usually occurred when Anita attempted to take psychic refuge in her internal religious object, especially when I made links to her certain, difficult realities. It was important in my work with Anita to think in these moments, i.e. contain her often complicated communications (e.g. about her self through projective identification, as opposed to acting without fully metabolising these projections). With the benefit of hindsight the Child and Adolescent Psychotherapist working with Ms Khan may have been better able to make sense of the underlying communication behind being presented with the newspaper article by Ms Khan by adopting a similar approach to the one I described that I used with Anita.

Ms Khan's response to the Child and Adolescent Psychotherapist's handling of this situation was interesting, insofar as the situation became intractable very quickly. I did wonder whether Ms Khan's adherence to the idea of this Child and Adolescent Psychotherapist being intrinsically racist acted as a defence against her thinking about the relevance of what was said in light of her family's (and her own) history of familial sexual abuse. I also wondered whether the anti-Muslim sentiment at this time was being used as a defence by Ms Khan, so that she did not have to revisit her family and her own experiences of sexual abuse and the issue of how she may be projecting these experiences onto Anita and her children. In this way, Ms Khan was using a societal issue in the way that Jaques (1953) describes involves the individual unconsciously using society and the objects in them as a defence against their persecutory and depressive anxiety. Jaques argues that individuals may put their internal conflicts into objects in the external world; the course of the conflict is followed by means of projective identification and reinternalised through the process of introjective identification. Anita, her family and many other Muslims in this country will have inevitably 'followed' the anti-Muslim sentiment in the media, projecting their own relationship with it along with other types of anxiety into them, until they are eventually reinternalised. The Child and Adolescent Psychotherapist who had worked with Ms Khan seemed to represent for her (through means of projection) something of the external conflict and anti-Muslim sentiment that she was presented with. It suggests why Ms Khan may have related and reacted to this Child and Adolescent

Psychotherapist as if she was an Islamophobic object.

Anita told me what had happened with her mother and this Child and Adolescent Psychotherapist soon after. She reported that she agreed with her mother as she felt that this Child and Adolescent Psychotherapist was being racist against their culture in what she said. I noticed that the trust that Anita had begun to develop towards me began to evaporate quite quickly soon after this incident. Her way of relating to me became more “anti-concerning” (Joseph, 1988) as she began to revert back to viewing and relating to me with suspicion and with contempt. Anita began to state on several occasions that I was an “infidel”, as I would never be able to relate to or understand her culture or Islam.

I initially found it hard to help Anita explore how she was now experiencing me. My inability to do so seemed to make her more wedded to her mother’s view that the clinic and the clinicians in it were racist. Anita continued to attend her psychotherapy appointments despite this issue. It signified another turning point for Anita as she would have previously retreated psychically (and perhaps physically, in the way that she did when she returned to school) from this type of conflict in the way that (Steiner, 1993) describes. I remained very worried for some time that her identifying with her mother about the idea of a racist CAMHS clinic would cause her to quit her psychotherapy in the way her mother had quit her parent-work. Containing Anita’s attacks on me during this period felt crucial in helping her to stay in her psychotherapy.

## **2.11 The “circle of fear” understood**

The containment of Anita’s projections at this time involved using my countertransference to her to describe my experiences of feeling completely outside her subjective experiences of the societal issues that she seemed to now locate in me. It enabled Anita to entertain the possibility that I might be different from the Child and Adolescent Psychotherapist who had worked with her mother; that I might have

different views and beliefs from those that her mother and she believed that this person had. Working with Anita in this way eventually led to her reconnecting with her psychotherapy and to the more thoughtful part of her.

It led to Anita talking more about the thoughts and views she had about herself and her psychotherapy. She at times used films she had seen and the books she had read to illustrate these thoughts and views she had about herself and her psychotherapy. For example, Anita talked about a film she saw called *Shutter Island*<sup>3</sup> over several appointments. She seemed to greatly identify with the star of the film, who had been wrongly diagnosed as insane and sectioned in a mental health institution. I initially interpreted this to Anita as her alluding to her experience of me as someone that would view her as being mad because of her experiences and understanding of jinn. I then interpreted that I did wonder whether she believed that I would eventually diagnose her as mad and not being fit enough to attend university, because of this and the other things she had shared with me up to this point in her psychotherapy. Anita agreed with this interpretation and described how she had always been worried during her psychotherapy that I would view her as being insane, especially because of her beliefs on religion and her episodes with jinn. However, I do not think that my interpretation captured what else the film *Shutter Island*<sup>3</sup> may have represented for Anita, as, on reflection, she seemed to be communicating her fantasy that ethnic minority groups are more likely to be wrongly diagnosed and sectioned – to experience a “shutter island” experience of health services in this country - in part because of how institutional racism has the effect of BAME people being disproportionately sectioned under the Mental Health Act (Keating et al., 2002).

Anita showed in her use of the film *Shutter Island* how she used this and other films and books as one of the ways of making sense of herself and her psychotherapy. She used a book called *Regeneration* in this way to think about her own plight from the perspective of that of the protagonist of this book - a man called Sassoon. Anita seemed particularly drawn to the plight of this character, a soldier who was ordered by the military to go to a mental facility instead of being court-martialled for his views about the first world war. Sassoon's fate had similarities with the fate of the star of the

<sup>3</sup> The main theme in the film *Shutter Island* is that patients are wrongly diagnosed as insane. They are sectioned, institutionalised and experimented on by doctors for their narcissistic interests

film *Shutter Island* as they were both wrongly felt to be insane because of their views and the subjective truths that they adhered to. Sassoon's and the character in the film *Shutter Island*'s experiences of being viewed as insane, because of the views they held, had parallels with Anita's worry that I would think the same of her for the views and beliefs she held. Anita's worry conveyed how the "circle of fear" that (Keating et al., 2002) describe, informed the type of transference she had to me and the clinic I worked in. It was likely that this "circle of fear" also informed Ms Khan's interaction with the Child and Adolescent Psychotherapist who worked with her.

At this point in her psychotherapy, Anita felt more contained and secure in her relationship with me to enable her to revisit this issue - something she had brought to my attention during her assessment for psychotherapy but which had not been tended to by me appropriately up to this point. (I will talk about the importance of this assessment appointment in Chapter 6 - Adolescence.)

## **2.12 A more visible Oedipus complex**

Anita's dreams were powerful communications of some of the thoughts and beliefs that she was not in touch with consciously. Her growing willingness to present her dreams to me was an indication of her desire to have them and her internal preoccupations understood. It felt that she was beginning to experience me and her psychotherapy as objects where her adolescence could be explored in relative safety. She became more able to tolerate my interpretations on the sexual and oedipal content of the material she presented, as a result of the feeling of safety she now experienced from her psychotherapy.

One such interpretation led to Anita talking about how worried she was about feeling attracted to certain boys at school. What emerged from exploring this issue with Anita was that her anxiety about her sexual feelings seemed to be greatly informed by stories and certain myths held in her family about sex. Anita shared several accounts of women in her family being sexually abused by male members of her family. She reported that she was aware that her mother had been sexually abused as a child by an uncle, when she lived in Bangladesh. Anita talked about these incidents after she

had encountered two of her younger cousins in the clinic's waiting room, who had been referred to the clinic after they were sexually abused by a male relative when he visited them in this country.

It felt that Anita's accounts of familial sexual abuse captured her belief that sex was a brutal, uncompassionate and dangerous act that always involved an abuse of power. The narratives she recounted regarding familial sexual abuse seemed to compound her idea of what sexual intercourse entailed and her viewing it similarly to (Klein's,1929) description of intercourse between parents as the "primal scene". Her knowledge of familial sexual abuse suggested why Anita previously related to me with such suspicion, since a part of her deeply believed that the "intercourse" involved in the male / female therapeutic relationship was a potentially dangerous activity.

It felt important that Anita was contained enough in the therapeutic relationship that she could explore and develop alternative and more positive experiences and understandings of what "intercourse" entailed. The containment from her psychotherapy enabled Anita to talk more about some of the experiences in her childhood that informed her views on sex and gender. Anita shared that she enjoyed playing with boys and her male cousins when she was a child and described herself as a being a bit of a tomboy at this time. She reported that she remembered being told by her mother and extended family that she could not play with boys when she was ten years of age. Her family did not give a reason for their decision. Anita noticed that boys and girls at her age and older were segregated and were not allowed to be in each other's company without adult supervision. She described how this was the start of her defining her view of gender.

Anita was able to talk more openly about her oedipal feelings after she had been told by her mother that her father was planning to marry another woman. This woman was 20 years younger than her father. Anita was initially furious about this, in part from her being told about this by her mother and not by her father. Anita seemed more furious about the issue of this woman being considerably younger than her father. She alluded to her father having paedophilic tendencies for choosing a woman younger than him. (I did wonder whether Anita's view of her father was being influenced by the Rochdale

incident that her mother had brought to the clinic.) Her idea of him suggested that she viewed him being in a relationship with someone who was almost identical to her. This development in her father's life had provided Anita with an oedipal situation that could not be avoided.

Following this development, a pattern emerged where Anita projected her oedipal feelings on to alternative objects. One such object was her male English teacher, whom Anita reported feeling initially close to, before later becoming attracted to him. Anita explained that this English teacher was someone she felt was impressed by her academic attainment. She reported that he would regularly single her out for special praise because of this in her English lessons. Anita's paternal experience of her English teacher had similarities to how she experienced me, as she occasionally described how she felt that I sometimes viewed her as special whenever I reiterated her achievements in psychotherapy, such as her developing capacity to manage her psychological difficulties.

Anita seemed very pleased when she shared how this teacher would often say to pupils that her work was the standard they should aspire to. She was able to describe that she was becoming sexually attracted towards this teacher but that she did not think that he had reciprocal feelings for her. I found myself feeling pushed out of my therapist position by this teacher who, according to Anita, had a great psychoanalytic understanding of her. It felt that she was projecting her feelings of jealousy and her experience of being in the third position into me so that they could be contained. Britton (1989) describes the third position as the psychological position that the child occupies after forgoing the oedipal relationship with their parent . Britton explains how the child has to work through losing their desired parent to a rival (the other parent) and the jealousy they have for the parental relationship. It also felt that her tendency to project her oedipal feelings for me into this teacher and her reluctance and perhaps inability to explore them in relation to us (whenever I brought this issue to her attention at this stage of her psychotherapy) was her way of making her oedipal feelings invisible in the way that (O'Shaughnessy, 1989) describes.

At certain points I described to Anita the ways in which I felt she was attempting to

make the Oedipus complex invisible and interpreted to her how her not acknowledging that her English teacher was married (despite her knowing this) might make her believe that she had pushed this English teacher's wife out, in the way she believed she had pushed her father out of his relationship with her mother. Anita seemed to confirm my interpretation when she shared that she felt that her father's difficulty with the close relationship she had with her mother was something that contributed to her father wanting to end his marriage to her mother.

Anita's statement captured her phantasy of having omnipotently pushed her father out in order to have a homosexual-type relationship with her mother. Previously, Anita would become furious and withdraw psychically from me whenever I interpreted this to her, despite my not referring to the homosexual nature of her relationship with her mother directly. I decided not to persist with directly interpreting her oedipal feelings and her erotic transference for me up to this point. It felt that her relationship and feelings for her English teacher were an easier way for her to understand her oedipal feelings and work through them. Havenaar (1990) asserts that intense interpersonal relationships may not be necessary for therapeutic change with patients whose culture may unintentionally prohibit working directly on these types of issues. Havenaar goes on to describe how cultural ideas around healing and the patient's associations to buildings and institutions can be used as therapeutic transference objects. Havenaar's assertion illustrated a salient theme of Anita's psychotherapy as her relationship with peers, teachers, my clinic and her school became important transference objects to be utilised by her in her treatment, until she was able to tolerate more direct interpretations. Anita clearly found it easier to view her oedipal and sexual feelings as residing in others in this way, until she was able to bear thinking about them as residing in her.

### **2.13 Preparing for university**

I was deeply concerned about how Anita would cope without her psychotherapy during what was planned to be the last summer break. Anita had one more academic year of her psychotherapy left at this time. I was therefore surprised when she returned to psychotherapy after this break feeling hopeful about her future. She reported that she

was looking forward to attending university at the end of the academic year, whilst also acknowledging that it would involve the loss of good, nurturing objects such as me, her psychotherapy, school and the friendships she had made. The way she viewed her pending transition to university suggested that she had moved to a more depressive state of mind.

Anita reported that she had noticed that she had begun to experience me differently in recent months. She described how her thoughts about me and the work she was undertaking in her psychotherapy had sustained her during the break. Anita described how thinking of me in this way helped her whenever she felt angered and frustrated towards some of her siblings at home. She described how she now viewed me as caring and considerate of her and her feelings. Anita's capacity to manage the planned break in her psychotherapy was an indication of how she had begun to internalise me as a benevolent object - one that had developmental properties that she could draw on when she left her psychotherapy.

Anita's unconscious and conscious awareness of the remaining time we had together seemed to galvanise her to revisit and rework some of her internal preoccupations. One such preoccupation was her worry about how she would cope psychologically when she went to university. By this, Anita seemed to be referring to the issue of how she would cope without the containment of her psychotherapy and her family. Despite Anita's complaints about her family, they offered her some containment for her adolescent feelings, albeit rigid and restrictive at times.

Anita became clearer in how she defined herself. She also had developed the idea that it was acceptable to have sexual thoughts and feelings at this point. Anita also began to shed the shame and guilt that she had previously apportioned to her gender and sexual feelings. Her choice of clothing seemed to reflect this internal change, as she began to wear clothes that made her look sophisticated and were more age-appropriate. Anita had previously worn clothes that made her look younger, in what I felt was her attempt to present as being sexually unavailable. Anita began to look and present more like a mature teenager who was ready to leave home.

Anita's interview for a place at a university provided us with an opportunity to revisit and rework the oedipal complex a final time before her psychotherapy ended. She explained that she was interviewed by a man who was the head of the department at the university she intended to study in. Anita described how she thought that this man treated her "specially" throughout the interview. She described how complimentary this man was of the paper that Anita had submitted to support her application to this university. Anita felt that he related to her more informally from this point and from when they started to discuss topics and issues in other academic areas. Anita explained that she became disconcerted when this man invited her to what she felt was his private study so that he could show her some of the books he had written on the topics they were discussing. "I haven't shown any other applicant this study before", Anita reported that this man said to her. He later clarified that only students that had been accepted at the university had access to this study.

From thinking about her contact with this man, Anita shared that she was worried that she had seduced him in some way. She wondered whether her seduction of him was the reason she was able to get into his private study. The study seemed to give Anita an experience of being a place that she should not be, similarly to being in an oedipal relationship. Anita was also coming to the realisation that she was in a place that she should not occupy with her mother at this stage in her psychotherapy, ie that she was in an inverted oedipal position / relationship with her. Klein (1945) explains how the girl develops an inverted oedipal relationship to her mother in part from not being frustrated enough by the mother's breast. They continue to relate to it and feel in control of it in phantasy as opposed to turning their frustration to the father's penis. Klein describes how the development of the girl is impeded from remaining tied to her mother in this way and not turning to others, such as the father, to develop relationships with.

The anxiety from being in the wrong type of relationship that (Klein, 1945) describes was akin to what Anita experienced from being in the lecturer's study, as she felt that she was in the wrong type of relationship with him there. This experience crystallised further for Anita that she was in the wrong position psychologically to attain the type of identity she wanted for herself. It was a realisation that helped Anita to come to understand how she could become anxious when she thought that she was in the

wrong type of position or way of relating with me. Anita was able to understand better why her attempts to usurp me left her feeling anxious after initially feeling triumphant about it; in part, because it re-enacted her phantasy of usurping her father in favour of being in the wrong type of relationship with her mother. Anita was also able to explore my suggestion that she might have felt that she had seduced me similarly – that I felt that she was special and therefore deserving of a unique “study” experience, ie intensive psychoanalytic psychotherapy for four years. Anita was able to explore this idea, how it underpinned some of the anxiety she had towards me at times, and how she worried that it was wrong to have sexual feelings for me - someone she experienced as a parental-type object.

As Anita approached the end of her psychotherapy, she began to talk more about her worry about becoming a woman. She shared that she feared that she would have a marriage arranged for her or that she would be sexually abused if the men in her family began to view her as a woman. Anita’s fantasies were grounded in reality, as she was acutely aware that several female relatives had had marriages arranged for them and that certain female relatives had experienced familial sexual abuse.

Some of Anita’s psychotic episodes returned soon after this. She reported that she saw images of her hands being cut off by a sword when she shut her eyes at night. Anita reported that she saw similar images when her eyes were open during the day. The descriptions of some of the dreams that she brought to her psychotherapy had more of a psychotic quality to them. Anita became terrified of exploring her experiences with me, as she believed that it would make matters worse. She reverted back to viewing her presenting difficulties as a sign that Allah was punishing her for preparing to undertake an unholy lifestyle when she went to university. Anita seemed to retreat from me psychically in her attempt to move away from being in contact with her difficulties.

Anita reported that she had got into the university that she desired. (It was the same university that she had talked about being interviewed for.) Her good news did not seem to offer her respite from the frequency and intensity of the psychotic-type experiences and feelings of persecution she was presented with at this time. Anita did not attend her next two appointments after she informed me that she had gained

entrance to the university of her choice. When she returned to her psychotherapy, she informed me that she had suffered a paralysis on the right side of her body shortly after her last appointment with me. She described how this occurred when she was returning on the bus home from school and that she had to be helped off the bus by pupils from her school due to the emotional state she was in. Her mother was called and she took Anita to hospital. Anita suspected that she had suffered a stroke and the hospital investigated the possibility of this. She was given an MRI scan and underwent several assessments, all proving inconclusive.

I presented Anita to my clinical supervisor and to the clinic's Consultant Child and Adolescent Psychiatrist following this episode. Both felt that it would be important for me to use my next few appointments with Anita to ascertain whether psychiatric follow-up would be useful for Anita. From thinking with Anita in these appointments it seemed that her paralysis was a physical (psychosomatic, histrionic) response to her difficulty in processing her sexual feelings (in relation to her worry about becoming a woman). She was able to think about her paralysis in this way and acknowledged how becoming a woman worried her. We explored how this worry intensified from believing that she had got into university by seducing the university lecturer who had interviewed her. We thought about what associations she had to the right side of her body, as she had previously shared that her religion associated the right side with ungodliness. It was an important realisation for Anita as it again showed her how a part of her deeply believed that her sexual feelings were ungodly. Her psychotic symptoms ceased shortly after this.

Anita became hopeful about the thought of going to university as the end of her psychotherapy dawned. She began the difficult and arduous process of mourning the end of her relationship with me and the relationships she had made in school. It felt that Anita had also begun to make the psychological transition from family life to university life.

Anita was very upset when she reported that she had had a difficult experience at her school's summer Prom. She explained that she had been looking forward to spending time with her friends and some of the teachers at school and saying goodbye to them

before she left to go to university. Anita reported that she was especially looking forward to spending time with her English teacher. Prior to this Prom, Anita shared that she had thought that she could exchange email addresses with this teacher so that she could update him about how she was getting on in university.

Anita explained that she was furious when she saw her English teacher with his wife at this Prom. She reported that she wasn't sure that he was married (although she had reported previously that she knew that this man was married) and how being presented with the truth in this way left her feeling deeply rejected. Anita explained that she felt like a fool for believing that this English teacher could ever be interested in her or attracted to her. Anita began to reproach herself about this. The depth of the self-loathing contained in these self-reproaches was striking. I suggested that she seemed to be showing that she felt that she was unworthy of her English teacher's affections. Anita agreed and shared that she believed that he would not be attracted to a Bangladeshi girl, as he may view them as inferior. She thought that this was why he "preferred his wife; a white British woman". We thought about how her statement conveyed how deeply excluded she felt by this man's relationship with his wife, whilst also capturing how inferior she felt in relation to his wife, because of her race.

Anita's comparing herself unfavourably in this way illustrated a theme of her mental life that came as a consequence of the racialisation of her self. Dalal (2002) describes how this occurs from relationships of inequality and subjugation being internalised as normal, as opposed to being contingent. Anita often projected the racialised aspects of her self onto her objects. She previously did this in relation to the "Bangladeshi men" in her family. Her propensity to do so had previously made it hard for her to consider her view of the men from her culture as holding an aspect of her self.

It seemed easier for Anita to explore this issue in relation to her English teacher as he was a "safer" object for her. It enabled her to explore her fantasy of being excluded by her university's predominantly white British population because of her race. Anita acknowledged that she was worried about moving from an institution and geographical area where she was part of the majority to one where she would be in the minority, because of her race.

Anita visited her university again, shortly before her psychotherapy finished, when making her final plans regarding her accommodation. She commented that she was surprised to see more students from ethnic minority backgrounds than she recalled previously. Her comment alluded to the changes in her self from the work she had done on the issue of her internal racism. It resulted in a more depressive state of mind that caused her to project less on to people and her external circumstances. Anita was able to revise her experience of her English teacher at this point, which seemed to be from her projecting her internal racism less and from her having worked through the causes why her self had become racialised.

Anita attended this university after her psychotherapy had finished - a university that is very prestigious and is recognised around the world. Anita continues to do well both academically and socially. The subject she is studying is well-suited to her passion and desire for understanding, fairness and equality - qualities and aspects of her personality that she showed throughout her psychotherapy.

## **Chapter 3 - Literature Review**

### Introduction

A key aspect of this study was ascertaining if and how the transference relationship was used to help Anita negotiate her adolescent identity. It felt important therefore for me to try to capture and map the transference relationship in the total way described by (Joseph, 1985). Joseph asserts the importance of recognising how “total situations” are transferred from the past into the present in the patient’s transference to their analyst.

Joseph identifies how the total transference needs to be considered alongside emotions, defences and object-relations, in order to attain a fuller understanding of the nature of the developing transference relationship. By mapping the transference in the way that Joseph describes I hoped to better understand what the transference may have been communicating about Anita's experience of working cross-culturally; whether it facilitated (or hindered) her explorations about her own culture; and whether it supported Anita in the task of developing the identity she wanted for herself. I was interested in ascertaining whether a "total" understanding of the transference could help me identify the theories, techniques and approaches that would be helpful in cross-cultural psychoanalytic psychotherapy.

### **3.1 Cross-cultural psychoanalytic psychotherapy**

(Yi, 1998), (Holmes, 1992) and (Tan, 1993) have said that there is very little psychoanalytic literature on the topic of cross-cultural psychoanalytic psychotherapy and the type of transference that evolves from the patient's analyst being viewed and experienced by the patient as being distinctively different from their own race, culture and ethnicity. The difficulty in finding psychoanalytic literature on this topic has sadly also been my experience. I found this frustrating, in terms of my work with Anita and because of the need to consider this issue in the light of changing populations, in particular in inner cities. Changing populations has resulted in more diverse populations accessing places, such as CAMHS for treatment.

There are several writers whose clinical work with patients from BAME backgrounds has informed thinking about the type of transference that occurs in cross-cultural psychoanalytic psychotherapy. For example, (Lowe, 2010) explains how resistance in the transference in relation to patients from a BAME background may be linked to the patient's fear of betraying their parents, family, community and attachment figures, even those who have caused them pain and suffering. Lowe's idea about what may be informing the resistance in the transference relationship was particularly relevant for Anita, as she showed at times during her psychotherapy how anxious and guilty she could become as a result of feeling disloyal for talking about certain family members in a more depressive way. Lowe's idea about the transference resistance seems to

identify a layer of it that may not always have been recognised and understood. However, it is an understanding that seems to clarify a facet of Anita's transference to me, in particular why she had a tendency to idealise certain family members as her way not to think about the pain and suffering they have caused her.

(Goldberg, Myers and Zeifman's, 1974) research study on the efficacies of cross-cultural psychotherapy was interested in whether three black patients could transfer their instinctual impulses and wishes on to their white therapists, or whether the colour barrier, i.e. these patients' colonial way of relating to their therapists, would impede the transference relationship. Their research concluded that the racial and cultural differences between these patients and their therapists were not barriers to the transference relationship evolving, but in fact facilitated the development of the transference relationship. Tan (1993) has described how cross-cultural differences between the analyst and patient can act as facilitators to the transference. Tan suggests that racism in the transference indicates the patient's defence against growth that is lodged at a primitive, infantile level within the paranoid-schizoid position. Evans (1985) has also written about this issue and suggests that it is important for the analyst to conceptualise the racial prejudice that emerges in this type of transference as the patient's defensive shift away from a more underlying conflict.

Hamer's (2006) assertion that the racial prejudice that emerges in the context of the transference relationship can be thought of as a regressed state of the transference, characterised by the polarised representations of the self and other, further supports the notion that cross-cultural psychotherapy can be a facilitator of the transference relationship. (Holmes, 1992) interestingly reminds us to not view cross-cultural psychotherapy as inevitably resulting in an internalised colonial way of relating. Her detailed presentation of five cases where the gender of the analyst was not a limiting factor in eliciting and developing paternal transferences when the analyst is female and the patient male, supports her assertion.

### **3.2 Race, ethnicity and culture**

Understanding how race, ethnicity and culture were thought about and co-constructed

between Anita and myself in her psychotherapy was integral to this investigation, as they invariably organised the type of therapeutic relationship we had, as well as the transference / countertransference. As a therapist working cross-culturally with Anita, my own understanding, experience and definitions of race, culture and ethnicity were integral to understanding the transference and countertransference. (Miles, 1982) explains that the term “race” first appeared in the English language in 1508 and was used to categorise classes of persons without any reference to anything biological. The term race has historically been used to categorise groups of people based on their shared physical and / or genetic traits. (Fernando, 1988) defines race similarly, whilst (Appiah, 1986) states that race is also a metaphor for the Lacanian concept of the “other”. Lacan (1964) describes the “other” as an object experienced as radical alterity: an experience of otherness that cannot be assimilated through identification owing to the fact that it is not felt to have any similarity with the self.

Mason (1996) suggests that people have a tendency to use the terms race and ethnicity interchangeably and argues that the term ethnicity is often used as a euphemism to define culture. Moodley and Palmer (2006) explain that the term ethnicity, once synonymous with the black minority ethnic groups, is now increasingly used when referring to white European minority groups. Moodley and Palmer assert that ethnicity is particularly used when referring to certain white European minority ethnic groups who live in inner cities in the Western world. Moodley and Palmer point to the socioeconomic and geopolitical changes in the 1990s international arena as one of the reasons why the term ethnicity is increasingly being used in this way. Fernando (1988) for me has a slightly reductionist view of ethnicity, but captures a core component of it when he describes it as someone’s sense of belonging to a particular group.

(Taylor’s, 1871) definition of culture seems to encompass a great deal as he suggests that culture includes knowledge, belief, morals, customs and any other capabilities and habits acquired by individuals as members of a society. Fernando (1988) defines culture as the social habits, beliefs, the ways of thinking and feeling of groups of people. (Taylor’s, 1871) and (Fernando’s, 1988) definitions of culture seem to suggest that culture is something that is immutable. I am inclined to agree with (Moodley and

Palmer's, 2006) definition of culture, who suggest that despite having differing definitions of culture, many cultural commentators agree that culture is not static, as it is constantly changing and evolving in time and space, within a given society.

This idea of culture being in constant change seems pertinent when trying to understand some of the processes at play in cross-cultural psychoanalytic psychotherapy. Bhaba's (1994) explanation of what cultural hybridity entails seems to capture the processes at play in cross-cultural psychoanalytic psychotherapy more fully. Bhaba explains how cultural hybridity is the process whereby objects or customs, from being viewed or placed in different contexts (from the interactions between cultures), acquire new meanings. The concept of cultural hybridity seems salient in understanding how the interactions between Anita and me in her psychotherapy facilitated new ideas about her self, the other (from a Lacanian perspective), and her race, ethnicity and culture. Cultural hybridity is also a helpful concept in understanding how the contexts that Anita inhabited shaped her identity and informed the process of her negotiating her adolescent identity. Bhaba illustrates why it can be so complicated for Anita and many other adolescents tasked with negotiating their identity, when he explains how this is undertaken within a context where national identity is constantly changing as a result of the process of cultural hybridity that occurs from interaction between cultures.

(Bhaba's, 1994) descriptions of the challenges faced when negotiating one's identity are helpful in understanding why Anita developed "false-selves" as her way to manage certain relationships and contexts. Winnicott (1960) explains how a "true-self" is developed from the mother's repeated successes in meeting and responding to the infant's more instinctual needs. From their mother relating to them in this way, infants have an emotional "environment" where their personality can develop in congruence with their instinctual needs and drives. Winnicott goes on to describe how a false self develops when the infant has to adapt to the mother's inability to meet their instinctual needs and drives. The infant's personality then becomes constructed around meeting the needs of the mother and the external environment, resulting in a regression of their instinctual drives.

### 3.3 Internalised racism

Fanon (1952) argues in his book *Black Skin, White Masks* that the process of cultural hybridity in a post-colonial world results in black people developing a “dual self”. Fanon explains that this occurs when the colonial part of a black person’s culture is idealised and their colonised part denigrated. (Lowe, 2008) uses case material to show how an internalisation of colonial ideas of the self resulted in his patient’s colonial way of relating with him during her psychotherapy. Lowe goes on to describe how this type of object-relating showed how the patient’s internal world was populated by white (preferred) internal objects and black (unwanted) internal objects.

Fanon describes how an internalisation of the views and beliefs held in society about race, culture and ethnicity causes this “dual self” to develop from the incongruence between society’s and the individual’s view of the self. Fanon’s concept of the “dual self” has parallels with (Winnicott’s, 1960) thinking on the tensions that occur when a “false-self” develops, suggests that the “false-self” develops when the “true” thoughts, feelings and drives of the individual cannot be realised. Davids' (1996) suggestion that the internalisation of colonial ideas about the self leads to internal racism, illustrates how the “true-self”, in the way that (Winnicott, 1960) describes it, can be constrained by internalised racism acting to impede the development of the individual.

(Foulkes, 1990) suggests that the concept of the “racial other” is one that is communicated through a social unconscious and shows itself in the internal phenomenology of the individual. (Davids’, 2011) and (Lowe’s, 2008) concept of the “racial other” has parallels to (Klein’s, 1932, 1946) concept of the “other”. Klein describes how the infant, in the paranoid-schizoid stage of their development, detects another object, the “other”, which they experience and relate to as if it were “alien” and a threat to the existence of their self. Davids (2011) describes how a defensive organisation develops around the notion and relationship with the racial other. Dalal (2002) considers the impact that this type of defensive organisation has on the psyche of black and minority ethnic people. He suggests that the self of this individual is in danger of being racialised, i.e. that it will contain the views and attitudes held in society about the “racial other”.

I feel that (Foulkes', 1990), (Dalal's, 2002), (Klein's, 1932, 1946), (Davids', 1996, 2011) and (Lacan's, 1964) descriptions of the "other" and "racial other" illustrate how traditional and contemporary ideas and theories in psychoanalysis can be brought together helpfully to tend to the issue of society's growing influence in the development of one's identity. Freud (1915) suggests that the difficulty in identifying with the object felt to be the "other" evokes a feeling of "unpleasure" from the difference the self is presented with. Freud (1915) explains that what is external to the self is hated due to the "unpleasure" that the difference presents the ego with. He goes on to say:

*"We feel the repulsion of the object, and hate it; this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it"* (p137).

(Rees, 1997) in her book *The Nazis: A Warning from History* quite movingly illustrates a society's response to the "unpleasure" presented to it from the state(s) experiencing groups of people as having no similarity to their self in the way (Freud, 1915) describes. Rees describes how those who suffered and died under Nazism did so not just because they might have looked different from native Germans but because their culture was viewed as being different from the one being prescribed by Nazis i.e. an Aryan idea of what culture should look like. By this Rees illustrates clearly an example, albeit an extreme one, of the racialisation of the "other" and how it is not shaped by external factors alone, such as the colour of the skin. Rustin (1991) illustrates this further when he says that internal and external differences, such as in spoken accent and of skin colour, results in the individual being associated with the "other" (Lacan, 1964; Foulkes, 1990; Davids, 1996, 2011).

For Anita and many others from a BAME background, the contexts that they inhabit have a significant bearing on when and where they are viewed and related to as a racial other. For example, (Baumann, 1999) explains how the state has a significant bearing on who is viewed and related to as the "other", in part due to its hegemonic media and governing elite informing a normative view of people. Baumann (1999) asserts: *"It is precisely these [state] powers, in fact, that often determine who is*

*regarded as a minority and on what construction of difference, be it ethnic or religious, civic or sexual, history or mythical” (p30).*

Psychoanalysis has contributed to thinking about the impact society has on the individual's or group's psyche. It's thinking on these issues and social psychology came to prominence during the 1940s, when social mobilisation of the British nation occurred in response to World War II. Many of the ideas that evolved during this time informed the creation of group analysis (Pines, 1983, 1985), the therapeutic community (Main, 1946, 1977) and the school of organisational studies based at the Tavistock Clinic (Rice, 1963). The basis of these schools of thought involved applying concepts of individual psychology to social groups. For example, (Jaques, 1953), who was a central figure in the development of the Tavistock Institute, drew upon Freud's thinking to develop the concept of how institutions are used by groups of people as a defence against psychotic anxiety. Jaques also described how individuals put their internal conflicts into persons in the external world. Jaques explains how the individual may unconsciously follow the course of the external conflict in the group of people by means of projective identification and re-internalise the course and outcome of this conflict by means of introjective identification.

### **3.4 Islamophobia**

I became increasingly aware during Anita's psychotherapy of the types of external conflicts that she and her family might be following in the way that (Jaques, 1953) describes. The rise of Islamophobia in the western world is a significant external conflict and phenomenon that had to be thought about in Anita's psychotherapy. There were numerous newspaper articles around the time of Anita's psychotherapy in which Muslims were depicted as "non-British" and Islam was posited as not being compatible with a "British way of life". In (Davids', 1996) synopsis of (Fanon's, 1952) book he considers the effect on the psyche, from the perspective of a Muslim person living in a post-colonial western society, of introjecting Islamophobic attitudes and views held in this society. Davids, suggests that the effect on the psyche of the Muslim in this society is that the white (English) self inevitably becomes idealised and the Pakistani / Muslim self denigrated. Bhugra and Bhui (2006) consider what else might inform this process

by asserting that the identity formation for the person from a minority ethnic background is racialised as a result of their internalising idealised and denigrated racial images from society.

(Huntingdon, 1996) alludes to the idea that the rise of Islamophobia is a consequence of government initiatives that maintain the perception of Muslims as the racial other. Huntingdon explains that Muslims are viewed with suspicion, as the new “alien wedge” and as the enemy within. Huntingdon goes on to explain how initiatives such as the “preventing violent extremism agenda” compounds the ideas that Muslims should be viewed and related to with suspicion.

Initiatives such as “Prevent” are a consequence of wider initiatives such as the Global War on Terror initiative started in America under the Bush administration. (Malik, 2017) argues that the rhetoric used in the War on Terror initiative has been embraced by President Trump at the start of his presidency in 2016. (Malik’s, 2017) article ‘Suddenly, Muslims are America’s pariahs’ in the Guardian newspaper on 29 January 2017 was in response to President Trump’s attempt to ban people from certain Muslim countries entering America. He writes:

*‘This [Islamophobia] did not start with Trump; it’s something that is only reaching its climax. For years, as people warned against the mainstreaming of Islamophobia, they were met with equivocation. “Islam is not a race”, “we are criticising Islam, not Muslims”, “we condemn all religion, not just Islam”. Mosques were attacked, women were spat on and had their hijabs snatched from their heads. Western media, led by the British tabloid press, established an industry of hysteria against Muslims with fake news.’ (Malik, 2017)*

(Davids’, 2009) paper ‘The impact of Islamophobia’ now seems to be a precursory tale of the experiences of Muslims that (Malik, 2017) describes. Davids 2009 explores the experience of Muslims in the western world following the 9/11 and 7/7 incidents. He asserts that Muslims have now been positioned as the social “out-group” following these incidents and goes on to explain how Muslims’ experience of being viewed and related to as the racial “other” is compounded by their minority status in western

society along racial, cultural, economic and religious terms.

(Davids, 2009) argues that the fact that Muslims are viewed in society's mind as belonging to an "out-group" has resulted in them having society's unwanted aspects being projected into and located in them. Segal (2000) describes how groups of people are used by society's in-group as an object to get rid of (project) their anxiety into. She goes on to explain how this type of projective identification is maintained by the addictive quality of it as well as the pleasure derived by the social in-group inflicting on to the other the suffering the in-group feels remote from.

(Segal 2000) applied this thinking to elucidate an understanding of why Islam and Muslims are now positioned and related to in western society in the way that they are. She argues that Islam is one of the latest of the external, hated objects that western society has needed to project their anxiety into. Segal explains how the Cold War and the anxiety that it evoked in individuals and groups of people, in part because of the constant threat of nuclear war around this time, resulted in the "enemy of the West", i.e. the Soviet Union, being viewed and related to in a paranoid-schizoid way by the West. Segal argues that the paranoid-schizoid structures of the Cold War have been transferred onto other external objects, with Islam being the latest.

(Said, 1997) explains how anti-Islamic sentiment has become prevalent in western culture and goes on to explain that linking terms such as "terrorist" and "fundamentalist" with "Islam" has facilitated this process. Said suggests that associating Islam in this way has contributed to a paranoid construction in the minds of the "in-group". This results in the "in-group" viewing Muslims and Islam as the enemy. Said helpfully invites us to explore how the terms and language used in mainstream media to describe Muslims create a part-object view of them, thus maintaining the view of them as the "other".

Lowe (2008) considers how the racial other, when viewed in a part-object way, is related to as an object suffused with the undesirable and unwanted aspects of the self. Joseph (1988) captures the recipient's experience of being projected into in the way that (Lowe, 2008) describes, when she equates this type of object-relating as being

similar to the infant's earliest form of projective identification. (Joseph, 1988) describes how this involves the infant relating to their object with "anti-concern" i.e. an absence of concern for the welfare of the object being projected into. Davids (2009) gives a good example of Muslims being related to in the way described by (Lowe, 2008), when he explains how items of religious dress, such as the niqab and veil, are part-objects that become signifiers of belonging to terrorist organisations. (Singh and Cowden, 2011) describe how items of religious dress, such as the hijab, the face veil and even the salwar kameez, are viewed as signifiers of Muslims' adherence to "non-Britishness". (Meltzer and Harris, 1976) illustrate some of the consequences for individuals and families residing in paranoid communities, such as those which have now become created because of social phenomena such as Islamophobia. They suggest that the family themselves become more paranoid and distrusting and revert increasingly to a basic assumption way of relating in family life. (Bion's, 1961) theories on group metapsychology uses the concept of basis assumption to describe how the group, as a whole, exhibits a particular transference to the group leader that is organised around unspoken and unconscious assumptions shared by all the group members. (Meltzer and Harris, 1976) give several descriptions of basic assumption organisations of families, and summarise how the family, as a group, is organized around historical myths and phantasies that are usually communicated to the individuals in the family through projective identification.

### **3.5 Fundamentalism**

(Fanon, 1963) suggests that fundamentalism emerges as a response to a fear of losing one's shared and individual identity. Fanon explains that this occurs from the experience of the social out-group assimilating into a national identity that is felt to be an experience of losing "one's core self". Fanon identifies three phases of how the social out-group overcomes the alienation that assimilation in this way presents them with. He describes how the first phase involves the out-group's attempt to assimilate into this type of society. The second phase involves the out-group's attempt to reconstitute their identity by restoring and reforming local cultural tradition in it. The third phase occurs from the social out-group eventually gaining a sense of identity after fighting to legitimate their sense of identity as an outcome of the process of negotiating

the second phase.

When (Singh and Cowden, 2011) assert that purification is a key paradox of fundamentalist movements, they seem to be suggesting that the second phase, which (Fanon, 1963) describes is involved in developing a national identity, results, in the case of fundamentalism, in an almost complete return to the past, instead of a reconstitution of it. (Bhatt, 2006) helpfully invites us to move away from fundamentalism being so rigidly associated with strands of Islam when he explains that any followers of a religion could be termed fundamentalist if they are motivated to posit an “absolute truth” of particular religious discourses. Asad (1993) explains that the need to associate Islam with fundamentalism stems from the strategies of liberal Christians who feel that they have to defend their religion. Asad (1993) explains... “*The attempt to understand Muslim traditions by insisting that in them religion and politics (two essences modern society tries to keep conceptually and practically apart) are coupled must, in my view, lead to failure*” (p28). Singh and Cowden’s (2011) explanation of how the origins of fundamentalism evolved from North American Protestants who were committed to the idea of asserting their commitment to the basic tenets of Christianity, would seem to add weight to (Bhatt’s, 2006) assertion.

### **3.6 Religion’s function in the internal world**

Anita’s family’s culture was greatly informed by their particular interpretation and understanding of Islam. Her descriptions of how her family followed Islam suggested that they did so in such a way that the ideas about self and other that did not fit their religious paradigm were often rejected and at times attacked. Jones (2002) explains that this type of idealisation of religion is central to all religion and accounts for the ambiguity that has characterised the history of every major religion. (Freud, 1928) wrote extensively about the function of idealisation in religion and seemed particularly interested in the link between objects of idealisation and objects of dependency.

### **3.7 The role of the father in religion**

My work with Anita seems to show how her internal religious object acted to reference

and organise many of the thoughts and views she had about herself and others. Anita's internalisation of religion, specifically Islam, and the role that patriarchy had in it, was significant insofar as her descriptions of her father suggested that he was internalised as an object that was redundant and that lacked developmental properties. It suggests that Anita's relationship with religion may have developed in the way that it did in order to maintain a relationship and link to a good, idealised father. Freud (1918a) suggests that religion provides a link to a good, all-powerful father when he explains how the religious impulse arose from an innate desire in primitive man to create a father figure. Aslan (2017) explains that human beings worship God for these reasons and for the same reasons a child idolises their father. Aslan explains that adults, like children, desire and need love, protection and comfort from their deepest fears and anxieties and look to God to provide them with these functions.

Freud (1962) explains that religion, in some ways, replaces the absence of the idealised father in adulthood, especially if the adult has not attained mature object-relations. Freud (1962) suggests:

*“The derivation of religious needs from the infant's helplessness and the longing for the father aroused by it seems to me incontrovertible... I cannot think of any need in childhood as strong as the need for a father's protection...The origins of the religious attitude can be traced back in clear outlines as far as the feeling of infantile helplessness” (p19).*

Similarly to (Freud, 1962), Kohut (1971) suggests that the loss or sudden disappearance of an idealised parent in childhood leads to the individual's attempts in adult life to find alternative objects which can provide them with the function of the lost idealised parent. Kohut explains how this leads to “object hunger”, an almost addictive dependence on external objects, such as religion, in adult life that occurs from the adult's attempt to replace the lost idealised parent / object and their attempts to gain a sense of connectedness. Lichtenberg (1991) suggests that the type of “object hunger” described by (Kohut, 1971) and (Jones, 2002) is indeed a form of addiction, as one becomes compelled to search for the unattainable lost idealised parent in religion by continually immersing oneself in it. Bollas (1987) describes religion as functioning in

this way as a transformational object, as someone can be driven to search for an object that they believe can transform their “total environment” i.e. both their internal and external world. Bollas explains that the transformational object in an increasingly secular world is no longer a deity but has now become objects such as a new job, a life-event such as emigration, or the search for transformative experiences that new relationships represent. Jones (2002) asserts that religion can positively fulfil internal object functions if it is internalised in such a way that it contributes towards building psychological and psychic structures. Jones does warn that religion can become unhealthy if it is used to maintain a perpetual state of “object hunger”, when it reinforces an addictive dependence, or when it acts to denigrate the individualised needs of the self in terms of goals, ambitions and desires.

### **3.8 Overview of the transference**

I will now go on to give an overview of the concept of transference due to the bearing it has on this study. Strachey’s (1934) statement that a true transference interpretation is one which the analyst most fears and most wishes to avoid and that there is something about the truth of that particular interpretation that is disturbing, captures for me both the challenge and importance of the transference in psychoanalysis. (Jones, 1953) describes in his book *The Life and Work of Sigmund Freud* how Breuer first brought the concept of the transference phenomenon to Freud’s attention. Jones explains how Breuer’s patient Anna O, and her seeming growing love for Breuer during her psychotherapy, provided Breuer with the opportunity to explore the transference phenomenon within the clinical setting. (Freud, 1905) recognised in his work with his patient Dora that her transference to him as a significant other from her life facilitated her unconscious wishes and phantasies being externalised in the clinical setting. Freud came to define the transference as the patient’s experience and relationship with their analyst that results in them enacting a specific relationship of some kind within the clinical setting.

Breuer’s and Freud’s experience of their respective patients pertains to the erotic and / or sexual type of transference that their patients had in relation to them. Gabbard (1994) describes how the erotic transference involves the patient having a mixture of

tender, erotic and sexual feelings for the analyst that results in them having a positive transference to their analyst. Bollas (1994) helps us to distinguish between the erotic and sexual transference by defining the erotic transference as the patient implicitly recognising the passion of a love relationship with their analyst and the sexual transference as the patient's urge to have intercourse with their analyst. Bollas' distinction between these types of transference is relevant to my work with Anita, as much of her anxiety in the transference stemmed from her confusion about what the transference to me meant.

(Klein's, 1952) analysis of children led her to define the transference as a process where infantile prototypes re-emerge and where unconscious phantasy is externalised in relation to the analyst. Klein's analysis of children helped to define the maternal and paternal aspects of the transference. Klein (1952) explains:

*"...the patient is bound to deal with his conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to run away from his primal objects"* (p55).

Klein's description of the transference captures Anita's initial way of relating to me in it: I was regularly someone to be avoided, as her experience of me as a significant object in her life evoked in her infantile and vulnerable feelings that she wished to avoid. (Please refer to Grid 4, row 17 onwards for an example of this.) The turning away that (Klein, 1927) describes is a form of resistance that can occur in the transference relationship. Klein explains how resistance in the transference occurs from the transference putting the patient in touch with the ambivalent feelings and experiences they felt towards parental objects, as well as from their childhood.

(Klein, 1946) alludes to the transference having a more maternal feel to it as she likened the ambivalence that the patient feels in the transference as being similar to the infant's ambivalence to their mother whilst in the paranoid-schizoid position developmentally. Klein explains how this results in the infant experiencing aggressive and sadistic thoughts about their mother in these moments. The infant projects these

thoughts into the mother from feeling that they are intolerable and uncontainable. Klein explains how the infant's experience of their mother as being able to contain the content of these projections occurs over time as a result of the mother's modification of the infant's projections.

(Klein, 1946) is defining here the processes and phantasies involved in projective identification, a key aspect of the transference relationship. She refers to this type of projective identification as involving an aggressive type of object-relation which involves the unconscious phantasy of taking over the object by forcing part of their self into the object through projection. Klein felt that this type of object-relating was very much a result of a paranoid-schizoid state of mind, and it has now come to be viewed as being a more pathological form of projective identification. The containment of these types of projections from Anita was important in understanding what the transference relationship was communicating at various times. (Bion's, 1962a) concept of maternal reverie describes this process, which he refers to a non-pathological form of projective identification. Bion considers how the infant's projections are contained and modified by the mother having a state of mind he refers to as "reverie".

### **3.9 Post-Kleinian perspectives on the transference and countertransference**

Ideas on the transference have been added over the years. (Joseph, 1975) describes how "acting-in" in the transference is a part of the total situation. She asserts that impasses in psychotherapy and the transference resistance are examples of "acting-in" the transference and should be understood as an expression of the patient's anxiety about the transference relationship.

(Joseph's, 1975) theory of "acting-in" is a salient one as it gives a fuller understanding of some of the facets of Anita's resistance in the transference. One of the facets of Anita's resistance in her transference was that she deeply feared what contact with another man entailed, in part because of her indirect experiences of familial sexual abuse and in part because she worried about what it meant to be in touch with and act on her more sexual impulses and drives held by her true-self. For example, one of Anita's anxieties about the transference relationship was that it would turn her into an

“insolent girl”.

(Joseph, 1978) also explains how the therapist can “act out” in the transference as a result of the patient’s attempts to draw the analyst into supporting their defensive positions. Grid 4 of the grounded theory sessions illustrates how the therapist working with Anita’s mother acted out in the transference by being drawn into supporting her mother’s defensive position. This was also the case in terms of how Anita related to me in this session. Column b, rows 11 and 12, of Grid 4 shows my countertransference response to Anita inviting me to “act out” in the transference in the way that Joseph describes. Joseph’s (1985) thinking on the transference being the “total situation” has made a significant contribution to the psychoanalytical work with borderline patients whose personalities are constructed around a rigid system of defences.

Another feature of the transference described by (Lombardi, 2009) is one that is symmetrical. Lombardi explains how the patient attempts to abolish the difference between objects and things in this type of transference. Lombardi draws on the ideas that Matte Blanco (1975) has on the unconscious as being governed by the principle of ‘symmetrization’. Lombardi explains how symmetrization acts to negate differences between thoughts and objects and how the conscious mind, during its constant interplay with the unconscious mind, introduces and identifies differences into the unconscious. The patient’s transference to the analyst has the potential to help them to develop the capacity for asymmetric differentiation from the transference facilitating the exploration of difference between thoughts and objects. This type of symmetrical transference was very much an aspect of Anita’s transference to me initially. I will go on to give examples of this in later chapters. Tustin (1992) explains how this type of transference is likely to be an expression of a difficulty in moving from a state of “oneness”. Tustin goes on to explain how a confusion and fusion between self and object in infancy is the cause of this difficulty.

The development of the countertransference became a central theme of psychoanalysis in the post-Kleinian era. Heimann’s (1950) thinking on the countertransference was that it is a specific response to the patient which is distinct from the analyst’s own neurosis. (Bion’s, 1962b) concept of containment is a significant

contribution to the evolution of the use of countertransference in psychoanalysis. His work on the container / contained model draws on his thoughts about the function of “reverie” in containing the infant’s undifferentiated states of mind and projections.

I feel that (Bollas’s, 1987) contribution to the ideas on the transference, and the use of the countertransference as a way of understanding what is being communicated through it, is a profound contribution to post-Kleinian thinking about this phenomenon. Bollas uses material from his work to illustrate how the transference can communicate particular internal objects and the nature of them in the clinical setting. Bollas describes how the “shadow” of these objects, the qualities and character of them, inform the self and the type of object-relations, until the knowledge of them is brought to the patient’s attention and understood by them through the process of psychoanalysis. Bollas explains how the analyst can “speak” with these objects due to the free association that occurs in the transference.

### **3.10 Paternal transference and paternal functions**

More has been written about the maternal transference than the paternal transference in psychoanalytic literature. However, psychoanalysis widely acknowledges the importance of the paternal transference and how this particular type of transference lends itself to the development of the type of intrapsychic structures that can help the patient to differentiate between their self and their objects. Trowell and Etchegoyen (2002) explain how the internalised father representation being added to the representation of the infant and mother lends itself to this process, as it helps the infant to differentiate their self from its internal and external objects. If we are to follow Trowell and Etchegoyen’s assertion, one could see that the process of internalising the father in the way that they describe showed itself as an aspect of Anita’s resistance to me in the transference. This is because this process evokes ambivalence in the infant, as it involves separating from the desired mother figure and being presented with the external realities that they were previously shielded from. Thus, acquiring a paternal object in a more developmentally promoting and necessary way is an ambivalent experience, as my work with Anita will go on to show.

Burgner (1985) asserts that the child's protraction of the original narcissistic interference occurs, both in their self-development and in their sexual identity, if they do not internalise the father in the way that (Trowell and Etchegoyen, 2002) describe. (Campbell, 2006) asserts that it is important for the adolescent girl to dis-identify from the "imitative mother" in order to develop a heterosexual sexual identity. Lacan (1964) suggests that the internalised father functions to extradite the child from an infantile state of mind to a more mature one, one where the true nature of relationships is accepted and tolerated. Wisdom (1976) explains how a failure to differentiate and accept the nature and reality of the mother / child relationship can result in children being unable to separate in a psychic or psychological sense from their primary object. Wisdom goes on to explain how this results in children not being able to manage the demands of the external world.

(Britton, 1989; Lacan, 1964; Rosenfield, 1992; Borens, 1993) all concur that the acquisition of the father - whom (Gaddini, 1976) refers to as the "second object" - in the child's internal world, is integral to the process of them attaining individuation. Gaddini explains how the acquisition of the "second object" helps the child move from the dyadic relationship with their mother to the possibility of alternative and triangular-type relationships. Gaddini explains how the child remains in "imitative identification" with the mother and is unable to attain mature object relationships if the father is not internalised in the way he describes. (Mitscherlich, 1969) suggests that a failure to internalise the father in the way that (Gaddini, 1976) prescribes results in the father being internalised as a demonised father representation. Anita shows in Chapter 4.1 (Session 59) that she had internalised her father in the way that (Mitscherlich, 1969) describes. Here, her internalised father is represented by the creature in her dream.

Segal (1989) adds to the thinking about the effect of failing to internalise the father in a developmentally promoting way when she suggests that the father's penis becomes an ideal container for unwanted negative projections. Segal explains that the father being related to and projected into in this way serves to preserve the idealised relationship and fusion between the child and their breast / mother. (Britton, 1989; Lacan, 1953; Rosenfield, 1992; Borens, 1993) are amongst the numerous writers about this subject who have asserted that the father being internalised appropriately leads to the child's

development of symbolic thought. Lacan (1964) asserts that the internalised father is integral in helping the child make the transition into the external world and into the symbolic world of culture.

(Deutsch, 1937) in her seminal paper 'Folie à deux' illustrates an important consequence of a person's failure to differentiate the self from their object. Deutsch's paper describes the type of projective identification that can occur if the primary object – the mother – is psychically ill. She explains that a transmission of delusional ideas from a person that is psychically ill (mother) to a person psychically healthy (child) can occur. The result of this is that the psychically healthy person accepts the delusional transmitted ideas and assimilates them into their psyche.

### **3.11 The Oedipus complex**

Anita's response to the difficulty she had from being in touch with her sexual and oedipal feelings resulted in what (O'Shaughnessy, 1989) describes as the patient's unconscious (and at times conscious) attempts to make the Oedipus complex invisible in the clinical setting. In O'Shaughnessy's paper 'The invisible Oedipus complex' (O'Shaughnessy, 1989) she describes how patients who are unable to differentiate the parents' relationship to one another from the parent-child relationship feel that the Oedipus complex is unnegotiable. They employ psychic means to make and keep it invisible in the consulting room as a result of this issue.

The story of Oedipus, the son of King Laius, who acted on his patricidal feelings in order to pursue a sexual relationship with his mother (Queen Jocasta), remains a central theme in psychoanalysis and infantile sexuality. (Freud's, 1909a) work with the parents of Little Hans has informed psychoanalytic thinking about how the Oedipus complex shows itself in the clinical setting. It has also gone some way to understanding what may be informing the erotic and sexual transference in the way that (Gabbard, 1994) and (Bollas, 1994) respectively describe. (Freud, 1909a) discovered that much of Hans' presenting anxiety stemmed from the internalised oedipal situation and a fear of castration. (Britton, 1989) has discussed extensively how the erotic and sexual transference is organised around the same themes and principles in the Oedipus myth.

For example, Britton describes how this type of transference can involve the patient's attempted seduction of the analyst or them experiencing their analyst as a castrating, vengeful figure that disapproves of their oedipal sexual feelings for them.

The idea of the father as a vengeful and castrating figure stems from the oedipal myth and seems to permeate much of society's thoughts about fathers today. Target and Fonagy (2002) suggest that the father being viewed and thought about in this way can lead to a legitimising of boys' patricidal-based hostility for their father, instead of its being viewed as their response to the difficulty arising from their father's internal and external representation creating a psychic boundary for their oedipal feelings. Britton (1989) describes how the relinquishing of the phantasy of being in an oedipal union with a parent leads to the resolution of the Oedipus complex and the patient being able to bear reality and develop psychologically. Britton explains how the patient's recognition of the difference between the relationship between parents as distinct from the relationship between parent and child is integral to this.

### **3.12 Adolescence**

Anita brought the issue of negotiating the adolescent identity she wanted for herself to her psychotherapy from the start. Much of the difficulty she had in regard to this was from feeling that her true thoughts, feelings and desires had to be concealed from her family. Anita had a very complicated relationship with her adolescent self because of this. At times, she felt driven to split off the thoughts, feelings and wishes held in her adolescent self, in part from feeling that to show them would lead to further conflict within her family.

Hoxter (1964) explains how a lack of differentiation between mature and infantile aspects of the adolescent's sexuality causes the adolescent to retreat from the task of maturing and making the transition to adulthood. Waddell (2002) views adolescence as a time when infantile internal structures are relinquished for more adult ones. She goes on to explain how the adolescent is able to make the transition from the family to the external world from this process and is also able to establish their sexual identity and to individuate. Campbell (2006) describes how a failure to develop mature object-

relations usually involves a regressive wish to return to the mother. (Meltzer, 1992) has described in great detail the effects of the child's regressive wish to return to the mother when he explains how this leads to a fusion between the self and object i.e. between the child and the mother, which results in a phantasy of the child's intrusive identification into areas of the internal mother's body. (Meltzer, 1992) goes on to describe the type of phantasy life involved in the infant's projective identification with the compartments of the internal mother as living in the "claustrum".

Hoxter (1964) suggests that a surge in the adolescent's sexual urges and drives might be a frightening experience for them, something that they retreat from. This was the case for Anita, who apportioned a danger and anxiety-provoking quality to her sexual urges and drives. Hoxter explains that the adolescent also experiences a resurgence of feelings and phantasies that were characteristics of their object-relations in infancy. Britton (1989) suggests that the boy's wish to impregnate his mother and the girl's wish to have a child with her father becomes more frightening as a result of its now being possible by virtue of the physical development of the adolescent's body. Britton goes on to suggest that the adolescent's difficulty in relinquishing their oedipal objects may stem from the development of an oedipal illusion that serves, through its defensive organisation, to defend against psychic reality, in this case the fact that the parental couple is a sexual one.

Bion, (1970) explains how the adolescent can experience a "catastrophic change" as a result of the conflict of feelings arising in their mind and body. (Lombardi and Pola, 2010) explain that psychotic manifestations can result when the adolescent experiences this internal experience as being too intense to be contained. Matte Blanco (1975, 1988) describes how the adolescent can attempt to negate their body as a source of new stimuli in order to manage the internal experience described by (Bion, 1970) and (Lombardi and Pola, 2010). Briggs (2008) has described extensively how the adolescent's failure to attain mature object-relations can result in a borderline state of mind. He explains how the boundary between the unconscious and conscious state of mind is not sufficiently robust to prevent the internal world being located, by projection, into the external world. (Bick, 1968) has described how a psychotic state of mind emerges as a result of the individual's psychic skin not being robust enough. Bick

suggests that the “skin” in this instance is unable to contain the experience of feeling that the external world is invading the internal world. Bick also explains how the “skin” is unable to prevent the internal world being projected excessively into the external world. (Bion, 1962) refers to the “skin” that (Bick, 1968) describes as the “contact barrier”. Bion (1962) describes how the “contact barrier” serves to maintain and preserve the beliefs that are fact formed events in reality.

(Steiner, 1993) illustrates the defensive mechanism that occurs from a fusion between self and object that he termed psychic retreats. He describes how a psychic retreat involves the patient retreating to an area of relative safety in their mind as their way to avoid meaningful contact with the analyst. Steiner goes on to explain how the analyst is experienced as a link to the painful realities in the external world that the patient is trying to avoid. I will go on to show in this thesis how psychic retreats were a theme of Anita’s mental life, and how this was worked with in her psychotherapy.

Steiner (1993) explains how a person’s tendency to retreat psychically in the way that he describes makes it impossible for them to work through the depressive position in the way described by (Klein, 1952). Steiner draws on his clinical work to illustrate how the internal worlds of patients who have a tendency to retreat psychically continue to have a paranoid-schizoid constellation to them that is similar to those he observed in many borderline patients. However, Steiner suggests that a patient’s development is possible in periods of emergence from psychic retreats.

### **3.13 Psychoanalysis’s relationship to race, culture and ethnicity**

Concepts of race, culture and ethnicity have been neglected areas in the field of psychoanalysis in my opinion. This is the case despite cross-cultural psychotherapy becoming more necessary due to changing cultures and populations in western countries (Moodley and Palmer, 2006). Gordon (1993) proposes that the history of psychoanalytic approaches to understanding race, culture and ethnicity has been limited by an absence, or reluctance, to conceptualise patients presenting difficulties within their historical, social and political contexts. Dalal, (2002) asserts a similar argument to (Gordon, 1993) by saying that psychoanalytic theoretical models may

unintentionally impede the analyst's work with a patient from a BAME background by unintentionally neglecting to attend to the patient's experience of racism in the social world. (Kirmayer, 2007) seems to concur with (Gordon, 1993) and (Dalal, 2002) when she states that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism.

(Kirmayer, 2007) goes on to explain how this issue must be addressed in order to develop the therapeutic relationship with patients whose race, culture and ethnicity, may be different to that of the analyst. She goes on to assert that the analyst must contrast more traditional psychoanalytic views of the self with the patient's understanding and relationship to the social world in order to develop a comprehensive view of the patient's self and their object-relations. Jones' (1985) assertion that a "shared world view" has been shown to be more important to client satisfaction than any other factor seems to further support (Kirmayer's, 2007) assertion, whilst (Blumenthal, Jones and Krupnick, 1985) assert that a failure in empathy about the patient's relationship with the social world is likely to lead to cultural stereotyping emerging in their psychotherapy, as well as the analyst having negative countertransference reactions.

I think what (Kirmayer, 2007; Jones, 1985; Blumenthal et al., 1985) say about cross-cultural psychoanalytic psychotherapy is interesting as it relates to this study. However, I think that my work with Anita will go to show how creating a space in psychotherapy, so that these meanings of these representations of the self can be fully understood, can be done without the danger of compromising one's psychoanalytic stance by over contrasting it with social and world views of the self. I will go on to show in later chapters how it was important for me to hold all ideas about the self that Anita and I posited until she felt secure enough in the therapeutic relationship to be able to explore how they were used by her at times to defend against the difficulty she had with intimacy and dependency.

### **3.14 The challenges for psychoanalysis when working with issues of race, culture and ethnicity**

(Keating et al., 2002) identified that African and Caribbean communities' experiences of mental health services have been mixed and pointed to the overrepresentation of these communities in people sectioned under the Mental Health Act, and psychiatry's role in causing these communities to have these experiences. Keating et al. identified that these experiences led to these communities developing a "circle of fear" of mental health services. Keating et al. explain how this circle of fear has led to these communities' reluctance to seek help for their mental health difficulties. They explain how these communities' untreated mental health problems often develop into crises, resulting in compulsory admission into hospitals that acts to reinforce their fear of mental health services.

Analysts and writers such as (Dalal, 2002; Fanon, 1952; Davids, 2011; Lowe 2008, 2010) have asserted the importance of conceptualising patients' presenting difficulties, whilst holding in mind the impact on their psyches from living in a post-colonial society. Their views on this issue have clearly been informed by what (Fanon, 1952) has written about it. Fanon's paper 'Black Skin, White Masks' explains how an introjection and assimilation of colonial ideas have indelibly informed western society's phantasies around race and racial difference. Fanon argues, quite eloquently in my opinion, how the skin, and the colonial ideas associated with it, creates an inescapable psychic problem for black people, as it has resulted in "black" being associated with negatively, which in turn invites projections of what is undesirable and unwanted into it. (Rustin's, 1991) description of race as an empty category which is filled with different sorts of projections seems to echo (Fanon's, 1952) ideas of how race, particularly the skin, is related to. (Rustin, 1991) describes how race and racial difference become objects that are ripe for projecting the unwanted and undesirable aspects of the self into.

(Fanon, 1952; Dalal, 2002; Timimi, 1996; Lowe, 2008) have described how introjective identification informs the psyche of the individual or group. They explain how post-colonial ideas from centuries-old ideas of ways of relating, involving whites as colonisers and blacks as the colonised, are introjected and inform object-relations about the self and others. Timimi (1996) describes in detail how this process results in a paranoid-schizoid way of object-relating which is characterised by projective identification into white objects of desirable aspects of the self, and inferior, undesirable

aspects of the self into black objects. Timimi here is describing an important facet of how internalised racism occurs. This has been expanded on by writers such as (Dalal, 2002; Lowe, 2008). (Davids', 2011) book *Internal Racism* considers how an internal racist defence structure develops in the individual from this process.

## **Chapter 4 Religion**

### Introduction

Anita reported at the start of her psychotherapy that she had made the choice not to follow Islam a few months before she was referred for psychotherapy. She described herself as an atheist at this time and reported that atheism captured her disillusionment with all religion, especially Islam. Despite Anita's insistence that she was an atheist, I will show how the process of psychotherapy uncovered the extent to which Anita's sense of self and the nature and character of her internal objects, and the allied object-

relations, were organised around her internalisation of religion.

#### **4.1 An imam father**

Anita talked about her experiences of her father quite early in her psychotherapy, especially her experience of him when she was a much younger child. She recounted vivid memories of her father reading passages from the Qur'an to her and her siblings.. Anita felt that her father emphasised the graphic accounts of the fates that befell non-Muslims (infidels) that the Qur'an referred to. Anita shared striking recollections of being told by her father how infidels would be punished in sadistic ways by being beheaded or by having their limbs cut off, if they did not follow Islam appropriately. Anita recalled a particular occasion when her father talked about this when she was approximately six years old:

##### *Session 27 - 1st year of treatment*

*Anita reported that she had thoughts and images of decapitation and beheading after having contact with her father. (Anita's parents were not living together at this time.) She remembered when she was about six years of age when her father instructed her siblings and her about the Qur'an. They were sitting on prayer mats and her father was sitting in front of them, pointing to certain pages in the Qur'an and interpreting the passages from it. Anita smiled in what felt like her attempt to laugh off the feelings of what felt like terror from remembering this event. She explained that her father read passages from the Qur'an to Anita and her siblings regularly when they were younger. She remembered that he regularly talked about the fate that befell "infidels" who did not follow the Qur'an. She shuddered slightly as she explained that her father asserted that the beheading of infidels was appropriate. Anita remembered a certain teaching from her father where he explained that "infidels' brains would boil and they would go to hell." Anita agreed when I suggested that there was a link between her recent thoughts and images about decapitation and beheading and her recent contact with her father. I suggested that she seemed to view him as someone that captured the views and beliefs about Islam she disagreed with. Anita nodded in agreement.*

Anita seemed to be bringing to my attention how her father and other paternal figures in her family came to occupy such central roles in her family's religious education. The idea of Allah being thought of as a father figure in Anita's family seemed to support the idea of men adopting imam-type roles in the family. She described in her psychotherapy how one of the functions of the roles that men in her family usurped was to instruct the women and children in the family on how they should conduct themselves. Anita felt that her father's way of relating to her by adopting an imam-type role in her family epitomised the general role that men occupied in her family.

Men in Anita's family usurped these roles in part because Anita's family's particular view of family life and Islam was patriarchal. It resulted in the men in Anita's family instilling beliefs into the family that were anchored in terror, persecution and cruelty. (Aslan, 2017) explains how the perception of the role of the father is central in all religion and stems from the instinctual urge of people to make "God flesh" in the way that Christians believe that Jesus Christ is God made flesh. Aslan's view of the role of the father in religion has parallels with (Freud's, 1962), who explains how, in his view, the religious impulse in people arose from an innate desire, albeit a primitive one, to create an all-powerful and good "father figure".

Anita's experience of her father as an imam-type figure illustrates how the idea of "God being made flesh" lent itself to the patriarchal makeup of her family by men who feel themselves to occupy "all-powerful" father figure roles and to be messengers from God, and who insist that this is how they are to be perceived (albeit very often unconsciously).

The fate of "infidels" in this vignette had parallels with the fate she believed would happen to her for choosing to pursue an "atheist" lifestyle that her family, primarily the men in the family, felt was not compatible with Islam. Anita seemed to believe this, in part because of her difficulty in distinguishing her father's beliefs from her own. It left her often believing her father's beliefs and fearing that the abandonment of these beliefs would mean that she would also be treated as an infidel, ie being punished in some way, such as being beheaded. Anita was illustrating, early in her treatment, how

her internal religious object had a significant bearing on the constellation and the prevalent dynamic of her internal experiences. This was a result of the ideas of Islam as they were conveyed to her by her father in a very specific relational context, that she had internalised during her childhood.

Her internal religious object impinged powerfully on adolescent feelings and adolescent hubris, in such a way that she felt that these feelings had an “infidel-like” quality to them. The unconscious object-relating dynamic was therefore characterised by her individualised feelings being “denigrated” and seen as wholly unacceptable by her internal religious object. Consequently, a perpetual state of “object-hunger” (Jones, 2002; Kohut, 1971) and persecution developed as Anita’s emerging adolescent hubris, and especially her sexual feelings, were attacked by her internal religious object. Freud (1915) asserts:

*“...I [Anita’s religious object] feel the “repulsion” towards the [infidel] object and hate it, this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it” (p137).*

#### **4.2 The “shadow” of religion**

The vignette (session 27) shows how Anita’s internalisation of religion from an early age had a significant bearing on her object-relations in her internal world having a fundamental characteristic to them. The objects that were felt to be more religious related to the objects felt to be infidel in nature (incompatible with the beliefs held in her religious object) in a similar way to (Fanon’s, 1963) description of the fundamental group that fights to gain “legitimacy” from feeling that their sense of identity is lost in otherness.

Anita’s emerging adolescent feelings (which were experienced by her internal religious object as an expression of ungodliness) and drives posed a threat to the “legitimacy” of Anita’s internal religious object. Her internal religious object had a prohibiting effect on her adolescent development because of this, especially as it acted to view and relate to her sexual development as “ungodly”.

(Hoxter's, 1964) description of the adolescent's solution to the internal dilemma in which their emerging adolescent feelings are felt to be too much for them to contain, is pertinent to Anita as Hoxter suggests that the adolescent can retreat from the task of negotiating their adolescence because of this. It suggests why Anita developed a tendency to rid herself of her adolescent feelings through excessive splitting and projection. (Meltzer's, 1973) suggestion that the re-emergence of the severe splitting of the self that is a characteristic of the adolescent's pre-oedipal and pre-genital stages occurs from the confusion that these, at times unwanted, feelings pose to the self, was also Anita's solution to the fear she had about adolescence.

The excessive splitting and projection of Anita's adolescent feelings in the way that (Hoxter, 1964) and (Meltzer, 1973) describe was informed by her internal religious object's relation with them. It resulted in a type of object-relating where Anita's emerging adolescent feelings could be split off and projected from her self so excessively that some of these projections became located literally in the external world. This resulted in the type of psychotic experience that (Bion, 1957) explains occurs from the internal world having a borderline quality to it due to its tendency to locate the internal quite literally in the external world through projection. Anita had a tendency to do this prior to the commencement of her treatment, which suggests why her experiences of jinn were felt by her at times to be literal.

Anita's relationship with her internal religious object was complicated, as at times it offered some containment and structure, albeit limited, particularly during the latent part of her development. However, it was an object that became incapable of containing her adolescent urges once they emerged, due to the object's incapacity to tolerate, let alone admit, adolescence, especially female sexual feelings and drives. The heavy weight that the internal religious object bore on Anita's internal world created a most powerful and unresolvable internal conflict.

(Bollas's, 1987) concept of how certain internal objects inform the sense of self and the other seems particularly salient in understanding Anita's relationship with her internal religious object. Bollas explains how the shadow of the object falls on the self without

the child being able to process this relationship within their self. Bollas explains how the “casting of the shadow” of the object starts in childhood and at a time when the child is not able to process the relationship it has on the self, due to the immaturity of the self at this stage of their development. It was important that Anita’s psychotherapy facilitated the process where she was able to “remember” incidents and occasions in her childhood where religious ideas were communicated to her in such a way that they clearly impinged on the formation of her self and, more often than not, in powerfully overwhelming ways. The space created for remembering in her psychotherapy enabled Anita to begin to retrace the trajectory of the movement of her internal religious object in relation to other objects (as well as how it cast a shadow over them), in order for this particular relationship to be understood. By helping Anita to explore her internal religious object in this way, I enabled her to have the “unthought” (the true nature of her internal object) known in the way that Bollas explains helps the patient to know something of the “character” of the object, to the extent that it does not impact on the self adversely.

Session 27 illustrates how Anita’s introjection of these and similar experiences of her father during her childhood contributed to her internal religious object falling on her self in the way that (Bollas, 1987) describes. It illustrates how this object cast itself on her internalised father in such a way that he was represented in her internal world as an instrument of Allah’s justice. Anita showed in Session 27 how religion, a complex constellation of thoughts, feelings and beliefs (Jones, 2002), was transmitted to her by her father, whilst he was in projective identification with the “word of Allah” and whilst he was perhaps embedded in a sense of self-righteousness. This caused Anita to internalise her father as an object that had a capacity to castrate (Freud, 1909a) and as an object that could not process oedipal and female sexual feelings

### **4.3 God made flesh**

*Session 59 - 1st year of treatment*

*Anita explained that she had a bad dream last night. She initially did not want to tell me about the dream when I enquired about it, and explained that she felt very*

*disturbed by the content of it. However, she mustered the courage to talk to me about this dream later on in the session. She explained that she dreamt about a creature appearing in front of her that insisted that she acknowledge that there is a God. Anita did not know what this creature was when I asked her about it. She explained that she did not have any associations to it, only that it worried her.*

*Later on in the appointment, Anita explained that the dream she had last night was similar to a dream she had before she started psychotherapy. She explained that it was a very vivid dream and in it she was with a friend at the top floor of a house. A woman appeared in front of her. This woman did not say anything to her, but Anita knew that the woman had lost her child. Anita said to the woman that she did not know where her child was. She went downstairs to the next floor of the house and was confronted by dozens of children she described as “poor Bangladeshi children”. These children asked Anita to kiss their feet. Anita explained that she refused to do so in the dream and explained that one should only allow people to kiss your feet if they deserved to do so. A man appeared in front of Anita dressed in Arabic robes and asked if she believed in God. Anita explained that she felt that this man was Jesus. Anita did not answer the man as she was terrified of him. She reported that she was also scared to say to this man that she didn’t believe in God because of the consequences of stating this. She explained that she felt that she associated this dream with the apocalypse as Islam asserts that Jesus would appear at the end of time.*

Anita’s first dream goes to show how religion shaped her internal world and the objects in it. The creature in this dream captures her experience of patriarchy in her family and her feeling that she has to submit to it. The creature is an object that held the family’s narrative that infidels (in the dream, Anita was the infidel) would be punished for not submitting to the family’s ideas, which further supports this idea.

The second dream that Anita reported seems to illustrate her experience of feeling dropped from her mother’s mind. The woman in this dream, a maternal figure who had lost her child, represented Anita’s experience of her mother losing Anita, or dropping her from her mind. The top floor of the house – where Anita met this woman –

represented the head / mind of the maternal object. Anita reported regularly how she felt dropped from her mother's mind, especially when she felt the pressures of family life became too much for her. Anita felt acutely that she had been dropped when her mother suffered a breakdown as Anita entered adolescence. Anita regularly projected the feelings of anger and resentment that she had for her mother about this situation into her father, in her attempts to preserve the "good" mother she had internalised.

Bangladeshi children being beneath Anita's feet in her second dream captured how her racialisation of her culture had caused her to now view it as inferior and beneath her. Anita was initially upstairs in the dream before moving downstairs to be confronted by "poor Bangladeshi children". Her "upstairs" position captured her belief that she was superior to (above) her own culture, which was below her literally in the dream (represented by the "poor Bangladeshi children").

#### **4.4 A religious retreat**

As Anita's psychotherapy progressed, she conveyed one of the events in her family that had caused her to view men in her culture in an inferior way. Anita reported that her maternal cousins (a boy aged seven and a girl aged nine) were referred to the clinic I worked in, in the second year of her treatment, after they had been sexually abused by a male relative whilst he was in England. Anita reported that the man who abused her cousins fled to Bangladesh soon after the abuse came to light. She felt that members of her family knew about the abuse but agreed that this man should return to Bangladesh. As well as illustrating why Anita had internalised men in her family in that she had, it was also an example of why Anita went to great lengths to subvert the religious beliefs her family espoused. Anita was outraged when she shared that she felt her family had colluded with her cousin's abuse by not reporting it to the authorities when it came to light. She felt that it was evidence of the religious hypocrisy in her family as their ideas of holiness and how one should conduct themselves in accordance with the Qur'an was acted upon selectively. Anita felt that the situation with her cousins showed how her family could "abuse" and manipulate religion in their attempts to preserve the family honour and culture.

Anita illustrated in her psychotherapy how she could retreat into her internal religious object as her way to avoid meaningful contact with me. For example, Anita was initially very resistant to exploring how her religious beliefs shaped her sense of self, in particular her views of her gender. She often attempted to draw me into a theological discussion about religion and used her knowledge about Islam to illustrate why she thought that it did not impact on her adversely, psychologically. Anita seemed to be inviting me to act out in the way that (Joseph, 1978) explains involves the therapist being drawn into supporting the patient's defensive positions. In these moments, Anita positioned herself as an expert on Islam and religion and attempted to view and relate to me as if I was an infidel, someone who was ignorant because they were non-Muslim. In these moments Anita seemed to be using religion, and her superior knowledge of Islam, to try to assert some control over the therapeutic relationship. On reflection, the impasses that occurred on these occasions was an expression of what Joseph describes as acting-in the transference, due to the anxiety that the transference caused her.

Anita's experience of me as an "infidel" (a code for the other) during my initial exploration of religion illustrates why the transference was anxiety-provoking for Anita at times. Anita often adhered to particular religious beliefs so deeply that my exploration of them often resulted in her viewing me as attacking her intrinsically in some way. It is important to note that I adopted a neutral position during my inquiry about Anita's religious beliefs and often did not comment on them. However, Anita persisted with her view that I was an "infidel" i.e. the other. It felt that Anita's resistance to me in these moments arose from the anxiety she felt from experiencing me as the "other", an aspect of her internalised father. It was integral developmentally for Anita to internalise me in this way, whilst also being anxiety-provoking for her. This was in part because her internalising me as a paternal object represented for her being extrapolated from the pleasurable fantasy of being in the psychic womb of her mother, due to the type of relationship she had with her. (Trowell and Etchegoyen, 2002) have described the child's resistance to internalising the father, as this process brings them in touch with the internal and external realities that being enmeshed with their mother protected them from.

My countertransference to Anita in these moments was a helpful indicator of what was informing the transference resistance at certain times. Holding this understanding of the transference for us, i.e. not interpreting it directly, provided Anita with an experience of an object that was not retaliatory. I was aware at this stage that Anita could experience me as retaliatory at certain times, when I enquired about her understanding of religion. On reflection, Anita experienced me in this way as a result of her transference to me as a father figure who was trying to indoctrinate her in “the religion of psychoanalysis”, in the way that she experienced her father indoctrinating her in religion when she was younger. As Anita began to experience me as a father figure who did not want to indoctrinate her, this provided us with the space to be able to tolerate and contain the thinking about her internal religious object. It resulted in her retreating to her internal religious object less when I explored with her how religion shaped her internal world (Steiner, 1993).

#### **4.5 The search for good objects**

##### *Session 122 - 2nd year of treatment*

*Anita reported that she was sitting in her room during the week and found herself feeling depressed by how cluttered and untidy it was. She noticed that she felt “disgusting” for letting her room get so untidy. She found herself turning to a copy of the Qur’an that was in her room and began reading from it. She found herself feeling a sense of great relief from reading certain passages from it. Anita explained that the passages she read were very spiritual and were not like how her family interpreted the Qur’an.*

The vignette shows how Anita’s relationship with religion provided her with comfort and support at times. The role of the father in religion was helpful for Anita in this way as it provided her with a link to a father, albeit an idealised one, and the containment that its paternal function gave her. This link to the father and the function it gave her was important, as Anita’s father was felt by her to be emotionally absent in her internal world. She reported regularly how disappointing she found him, and that he was someone that she felt she could not turn to as he did not approve the choices she

wanted to make in her life.

Anita's continuing relationship with Islam was complicated, as an aspect of it involved her responding to the object-hunger she felt. Kohut (1971) explains how "object-hunger" occurs from the individual's or group's search for objects that they can depend on in such a way that the loss of the idealised, depended-upon father can be tolerated.

In session 122, Anita showed how religion could act as a container and comfort for her at times of internal distress. On this occasion, she gained some comfort from the "disgusting" mess in her mind, that the state of her room reflected and brought her in touch with. She was also in a mess for the ambivalence she felt towards her religion. Her more spiritual and benign understanding of religion was comforting and undoubtedly provided some containment for her in the way that (Bollas, 1987) suggests that religion can be experienced as a transformational object that is sought as a way to transform the whole "environment". (Bollas, 1987) is using the term environment in the same way that (Winnicott, 1960) uses it to describe the mother being experienced by the infant as the holding environment; this arises from the mother being experienced as an object that has the capacity to change the infant's internal world and their experience of the external world.

For Anita, religion, or her belief that an object, such as atheism, has a transformative quality, came about from her experience of her earliest object, her mother, being associated with having this transformative quality as a result of being held within a mythic structure in her internal world. It suggests why a theme of Anita's psychotherapy involved her search for objects that could provide her with the transformational experience that she felt her mother gave her in infancy. It was also an aspect of Anita's transference to me as an object she hoped could transform her internal and external world quickly. It suggests why Anita often became frustrated and disillusioned with me and her psychotherapy as it did not give her the quick transformative experience in the way her religious object had done at times.

Anita's internalisation of religion did not provide her with the type of transformational experience that she craved, in part as she had internalised Islam as having a harsh,

punishing quality to it. Anita's internalising Islam in this way did not allow it to provide her with a more positive transformational experience that many religious people get from their religion. Anita internalised religion in a way that resulted in it being an object that was rigid (fundamental in nature because of its rigidity) and as an object that opposed many of the drives and wishes she held in her true self (Winnicott, 1960). (Bhatt, 2006) explains how a more fundamentalist interpretation of religion is not synonymous with Islam, although society has come to associate it in this way. However, Anita's internalisation of Islam throughout her life had contributed to her relating to it in the way that (Bhatt, 2006) suggests society views it.

I will show later in this chapter how Anita's internalisation of Islam was also undoubtedly shaped by the views of it held in society. However, Anita's descriptions of Islam suggested that her view of Islam was primarily informed by the dominant narrative about Islam held in her family. From her descriptions, Anita's family's narrative about Islam was posited to her as being an "absolute truth" in the way (Bhatt, 2006) suggests is a characteristic of fundamentalism. The rigidity that an "absolute truth" posits leads to the group becoming organised around what (Bion, 1961) describes as a paranoid-schizoid way of relating to difference, as if it was a threat to the preservation of the group. Bion describes this type of group (when viewing the family as a group) as having a fight / flight way of functioning that acts to keep objects felt to be dissimilar from the self, far apart from the self. Anita's descriptions of her family's relationship with wider society suggested how they related to the wider society in the paranoid-schizoid way that Bion describes. Anita elucidated this further when she described how her family believed that the wider society was not conducive to how a Muslim should live their life. She described how her family (including her mother) believed that she would lead a kind of unholy life when she went to university as a result of being in an environment that did not reflect their family's beliefs about how people should conduct themselves.

From Anita's descriptions of her family's relationship with Islam there seemed to be an element of Islam being an object that was depended on and idealised in the way that (Kohut, 1971) describes. By relating to religion in this way, her family was able to cope with the loss of their good object i.e. the country of origin that occurred as a result of

their emigration. The loss of this good object was something that affected all family members in varying ways. For Anita, her family seemed motivated to keep their lost object (culture) alive in Anita and the other children and young people in her family who were second generation immigrants. The father figure (Allah) took on an important leadership role in this process as it became a paternal figure that was used to sustain the family and bind them together in their attempt to keep their culture alive through their religion.

Anita's identification with atheism provided her with some relief from this process and the internal pressures it presented her with. A main source of these pressures occurred from the basic assumption in the family that she and others of her generational level were given the task of keeping the family's culture alive in them in some way (Bion, 1962b). The effect of this basic assumption contributed to her difficulty in knowing and tending to her true-self. Anita described how identification with objects other than religion, like atheism, provided her with a space of relative, temporary safety in the way that (Steiner, 1993) describes is the function of a psychic retreat. Retreating to these alternate objects in this way was Anita's attempt to preserve and foster her own needs and wishes within a family and emotional climate that opposed them.

One could also view Anita's identification with atheism as her way of expressing adolescent rebellion as it put her in direct opposition to her parents and other parental figures in her family. Anita reported during her psychotherapy that her family (in particular, the men in her family) deeply disapproved of the fact that she viewed herself as an atheist. Anita reported during her psychotherapy how describing herself as an atheist resulted in her being ostracised and verbally attacked by certain family members, mostly men. Anita's experience of her family in these moments was similar to her mother's experience of her family as she too was verbally attacked and ostracised by her family for choosing to lead the life of an "infidel". (This occurred shortly after Ms Khan had initiated divorce proceedings against Anita's father.)

Anita's being faced with the choice of whether to subscribe or not to her family's religiously informed views about the self illustrates how adolescents, regardless of their background, choose consciously and unconsciously to identify with objects that they

experience as a way to help them separate (in a psychic sense) from their families. It suggests why Anita may have taken refuge and retreated psychically into her religious object when the task of separating from her family in this way became too much. One could therefore view her identification with atheism as her way of making the transition from her family (in a religious sense) to a secular, wider society. Anita's identification with atheism was also driven by her desire to distance herself from Islam, because of what she associated with it.

#### **4.6 Judgement**

##### *Session 207 – 3rd year of treatment*

*Anita reported that some of her dreams have a recurring theme to them. She described one that had stayed with her. In it, she sees a woman dressed in a niqab with only her eyes being visible. Anita reported that she was quite disturbed by this woman's eyes, as they were fiery bright red. She thought that they represented "judgement". Anita thought that the dream represented something bad happening to her. I suggested that it was interesting that she presented this dream soon after we had talked about the worry she had about her emerging sexual feelings. (Anita had reported previously that she was becoming attracted to a boy at her school.) She looked a bit pensive as she said "bad things happen to you." When I wondered what she meant she explained that she was referring to bad things happening when you had lustful feelings.*

Anita's dream illustrated her fear of being judged for acting on her sexual feelings before being married. Her associating the fiery eyes of the woman in the niqab in this dream with judgement is an idea that is present in most religions. Throughout the scripture of Revelation in the Bible, fire is referred to as a symbol of judgement. In Revelation 1:14, Jesus's eyes are described to be like flames of fire as he returns from heaven to inflict his judgement on evildoers: *"His head and his hairs were white like wool, as white as snow, and his eyes were as a flame of fire."* Anita constantly worried that she would be judged for not following Islam, in part because she feared retaliation from her family for having a different view of religion to a majority of them. The woman in her dream captured Anita's experiences of her family's objection to her lifestyle. Bion

(1961) explains how a group relating in a fight / flight basic assumptions way comes together around the excited and violent idea of there being an “enemy within” (Anita), an object to be identified, judged and then either taken flight from or fought. The feeling of “judgement” Anita felt because of her family’s way of relating to her was akin to (Bion’s, 1962a) description of the nameless dread the infant experiences from feeling that their distress is not containable (by the mother). Bion explains how these anxieties fragment within the psyche because of this and are then felt to attack it. Bion’s concept of nameless dread suggests why Anita felt that a judgement, an attack, was inevitable.

The woman wearing the niqab in her dream represented the judgement and disapproval of Anita acting on her sexual feelings before marriage. Anita’s idea of the females in her family, which included her mother and aunts, was that they subscribed to the dominant narrative in the family that sex before marriage was forbidden. She experienced them as objects that were also worried about being judged for acting on their sexual feelings and felt that this is why they colluded with the dominant narrative in the family about what women should do with their sexual feelings.

Even though Anita enjoyed a close relationship with her mother, she believed that her attraction to boys and her emerging sexual feelings were things that she could not share with her. Anita alluded to her feeling of isolation about her adolescent development when she reported on one occasion that she had not talked to anyone in her family about menstrual cycles. I was both shocked and saddened when she reported this to me, whilst also viewing it as a helpful prognosis that Anita was slowly able to talk to me about an issue that was so personal and sensitive. It suggested that her psychotherapy was becoming a place where Anita could feel safe enough to explore the aspects of her that would ordinarily be retreated from or split off from her self in the way that (Meltzer, 1973) describes.

Anita’s worry about her emerging sexual feelings also stemmed from her knowledge of familial sexual abuse. Anita reported that she was aware that her mother and other female relatives had been sexually abused by male family members when they were younger and living in Bangladesh. Anita reported that she was worried that she would also be sexually abused, especially if she was seen as a sexual, mature woman by

certain men in her family. This issue showed itself in her psychotherapy, particularly when she expressed a worry about turning 18, as that birthday approached. When I explored with her why she felt so worried about turning 18, she explained that she believed that she would officially be seen as and referred to as a woman. She believed this in part because she knew that she could legally marry when she was 18 years of age. It led to her reporting that she was deeply worried about having a marriage arranged for her when she turned 18. It suggests why she repressed her sexual feelings and negated her adolescent development in the way that (Matte Blanco, 1975, 1988) describes. Matte Blanco explains that the adolescent attempts to negate their body as a source of new stimuli in order to manage the intense internal experience that adolescence presents them with. It suggests that Anita's tendency to view and relate to her emerging sexual feelings as if they were dangerous and unwanted was an expression of the negating process that Matte Blanco describes. The process of negating her sexual feelings was in part Anita's solution to the anxiety that she experienced from associating them with sexual abuse. It was somewhat easier for Anita to negate her sexual feelings, rather than viewing them as something frightening and dangerous.

#### **4.7 School as a container**

Anita was able to use her experiences of school and her relationships there to explore how she viewed and related to herself. She clearly felt a sense of belonging from these relationships and from the fact that she was exceptionally bright.

#### *Session 289 – 3rd year of treatment*

*Anita was pleased and relieved that her head of year, Ms Smith, had agreed that she could change one of her subjects. She explained how Ms Smith had spoken to the head of the department of the subject Anita wanted to change to. Anita explained that Ms Smith and the head of the department wouldn't ordinarily allow a student to change subjects once the term had started. She smiled and looked a bit proud when she reported that Ms Smith and the head of the department had accommodated her request because they felt she was "special". The head of the department spoke to*

*Anita after she had changed subject and told her not to tell anybody that they had done this for her. Anita explained that they viewed her as “special” because she was bright.*

Anita’s view of herself as “special” was something that was fostered during her childhood, primarily by her mother. She reported that her mother viewed her as a child prodigy and treated her specially because of this. Anita’s mother’s way of viewing her was the genesis of Anita developing an idea of herself as special and unique in her mother’s eyes. It suggests why the idea of being a prophet resonated so deeply for her.

Anita began to revisit and work through the traumas and difficulties that she had prior to and at the start of her treatment. This began shortly after her fourth and final year of psychoanalytic psychotherapy had commenced. It felt that she was doing this as a result of unconsciously realising that the end of her treatment was an opportunity to use me and her psychotherapy to work through certain difficulties a final time. Freud (1914) describes how the process involves the patient remembering, repeating and working through much of their difficulties that they worked on at the start of their analysis as they present more at the latter stages of treatment. Freud importantly draws our attention to the technique employed by the analyst in this type of working, which he describes as bringing the patient’s attention to the resistances when they present in the clinical setting – a technique he also describes as *“studying whatever is present for the time being on the surface of the patient’s mind”* (Freud, 1914 p147). Freud explains how the analyst uncovers resistances which are unknown to the patient through this technique. This way of working was particularly useful in my work with Anita as it involved me describing to her my countertransferential feelings to her resistances. As it involved me doing this in a spirit of curiosity, it prevented her from experiencing this way of working as an inquiry about her religious beliefs, especially as many of her initial resistances were conveyed through her interpretations of religion.

#### **4.8 “Visions”**

Anita began to report that some of her previous difficulties had returned during the

fourth year of her treatment. One of the main difficulties that deeply troubled her at the start of her treatment was the visual hallucinations she experienced. Anita reported that she began to experience them again, experiences she referred to as “visions”. The quality of these visual hallucinations had changed slightly, as she reported that she did not see jinn in the way that she had previously, but that she still saw parts of her body being cut or dismembered.

Anita reported on an occasion that she saw her hands being cut off at the wrist. Her hands being cut off in this way seemed to illustrate some of the psychotic thoughts and feelings she was presented with at this time, as many of the dreams she shared had more of a psychotic feel to them. A particular dream she shared with me further illustrated this. It involved her mother and her killing a baby. Anita was very disturbed by this dream and did not know what to make of it. I interpreted to Anita that her dream conveyed how at times she had colluded with her mother to kill off the infantile part of her. Anita was unsure whether she agreed with my interpretation of this dream but did acknowledge that she was worried about whether she would be able to tend to her infantile needs when she went to university. It led to Anita wanting to explore this issue more, as opposed to dismissing it in the way that she did when she first started psychotherapy.

Anita reported that she was both excited and worried about attending university. (Anita planned to live on campus.) She reported that she was worried about losing the support and the containment of her psychotherapy, her family and friends and the familiarity of the wider community she lived in. Her acknowledgement of the difficulties that she had to negotiate when she went to university illustrated the growing capacity in her to bear her psychic reality and the difficult external realities that she previously took flight from.

#### *Session 311 – 4th year of treatment*

*Anita explained that she did not go to school yesterday. She found it hard to get up when the alarm sounded, despite her best efforts. Anita looked very sad and upset when she explained that she felt she was a “failure” for not being able to get up and*

*go to school. When I enquired why she thought this, she replied: "Everybody else is able to go to school and do things but she wasn't able to." I said that I notice that she becomes very harsh with herself and does not view herself sympathetically in these moments. She became a little bit more thoughtful and nodded. She explained that her feeling that she was a failure resulted in her having what she described as a "vision". She described how she looked down at her wrists and imagined that they had deep lacerations on the underside of them. She attempted to play down this episode and said that it was "quite silly really".*

Anita's "visions" were religiously acceptable symptoms which expressed how intolerant her superego was of failures to master her presenting difficulties and infantile needs (Jones, 2002). The internal attacks on herself were experienced in a literal way by Anita and were projected externally, on to her body, in the way that (Briggs, 2008) explains has a borderline quality to it. Briggs suggests that the type of experiences that Anita was presented with had a borderline quality to them as they involved the internal being forcibly located into the external, as a result of the (Anita's) psychic skin not being robust enough to separate the unconscious from the conscious mind. The importance of symbolism in religion as a way of representing internal dilemmas and difficulties, as well as aspects of the self, is discussed by (Durkheim, 1995) in his theory of religion. Durkheim suggests that religion arose from the need for social adhesion and resulted in a banding together around "common" sets of symbols as one of the ways to attain social adhesion and maintain solidarity. In Anita's mind, the lacerations symbolised the fate of the infidel that did not subscribe to Islam, due to their parallels with the idea of dismemberment as a punishment for infidels. Anita viewed herself as an infidel as a result of her failure to attend school. She came to view this as a sign of something bad and punishable. However, there was very little differentiation between levels of punishment for Anita and even the slightest misdemeanour was viewed by Anita at times as something that could potentially be fatal.

We were able to talk about her belief that she was a failure later in the same session:

*Anita explained that she feels like a failure, especially in relation to a friend she has that attends the same school as her. She explained that this friend is doing really*

*well academically, regularly attends school and does not have a bad feeling for anybody. Anita explained that she had arranged to meet this friend outside of school but had forgotten about their arrangement. On the day of this arrangement, her friend called her after the time they had intended to meet and asked Anita where she was. Anita explained that she replied: "I had forgotten about you." Anita reported that she had blurted out her response and was taken back by what she said and the depth of feeling she had. She explained that she felt very guilty for saying what she did to her friend, despite what she said being the truth. She felt that she was "bad" for not caring that she had forgotten her friend. She felt that psychotherapy had caused her to be too open with the feelings she previously attempted to suppress. She referred to a passage in the Qur'an which she felt referred to her now being more open with her feelings. She said that this passage stated that people with wicked feelings would not progress in life. She also felt that she was bad as her friend often helped her own mother around the home and she didn't help hers. She referred to the Qur'an again and explained that it states that children who do not honour their parents, especially their mothers, would not prosper. Anita seemed much taken with this idea and looked very resigned to the fate this interpretation of the Qur'an referred to. I suggested that she knows that at some level she does take up what is written in the Qur'an in a particular way – that it usually involves her believing that she should be punished for having feelings that she previously viewed as not wanted, such as anger and jealousy. Anita thought for a little before she nodded in agreement.*

Anita showed how her internalised religious object acted to censor her adolescent feelings. For example, feeling jealous of her friend's attainments is an example of how adolescents can use their peers to understand aspects of themselves in the way that (Waddell, 2002) describes. Anita's jealousy of her friend was an expression of the jealousy and sibling rivalry she had towards her siblings, those she felt were attaining well in terms of their mental health and academic learning. Anita's more infantile self and the thoughts and feelings held in them, such as sibling rivalry and jealousy, were viewed as being signs that she was unholy, i.e. bad in some way. Anita was often contemptuous of her other infantile needs because of this and viewed them as initially impeding her psychological progress and development, instead of supporting them.

She showed how she could become very persecuted and anxious when she believed that she had behaved “wickedly” (from the viewpoint of her internal religious object). Her interpretations of the Qur’an mirrored her family’s own and added weight to her feeling that she had done something wrong because of this. Anita knew, on an intellectual level, that Islam and the Qur’an did not posit these ideas, as she reported on several occasions that she knew that Islam was a religion of love.

Anita was also showing a more maternal transference to me in the way that she viewed me similarly to how she experienced her mother. It involved her worry that I would also drop her from my mind from there not being enough space in it for her and the analytic siblings (my other patients), people that she worked hard not to acknowledge evidence of. At times Anita would encounter one of my younger patients when I returned them to the waiting-room where Anita was, having arrived to her appointment early. Anita’s contact with my other patients, although difficult, provided her with opportunities to explore her experience of feeling displaced by her siblings or how she viewed me as someone that did not have space in my mind for her.

The issue of helping Anita explore her feelings of sibling rivalry became more important and present for her as she began to make the transition to university. Anita was acutely aware that the university that she hoped to attend was populated with people that were equally or more academically bright than her. Anita was able to tolerate the reality that university would put her in touch with – that she would be with other “special” and gifted young people in university, something that she had not experienced previously. This idea was informed from the type of identification she had with her mother, which involved the phantasy of inhabiting her exclusively (Meltzer, 1993).

Anita also felt envious and rivalrous towards her mother, who at this point had begun a relationship with a man whom she would later go on to marry. She was conflicted about feeling this way as she deeply felt that it was “wicked” to have ambivalent feelings towards her mother, an object she once idealised. It helped that Anita began to feel drawn to Sufism<sup>4</sup> at this point, as she felt that it helped her to feel less guilty about the feelings and thoughts she had. It provided her with a more helpful container that could

<sup>4</sup> Sufism is defined as Islamic mysticism. It is a strand of Islam that is interested in developing a spiritual path to Allah through love and devotion as ways to moving towards truth.

contain and tolerate better the thoughts and feelings that she had invested with an unholy quality. It enabled Anita to bring together her more idealised views and thoughts for her mother with those she held in her true self, such as jealousy and envy. Anita's identification with Sufism also helped her to feel better about pursuing the type of adolescence she wanted for herself. For example, Anita reported that she did not feel as guilty for enjoying herself at parties. She reported that she drank alcohol very occasionally (something that she viewed as being prohibited in Islam) at these parties. She reported that she could feel worried afterwards about how drinking alcohol made her behave at these parties. She described how it made her act flirtatiously and that she felt more confident about her sexuality. She described that she was more in touch with her sexual feelings at these parties but did not act on them. Anita began to dress in a more grown-up way at these parties and when she was with her friends.

Anita being drawn to Sufism could be viewed as a sign of the part-formation of a more developmentally helpful object. This is because it provided her with mental space where she could explore the differing views of her religious object and herself. What seemed important for Anita is that Sufism was viewed by her as sufficiently removed from her family's view of Islam, whilst also holding onto its core values. It was an object that she experienced as bringing together the differing views she held about Islam in a more benign and developmentally helpful way. Relating to and inhabiting this type of object, as opposed to seeking refuge in an internal organisation which involved her religious and part-parental objects helped to relieve the sense of guilt she felt about her adolescent and sexual feelings. It also helped her to avoid the experience of feeling completely separate and abandoned by her family – her familial object – which she felt happened when she made the choice to be an atheist. Her self was strengthened as she no longer felt the need to split her familial object off from it. It therefore helped her to become more integrated internally.

The containment of Anita's psychotherapy supported the process of her negotiating her family's culture and the cultures she inhabited in wider society, whilst helping her to preserve the drives and wishes of her true self. She often had to negotiate and inhabit (often simultaneously) different structures and cultures, whilst being in identification with the different ideas of herself held in them. A feature of this dilemma was that Anita

felt that her familial self – in particularly the religious aspect of it – was not reflected in a positive light in wider society.

#### **4.9 Religion in the therapy room**

Anita's mother talked in her parenting work sessions about how she felt that her culture and Islam were depicted negatively in society (please refer to Grid 4). Anita began to talk about this following the incident when her mother felt that the Child and Adolescent Psychotherapist working with her shared the negative views about her culture and Islam held in society. The way that Anita talked about this issue and how she related to me during this session had a different quality to how she normally related. She was quite unreachable, despite my attempts to think with her about the issues she was presenting me with. In my countertransference to Anita it felt that I had become lost to her in some way. It also felt that we were both alone in our struggles to make sense of this issue, whilst paradoxically remaining connected by her psychotherapy and the process of psychoanalysis. Bion (1963) suggests that this type of contact is an element of psychoanalysis which involves painful feelings of loneliness, abandonment and isolation, as a result of aspects of the personality succeeding in detaching themselves in such a way that a psychoanalytic experience can be borne. (Caper, 1993) gives clinical examples of work with patients where moments of contact between him and his patient in this way are suggestive of a clinical fact, as it evidences that psychoanalysis is taking place. Anita's way of relating to me, quite literally, as a figure that was intrinsically unsympathetic and not understanding of her when thinking about this issue of how Islamophobia affected her, had parallels with how she had internalised her father as an infidel, (ignorant) object that was directly opposing her in some way. The nature of Anita's transference to me in these moments rendered me helpless, as it felt that for her, her therapist was not present, as a result of her experiencing me in the way she had internalised her father.

Anita and her mother's tracking of the rising Islamophobia in Britain, and their bringing their experience of it to the clinic in order for it to be understood, is an example of what (Jaques, 1953) means when he explains how individuals or groups use institutions to contain the persecutory anxiety they experience. It was clear that Anita and her mother

viewed me and the parent-worker who worked with Anita's mother as people that identified with the Islamophobic views that were being put forward in the media. It illustrates how...

*"...individuals may put their internal conflicts into persons in the external world, unconsciously follow the course of the conflict by means of projective identification and re-internalize the course and outcome of the externally perceived conflict by means of introjective identification (Jaques, 1953, p497).*

It felt that Anita and her mother were giving the clinic an experience of how they had been positioned in their family in a similar way to how Segal (2000) explains Muslims and Islam function to contain society's anxiety. Segal suggests that the impact of Islamophobia on Muslims is that society positions them as one of the latest external, hated objects that the West can project their anxiety into. Segal explains how the West has historically used an external, hated object to project their displeasure into in this way, as opposed to attending to the source of the displeasure in the countries in the West. Anita and her mother had been related to similarly by her family, a significant factor in their presenting psychological difficulties.

One of the internal conflicts that Anita and her mother were putting into the issue of Islamophobia in the way that (Jaques, 1953) has described individuals as doing, was their fantasy that the clinic would turn into an Islamophobic object if they talked openly about their cultural experiences and culturally informed views of Anita's psychological difficulties. Anita brought her fear that this would happen to me in her third psychotherapy session (please refer to Chapter 6 – Adolescence, session 3). Anita's mother bringing the newspaper to the clinic and Anita bringing her mother's experience of her parent-worker to her appointment with me was their way of testing the validity of their internal object (the clinic being Islamophobic). (Klein, 1946) suggests that projection is informed from the desire to make the invisible visible, something that the quality of Anita's mother's transference to the Child and Adolescent Psychotherapist working with her in this session suggested. Ms Khan's parent-worker clearly acted out in the transference in the way that (Joseph, 1978) describes, as she became entangled in Anita's mother's attempts to support her own defensive position. By doing

this in the way that she did, Anita's mother's parent-worker unintentionally validated Anita's mother's internalised object (an Islamophobic clinic) as the projections involved were not contained or understood adequately.

On hindsight the parent-worker was in an impossible position as it was almost inevitable that Anita's mother's phantasy of an Islamophobic object would be presented to her in some form. (Evans, 1985) explains how the type of racial prejudice that Anita and her mother showed respectively are often indications of a patient's defensive shift away from underlying internal conflicts. In terms of Anita's mother the newspaper article also touched upon things that she wanted to defend against and move away from, such as her own sexual abuse in childhood and the familial sexual abuse in her family that she was aware of. It was ultimately helpful in my work with Anita that this situation was presented to us in her work in such an overt way, via her mother's work with her parent-worker, as it helped me to understand more how Anita's tendency to intermittently retreat to her internal religious object (in the latter stages of her psychotherapy) were often indications of her attempts to move away from internal conflicts that were more often than not around her adolescence and gender development.

## **Chapter 5 Race, Culture and Difference and their Relationship to the Self**

### Introduction

I will now describe how issues of race, culture and difference were thought about and worked with in Anita's psychotherapy. I will show how Anita's self had undergone a process of racialising, and how this was worked with in her psychotherapy.

#### **5.1 Red**

The manner in which Anita reported and described her family, the beliefs they had, the attitudes they had towards difference, in particularly non-Muslims, and how they viewed life in general, suggested that she did not view her culture positively. She

objected to the fact that her family's culture was patriarchal, as she felt that it resulted in females' ideas of self being marginalised. Anita also did not like that religion was the element that seemed to bind her family's culture together in what she felt was not a helpful way, particularly as she felt that religion was used by her extended family to attack her mother and her. Her descriptions of how religion brought her family together in this way were similar to (Bion's, 1961) thoughts on a fight / flight basic assumption group which comes together around the excited and violent idea of there being an "enemy within".

Anita described how many of the beliefs and attitudes that her family had were influenced by the beliefs and attitudes that came from their country of origin, Bangladesh. Anita's descriptions of her family's culture suggested that she felt that it was static and would therefore not be able to take on the ideas about the type of life that she wanted for herself, in the way that (Moodley and Palmer, 2006) suggests is important to the development, longevity and appropriateness of any culture. Anita felt that her family's culture was at odds with her wish to develop an identity that was more synonymous with the identity of western, British children.

Anita reported that the issue of caste informed her family's view of themselves and the social status they occupy. Anita felt that they viewed themselves as inferior to those from other Asian ethnic backgrounds because their skin was darker than theirs. She described how an idea that the darkness of one's skin indicated what social status one was from, was verbalised to her throughout her childhood. Anita described how her parents often told her that Asians from a higher caste than them often viewed them as inferior and that they related to them as if they were superior to them. Anita's account of the beliefs and views held in her family, in particularly about caste, suggest how they, and introjecting post-colonial ideas from society about the self (western) and other (non-western), led to her over-identification with a western idea of her self (Davids, 1996). The numerous internal representations of Anita's self, family and others that were informed by caste-based beliefs and post-colonialism suggest how sociological phenomena such as these show themselves in the internal phenomenology of the individual and are communicated across generations and between family members verbally and non-verbally through the process of projective

identification (Meltzer and Harris, 1976).

### *Session 36 – 1st year of treatment*

*Anita explained that she doesn't like sleeping as she becomes preoccupied with difficult thoughts and feelings at this time. She explained that she often sleeps on the settee downstairs, as it is very close to her mother who sleeps on the floor close to the settee. Anita explained that her difficulty in sleeping is because a jinn (spirit) is trying to make contact with her about something. She felt that this spirit was also trying to make contact with her mother, as her mother senses it as well.*

*Anita explained that a jinn appeared at the foot of her bed recently but did not speak to her. After this had happened, her mother questioned her family to see whether they had sensed the jinn as well. Her mother then invited a friend of the family to their home who was very spiritual and knowledgeable about these kinds of matters. He explained to Anita that he thought that the spirit did not mean her any harm.*

*Anita explained that she did not fully believe what the family friend had said, because she believed that the spirit did not like that she had worn red clothing recently. She explained that she had gone to sleep wearing a red scarf and felt that this was why the spirit appeared. She then shared an account of her friends being attacked by jinn after they tied a red ribbon around a car that one of her friends was driving. Her friends heard banging on the car and found hand marks on the ribbon when they examined it. Anita added that she did not know why she was sharing this with me as she knew that I would not believe her.*

Anita explained that she associated the colour red with ungodliness, as her family had told her this. She reported that her friends and their families also believed this about the colour red. It illustrates how the primal myths held in culture for generations are internalised by individuals and maintained through the process of projective identification between family members, peers and significant people in her community such as imams and community leaders (Bion, 1962; Meltzer and Harris, 1976; Dalal, 2002; Foulkes, 1990).

Session 36 occurred at a time when Anita was beginning to tentatively explore her own sexuality by dressing more provocatively and flirting with boys her own age. A part of Anita believed that she and her friends were inviting punishment by exploring their sexuality in this way and especially by wearing the colour red, a sign of ungodliness. Anita confirmed this when she reported that she believed her friend's car was attacked by jinn because they were openly behaving in a way that opposed the teachings of Islam by going to a party and by tying the colour red to their car.

Anita exploring her potency and sexuality through certain items of clothing and behaving more sexually would ordinarily be part of the process of an adolescent exploring their sexual identity. However, Anita believed that her sexual feelings were not permitted by her religion and that the appearance of jinn was a sign that Allah disapproved of her having them. These phantasies were at times projected into the external world only to be reintrojected in such a way that she felt attacked by them in her internal world (Bion, 1957).

## **5.2 The racial other**

In her transference to me, there was a need for Anita at times to ostracise and exclude me from her cultural views and her subjective experiences as a female Muslim. It seemed to be a communication of her experience of her family ostracising her for having different views to theirs. Her comment in session 36 that "she knew that I would not believe her" expressed her view of me as someone that was too different to be able to know what it was like to be both "inside" her culture and her mind.

Anita's intolerance of the difference/s I presented her with seemed to be the driving force behind her attempt to make us the same by relating to me as if there were no generational or hierarchical differences between us, in the way that (Lombardi, 2009) explains is suggestive of the transference that is more symmetrical in nature. By

relating to me in this way, Anita attempted to create a way of relating to me that was similar to how she related to her mother i.e. as an object that she could omnipotently control (Tan, 2006). It was a theme in her transference to me, especially in the initial phases of her psychotherapy, and involved her resistance and hostility (intolerance) to the difference I presented her with.

One could view some of the themes in Anita's transference to me as a communication of her own experience of being "othered" in her family and in wider society. Anita related to me more in this way at this stage of her treatment and more overtly when our views differed or when she disagreed with certain interpretations I had of the material she presented.

A feature of Anita's transference resistance occurred in response to me presenting her with an experience of what (Gadini, 1976) describes as the "second object". (Gadini explains that the internalisation of this second object – the father – helps the child to be extricated from the tie they have to their mother; and that the second object helps to develop mental space in the mind of the child, as the acquisition of the second object to the self and mother creates the possibility of triangulation. To be separate from her object was something that Anita wanted, as she knew that this would be important in order for her to do well at university. She also feared being separate from her object and the protection it gave her from the external world by her inhabiting it in the way that (Meltzer, 1992) describes involves the claustrum inhabitancy of the internal compartments of the mother.

Anita being drawn out of her object by being presented with another object (her therapist) was something that she found painful at times. The paternal function of this other object, a second object, had the effect of Anita being brought more in touch with some of the realities in the external world that she previously attempted to avoid. I was experienced as the "other" in these moments, an object so dissimilar to her mother that it was feared. (Freud's, 1915) concept of the other is pertinent in helping us to understand Anita's experience of me as an object that she experienced as being dissimilar to her self, as Freud asserts that the external different object is hated from it being dissimilar to the self and not known.

My external differences to Anita, in particularly our respective skin colours, was a constant reminder of me representing the “other” for her. Lowe (2008) explains how the skin can be related to in a part-object way and as if it were the whole person. For Anita, skin was internalised and related to in quite a literal sense in her internal world. Her associations with skin and what colour represented for her – in our case the degrees of darkness of our respective skins - were viewed by her in a hierarchical sense, i.e. the darker the skin, the more inferior you were.

This internal relationship was informed by her internalisation of caste and her introjections of post-colonialism and was thought about by her in quite a literal way. The literal quality to her view of skin seemed to mirror her black and white associations to them. A phantasy of me being beneath her in a hierarchical sense, because of the darkness of my skin, was formed because of this and was conveyed in her tendency to relate to me in a way that (Joseph, 1988) describes as involving anti-concern. In my countertransference to Anita in these moments, I felt that her “othering”, or racialising, of me in the transference was complicated, and at times anxiety-provoking as it brought her in touch with feelings of hate, something that she associated with ungodliness and would rather avoid.

Anita’s way of relating to me in the moments when she experienced me as the “other” illustrates the concept of the racial other that (Foulkes, 1990) explains is communicated in the social unconsciousness and shows itself in the internal phenomenology of the individual. Foulkes’ idea of the social unconsciousness seems to be informed by the concepts of groups that (Bion, 1961) has described extensively. Bion’s idea of the basic assumption of the group describes how the group is suffused with unspoken and unconscious assumptions that are shared by group members. Bion helpfully identifies the importance of the group leader’s function as an object that the group is in projective identification with, thus informing the basic assumptions of the group. The role of the leader in society takes the forms of heads of states such as monarchs, presidents etc, but is best captured in the leadership function of the state itself. (Baumann, 1999) argues that the state uses its power to determine who in society is viewed as a minority and how the idea of difference is constructed in the minds of the people. It illustrates

the role that society has in informing people's idea about who is the racial other and how difference is organised hierarchically so that skin, culture, gender etc are apportioned either as an idealised or denigrated quality.

Anita's difficulty in seeing me as a whole object is one that (Segal, 1957) explains occurs from a difficulty to symbolise. Segal describes how relationships to parts of the object take the form of a symbolic equation due to the individual's tendency to relate to the object literally, as opposed to symbolically. Segal (1957) explains:

*When there is a failure to distinguish between the thing symbolised and the symbol, it is part of a disturbance in the relation between the ego and the object. Parts of the ego and internal objects are projected into an [external] object and identified with it. The differentiation between the self and object is obscured. Since a part of the ego is then confused with the object the symbol becomes confused with the object which is symbolised (p53).*

My work with Anita would seem to show that her tendency to racialise her object(s) stems in part from her introjecting part-object ideas from society about race and difference, such as the post-colonial ideas that (Fanon, 1952) describes as informing society's ideas and phantasies about them. A product of colonialism and post-colonialism is the idea of caste, a part-object view of the person that is organised around race, and the phantasy and associations attached to it, and to concepts such as whiteness and blackness. (Roland, 1988) explains... *"...whenever the identity investment is more western, there is inevitably a subtle or open denigration of many things Indian"* (p22).

What emerged in my work with Anita was that race and differences proved to be barriers to her capacity to symbolise, but that she could symbolise regarding issues outside these areas. For example, Anita showed a capacity to symbolise when she described how she made links to the characters and themes in certain books that she became interested in as her psychotherapy progressed. One such book was *Regeneration*, a book whose themes and characters helped her make sense of her therapeutic journey. The book is about army officers being treated by psychotherapy for

the shock they experienced in the First World War. Anita related to the characters and themes in this book symbolically. An example of this was the associations she made from viewing her psychotherapy as being a treatment for the shock (trauma) experienced at the hands of her extended family.

Anita's use of symbolism in this way would suggest that her difficulty in symbolising was not intrinsic but was closely connected with the issue of her culture and, in particular, race. It suggested that her difficulty in symbolising arose whenever difference became something that could not be thought about, thus resulting in Anita wanting to understand it literally, in a similar way that she did with the caste system.

This conceptualisation of Anita's difficulty with symbolism seems important in terms of helping psychoanalysis to develop an understanding of it, particularly in relation to cross-cultural psychoanalytic psychotherapy. This finding in Anita's psychotherapy adds weight to (Tan's, 1993) idea of racism in the transference indicating the patient's defence against growth. I would add to Tan's idea slightly by suggesting that it is in fact the depth of feeling, the hate that comes from the fear of annihilation, that (Freud, 1915) explains is experienced when the object is felt to be too dissimilar to the self, that acts to prohibit growth and thinking in these moments.

(Bion's, 1962a) theory of thinking is important here, as he suggests that thinking cannot take place if the mating of preconception with a conception results in frustration that is felt to be too much to contain and is therefore avoided. I would suggest that the avoidance of thinking occurred in the way that Bion describes when Anita experienced thinking about race and difference in her psychotherapy as being too emotive and frustrating to think about and contain. Thinking was therefore avoided at these times through the racialising of me by means of splitting and projection.

### **5.3A wish for free will**

One of Anita's solutions to the question how she could inhabit the cultures and contexts outside of her family in a way that was congruent to her true self, was her attempt to divorce her familial self from her self through projection. It involved her

attempts to split her familial self off from her psyche – the part of her that held her ethnic essence, her culture, religion and race - through projection. She did so, in part as a means to rid herself of the persecution that came from internalising her family as critical of her, and as her way of ridding herself of the persecution she felt from her internal religious object.

Anita conveyed during her psychotherapy how her idealised self was greatly informed by the ideas of normality held in western society. She seemed to idealise adolescents from a white European background as a result of believing that they had the freedom to choose the lifestyle they wanted. One could view a dynamic in Anita's internal world, where opposing ideas on identity battled for dominance, due to the opposing representations of her self held in the various social and cultural contexts she inhabited. From a poststructuralist view, Anita's identity could be viewed as being continuously and dynamically informed from inhabiting contexts whose basic assumptions about adolescence and sexual development opposed each other. (Bhaba, 1994) explains how this process is inevitable, as interaction between cultures is a dynamic process resulting in new meanings of objects, customs and religious beliefs occurring within the different contexts being inhabited.

I would suggest that holding in mind that Anita's identity was being informed in the way that Bhaba describes is a helpful technique when working with a patient from Anita's background. Anita's second generation immigrant status meant that her identity, her sense of self, was constantly being informed by her family's (more) first-generational views of it interacting with the (more) second-generational views of her self that she was acquiring from inhabiting contexts outside the family home, such as her school and her wider community. Anita's desire to have a (more) "second generation" identity was helped by her identifications with friends and peers who were second generation immigrants and who, like her, were also negotiating a (more) second generation identity for themselves. It also helped that second generation immigrants made up a large proportion of the population of the school Anita attended.

Anita described the lengths that her peers and friends went to so that they could have the second generation identity and lifestyle they wanted. She reported that they often

hid behaviours they felt would be frowned upon by their families and community. For example, they would try to hide from their family that they were sexually active, they would hide that they drank alcohol and they hid that they dressed in sexually provocative ways outside the home. Anita engaged in some of these behaviours, such as drinking and going to parties, things she knew her family would disapprove of. She reported that she took a change of clothing with her to school so that she could fit in better with her peers' fashion sense.

Anita viewed a second generation immigrant identity more favourably because it gave her a chance to express the rebellious side of her that she worked hard to curtail. She also felt that it was an identity that gave her the female autonomy she craved and an escape from the oppressiveness that the type of patriarchy that operated in her family presented her with. The idea of herself as a second generation immigrant was given the opportunity to develop from viewing the interactions between her social and cultural structures as potentially developmental spaces which could be explored in the relative safety of the clinical setting.

On reflection, Anita's request for psychoanalytic psychotherapy, a treatment she viewed and described as being "more autobiographical than other treatments" (as opposed to her previous treatment of CBT), could be seen as arising from the tension between simultaneously inhabiting Islamic (home) and secularist (wider society) structures; and her need to develop an identity which was not restricted and defined in a psychologically and developmentally limiting way by the basic assumptions of these structures. Anita's experience of jinn and what they represented for her captured her wish to attain the free will she desired in order to attain the identity she wanted. She associated jinn with free will as they existed without having to serve Allah in a subservient way (according to Islamic theology). Anita wanted this existence for herself, one where her true self was not subverted by having to adhere to religiously informed ideas about how she should live her life.

Anita's belief regarding what psychoanalytic psychotherapy could offer her was apt. It captured the task of adolescence that Waddell (2002) describes as involving "*the negotiation of the relationship between adult and infantile structures: the transition*

*from life in the family to life in the world; the finding and establishing of an identity, especially in sexual terms” (p140). Waddell seems to be suggesting that adolescence involves a negotiation and understanding of how the development of one’s self is informed from the social structures they inhabit, in particular from leaving a family structure culture for the wider society. One can see how the task for adolescents who are second generation immigrants is complicated by this and from inhabiting numerous social and cultural structures, sometimes simultaneously. They also have to contend with the pull of the unconscious suggestion of the family to preserve their family culture and reject the culture posited within the wider society.*

#### **5.4 “Typical Bengali men”**

Anita initially approached the idea of negotiating her identity in an either / or way. She seemed to do this in part because she felt torn by inhabiting contexts that at times opposed the wishes and needs held in her true self. She seemed to idealise western culture and society, viewing it as having more in common with the thoughts, feelings and wishes held in her true self. Her viewing western culture in this way resulted in her rejecting and denigrating her own culture.

Anita’s rejection of her father’s help and support and viewing him in a denigrating way were informed by her hierarchical view of western and eastern culture and from viewing him as epitomising her family’s culture. Anita often described her father as being inferior because he worked in a low-paid job, because in her view he was ignorant and rejecting of western society, and for his apparent lack of interest in her aspiration to go to university. A particular session in Anita’s second year of treatment illustrated how the racialisation of her culture showed itself in the clinical setting and in the transference relationship.

#### *Session 99 – 2nd year of treatment*

*Anita asked if I wanted to know the joke that she wanted to share with me in her previous session. She said the word “therapist” and that the joke refers to this word*

*being divided into two separate words to make the words “The Rapist”. She said that she thought that I must know this joke*

This led Anita to talk about her thoughts about boys and her worry about having contact with them in the same session.

*Anita explained that she attended a party with her friends. She became a bit critical of her friends who, she explained, drank alcohol at this party. She also drank alcohol at this party and described how vulnerable she felt to be intoxicated in front of the boys at this party. She said that being intoxicated made her think of the time that she had heard about a girl at her school getting drunk at another party. A boy at that party took this girl to a bedroom, dropped his trousers and was about to force himself on the girl when he was interrupted by a person who came into the bedroom by mistake. I suggested that she is, on some level, is waiting for me to drop my trousers in a metaphorical sense and that she may view my conduct with her so far as pretence. Anita looked slightly taken aback by my suggestion. She smiled knowingly before asserting that she views me in the same way she views all men - as being “typical Bengali men”. She explained how Bengali men often pretend to be one thing but are secretly different – like pretending to come to England to be with their wives, when they only come to England for the money. She explained that her father only married her mother to stay in England and that there was no love involved on his part, as the marriage was arranged for him by his own family.*

Anita showed in this vignette a feature of the type of paternal transference that she had to me. It involves her experiencing me similarly to how she had internalised her father, an object that she felt was duplicitous and machiavellian and that only pretended to have a caring side. She conveyed another layer to this transference from experiencing me as a man with similar attributes and qualities to those she viewed in Bengali men. Anita referring to me as “The Rapist”, instead of her “Therapist”, was a communication of her phantasy of Bengali men having a brutal and raping quality to them. Her phantasy of Bengali men was undoubtedly informed by her awareness of familial sexual abuse and the part that men in her family played in this. Anita’s idea of men and women coming together in loveless, brutal ways was deeply informed by this phantasy.

In my countertransference to Anita I felt that she secretly feared what coming together with me would involve, as a result of associating me with the men from her culture. It also felt that Anita was communicating an idea held in her culture about whether it was appropriate for a girl to be alone with a man, in any way. In hindsight, it felt that Ms Khan's reservation about Anita working with me, when I first met Anita and her together, seemed linked to this idea.

Anita conveyed this fear in her identification with the vulnerable girl in the vignette, someone who was nearly raped by a boy (me) who looked to exploit her vulnerable state. It was an expression of her phantasy of me exploiting her drunken state that came from the feelings evoked in her in the transference and her worry about what intimacy with a man entailed.

The power dynamic that existed between us by virtue of the therapist / patient relationship was experienced by her as "foreign", as a result of her lack of experience of intimacy other than with her mother. Her difficulty with intimacy was therefore viewed by her as a problem that was inherent in males, because of the qualities she viewed them as having. Intimacy was viewed by Anita as unwanted, racialised and projected into men, resulting in her complicated projective identification with males. Anita's projective identification to me was complicated because of this and because of viewing me as an object whose self was greatly dissimilar to her own, primarily because of her associations with our external differences of race and gender. Our external differences, in particularly our skins, seemed to have the effect of Anita relating to me in a part-object way. It involved her ideas of "caste" and colonialism coming together to create a view of me in her mind where the darkness of my skin represented for her an object that was beneath her in a "caste" system sense. It involved her attempting to dominate and degrade me on occasions in a way (Joseph, 1988) refers to as involving the earliest forms of projective identification, where there is no concern for the object being related to. Anita's attempts to relate to me in this way could be viewed as her attempt to control and dominate the object she viewed as being beneath her from a social viewpoint. It was also a communication of her projecting the unwanted aspects of her self into me, as a consequence of seeing me as an object that is synonymous with the projected parts.

From exploring Anita's particular transference to me, it became clear that her attempts to dominate and control me were her ways of controlling the vulnerable feelings evoked in her from the intimate nature of the transference, by projecting them into me and relating to them as if they were outside of her. It was her way of preventing the intercourse she feared by controlling me and creating a distance between us. Her response to intimacy between herself and men had the effect of keeping her male and female objects far apart in her psyche and involved her denigrating and idealising them respectively. (Klein, 1946) explains how idealised objects, those which the self views and experiences as benign, are introjected and welcomed, but those viewed as malignant are distanced from the self and placed in the superego. The denigration (racialising) of her objects gives an indication of why Anita's superego had a harsh, critical quality to it as the denigrated, malignant (male) objects were split off from her self and located deeply in her psyche. Anita's internal world seemed to mirror the distance between the views of gender that were held in the social structures she inhabited. It also reflected her experience in childhood of boys and girls being kept physically apart for religious reasons when children approached adolescence.

### **5.5 A symbolic ghost**

Anita showed that her objects were becoming more integrated as her psychotherapy progressed.

#### *Session 341-4th year of treatment*

*Anita explained that she can find it really hard at home. I felt that she was very much in touch with this difficulty and I felt very paternal towards her and sympathetic of her plight. She stated that "her mother is like a ghost". I was slightly taken aback by Anita describing her mother in this way, as it was unusual for her to do this. I wondered what she meant. Anita explained that her mother doesn't seem to exist – that no -one seems to listen to the boundaries and guidance she gives. Anita*

*described how her siblings have ways to manipulate her mother so that her attempts at implementing boundaries and guidance do not work.*

Anita was illustrating how she was beginning to experience her mother as a whole object and in a more depressive way. She was able to accept and tolerate that her actual mother was dissimilar to her idealised internal mother. Anita's more depressive view of her object suggests that she had the capacity to symbolise and recognise that her view of her mother as a "ghost" was a symbol that captured an aspect of her mother but did not replace her with it. (Segal, 1957) describes this as having the capacity to make symbolic representations, as the symbol is recognised as having its own characteristics that are separate from what it symbolises. Anita was also able to use her mother symbolically in this appointment, as she projected an unconscious phantasy on to her which involved her recognising that she needed to develop and understand her own internal boundaries better, before she went to university.

My work with Anita showed that she was able to convey the literal nature of her view of race and difference in her transference to me, in part through her projective identification to me involving the projection of the racialised aspects of her self. The metabolising of these projections became even more important for Anita on the issue of her racial identity, due to her confusion about her projections and her therapist – her external object (Segal, 1957). Doing this provided Anita with an opportunity for her to project what she could not be in touch with, particularly the aspects of her self she had racialised such as her sexualised feelings and ambivalent feelings for her parental objects. Anita adopted a more reasoned and depressive view of her culture as a result of my metabolising these projections in the way that I have described.

### **5.6 Blue eyes, blonde hair**

By the third year of Anita's psychotherapy she had begun to develop a sense of solidarity and belonging from relating to her family's culture in a positive and accepting way. She especially felt a sense of belonging with her peer group, who were predominantly from a similar ethnic and cultural background to her. Anita became more tolerant and sympathetic to her familial self as a result and her internal world had less

of a paranoid-schizoid feel to it from her synthesising the parts of her self that she had previously attempted to keep apart. It helped her to view her adolescence as a process that involved the coming together of her familial and ideal self.

Anita felt able to undertake some of the psychological tasks involved in adolescence, such as reworking the oedipal complex, as a result of this change and her experience of bringing together objects that she had previously kept apart in her mind. She displaced some of her oedipal feelings on to an English teacher in her school who had taken an interest in her, mainly because of her academic prowess. Anita could not bring herself to think about her developing feelings for this man as possibly being sexual in nature and adhered to an idea that her feelings for him were based on their shared literary interests. However, she reported that she clearly viewed this man as a father figure because of his supporting and encouraging her to go to university, in a way that she felt her father had not.

Anita reported that she felt hugely rejected by her English teacher when she met his wife – a white British woman - at the school's prom. She reported that she felt intrinsically rejected as a result of viewing herself as being inferior to this man's wife because of her Bangladeshi background. She explained that she "never stood a chance" and described how her teacher's wife was more beautiful than her, because of this woman's long blonde hair and blue eyes. When I explored this with Anita, she described how she viewed these as signs of beauty and her own features as signs of ugliness.

Anita's view of and relationship to her external features is common in many ethnic minority groups. An individual bleaching their skin in order to lighten it is viewed as a normal response to this issue in some cultures, due to the negative associations of darker skin. The widespread practice and acceptance of skin bleaching, straightening of hair and plastic surgery on lips and nose with an aim of looking more European, further suggest how internalised racism greatly informs the internal world and the social unconscious of certain cultures.

Anita believed that this teacher could never be in a relationship with someone from her

race and culture. She could not evidence why she believed this so strongly. This was interesting, insofar as she was aware that Britain has an ever-increasing number of people in relationships and marriages between people who are from different races and cultures. Anita seemed to be showing how she had introjected colonial ideas and related to them internally in a literal way. It involved her associating an idea of beauty with whiteness and ugliness with blackness. From this one could see why Anita continued to view herself as intrinsically inferior and how this issue informed the racialising of her self. She developed an internal racist psychic structure as a result, which was likely to have begun to develop quite early on in her life due to how the idea of race was communicated to her by her parents. The introjection of colonial ideas, added to this process, along with her internalisation of race at an early age, had the effect of creating an internalised racist structure where destructive and gang-like objects regularly attacked the aspects of her self they viewed as foreign. Her familial self – her cultural essence – was one such part that was readily attacked in this way.

The situation with her teacher (please refer to Grid 5) enabled us to think about her phantasy of what university life would entail for her. She explained that she deeply believed that she would be rejected by teachers and her peers in a similar way to how she felt rejected by her English teacher. Anita explained that she believed that this would happen from being an ethnic minority student in a university that was predominantly populated by white British students and lecturers. Anita explained that she deeply believed that the features that defined her ethnicity - her hair, eyes and skin – would be viewed by others as a sign of inferiority. She imagined that people in her university would wonder “what was a person from an ethnic minority background doing at this university?” when they encountered her. Anita was also referring to her belief that she would be attacked by her university because of her race and culture. In this way, Anita was transferring her experience of being rejected by her family onto her university. It also felt that she was expressing a fear of receiving an Islamophobic response from whatever university she went to.

Anita also worried that she would not cope psychologically when she went to university. Her fear of being “infected” by university life was informed by the basic assumption in her family that western society would in some way infect and corrupt

their eastern culture. Anita was referring to her fantasy of being infected in this way by imagining that this would happen from “corrupt” people at university inviting her to use drugs, from attending parties at university and from the sex culture she imagined that a university life entailed. Anita’s fantasy of being infected by university in this way was born out of an acknowledgement that leaving home would result in the loss of the containment of psychotherapy and her family, objects that she experienced as protective factors.

In my countertransference to Anita in these moments, it felt that she was talking to the part of me that would empathise with her belief about what university life would be like. She seemed to view me in this way from seeing us as having a shared experience of racism because of our ethnic minority backgrounds. Because of this, I felt an urge to join with the side of Anita that deeply believed that she would experience racism in university. One could view my countertransference experience as a communication of Anita’s need for her objects to be the same as her. However, it also felt that it was a communication of Anita’s desire to have an object that she could identify with which she viewed as experiencing the wider society in a similar way to how she did.

Anita shared early on in her psychotherapy that she imagined that I went to a similar university as the one she aspired to attend, when I studied to become a Child and Adolescent Psychotherapist. In this way, she believed that I could help her with her worry about being an ethnic minority student in university and the absence of objects she could use to help her with being a second generation immigrant in a social structure that was predominantly made up of people from a white European background. In this way I was internalised by Anita as an object that could provide her with a link to the world outside her family, as well as supporting her in developing her identity as a second generation immigrant.

Although Anita had made good psychological progress by the last stages of her psychotherapy, she distrusted her own capacities to manage without psychotherapy. Anita also doubted her capacity to manage the world outside her family. Anita had a tendency to relate to me in her psychotherapy as someone who should rid her completely of her internal difficulties by transforming them in a total way, in the manner

that (Bollas, 1987) describes as being a belief that underpins many religious people. It was helpful to hold (Bollas's, 1987) idea of this particular object-relating. It offered a different understanding as to why Anita became frustrated when she felt that I had not transformed her internal experience in such a way that she was rid of her internal difficulties in the way that she had hoped. It was an example of how Anita's object-relating was informed by the shadow of her religious object being cast over her self (Bollas, 1987) I became an object that fell from grace, from an idealised position to a denigrated one. It was similar to her experience of her father, once idealised in childhood, only to become denigrated. This more cultural understanding of the interplay between race and culture (in particular, religion) and how it informed Anita's internal world and the objects in it enabled a better understanding of the transference relationship and how it could be used by me to tend to Anita during her psychotherapy.

## **Chapter 6 Adolescence**

### Introduction

I will describe in this chapter how Anita's fusion with her object informed her adolescent development. I will show how this issue was thought about and tended to in Anita's psychotherapy. I will also describe how Anita's gender development was informed by the views of it held in her family; how it informed her adolescent development; and how the Oedipus complex was thought about and worked with in Anita's psychotherapy.

#### **6.1 Anita the prophet**

Quite early in Anita's assessment for psychoanalytic psychotherapy, she touched upon

what was a salient internal difficulty for her. It was her difficulty in differentiating the view she had of herself and her presenting psychological difficulties, from the views that others had of them. It was a difficulty that seemed particularly acute in relation to her mother, as many of the views Anita had of herself often seemed to mirror those that her mother had of them. This difficulty seemed to be a symptom of the type of fusion that Anita had with her object, as well as being one of the factors which underpinned why it was difficult for Anita to attain individuation.

### *Session 3 – 3rd assessment for psychoanalytic psychotherapy*

*Anita talked about the worries she had about returning to school. She froze slightly as she said: “I’m not supposed to tell you about the things that I see at night.” She explained that her mother did not want her to talk to me about them as she was worried that professionals would view Anita and her as mad if they talked about their “spiritual experiences” with professionals. Anita gave an example of one of these spiritual experiences when she explained that a jinn had first appeared at the end of her bed approximately three years ago. She added that she had had several similar experiences of jinn, following this incident. Anita explained how the jinn that first appeared to her asked her to turn on her right side when she was lying down. She explained that she felt that this jinn had ordered her to do this as sleeping on her left side was viewed as a sign of not being holy in Islam. She explained that she shared what had happened with her mother the following morning. Anita paused as she explained that her mother was delighted by this and explained to her that only prophets were visited by jinn. Anita paused again and explained that she wasn’t sure whether her mother’s view of what she experienced fully explained it.*

It was both helpful and hopeful that Anita was able, quite quickly, to identify this occasion as one of the incidents when her mother’s views of her experiences and difficulties differed from hers. It suggested that there would be possible opportunities, during Anita’s treatment, when we could revisit past experiences and current ones with a view to exploring different meanings to them. Anita showed here how her mother and she understood her presenting psychological difficulties from within a religious paradigm at this stage. It also illustrated how religion acted to maintain a particular way

for Anita and her mother of viewing and relating to each other. An example of this was Anita's mother viewing and relating to Anita in a special and prophet-like way. Anita related to herself similarly, in part as it provided her a lens to understand her experiences of her family.

Similarly to the prophets that have been written about in the Holy Scriptures, Anita was also someone who felt that she had been punished and rebuked for what she represented and for standing up to the injustices she felt were happening in her family. Her experience of her family and the parallels it had with some of the prophets is captured in a passage in the Bible "*A prophet is without honour only in his hometown, among his relatives, and in his own household*" (Mark 6:4, King James Version). It suggests why Anita's identification with the role of the prophet was in part a consequence of her trying to make sense of her family's hostile response to her views on adolescence and gender.

(Meltzer and Harris's, 1976) model of the child-in-the-family-and-the-community invites us to consider the metapsychology of the individual, such as Anita, as being dynamically informed by the contextual influences in the family and the community. This model seems particularly pertinent in helping us understand how some of the internal tensions Anita experienced arose from the tensions (differences) from the external contexts that she inhabited. Meltzer and Harris describe how the relationship between the three contexts (individual, family and community) is not linear i.e. starting from the internal world outwards, but is a dynamic, recursive, circular relationship between the individual (internal world) and the outer contexts (family and community) they inhabit. Meltzer and Harris situate this idea of metapsychology alongside the more traditional psychoanalytic views of how the self is formed. Their idea is helpful in understanding the bearing that the contexts that Anita inhabited had on her internal world and presenting psychological difficulties. Meltzer and Harris (1976) explain: "*The opposite influence is equally important - that is, the character of the community influencing the structure of the family and thus contributing formative influences for the shaping of the characters of its members*" (p. 413-414).

In this vignette, Anita was drawing my attention to the fear that she had about the clinic

and me pathologising her more religious and spiritual views of her self. She drew my attention to this fear when she reported that her mother (and she) was worried that professionals would view their spiritual experiences as a sign that they were mad. . Anita's statement seemed to have two particular meanings. First, it alluded to the "circle of fear", that (Keating et al., 2002) explains originates from BAME people's fear of mental health services, following their negative experience of psychiatry. Keating et al. explain how these experiences of psychiatry now act to deter BAME people from accessing mental health services. The research of Keating et al. identify that this fear is, in part, grounded in reality, as BAME people continue to be disproportionately sectioned under the Mental Health Act in this country.

The second meaning of Anita's statement alluded to an aspect of the transference that emerged quite quickly in her psychotherapy. It involved Anita relating to me as an object that she was suspicious of because of its potential to pathologise her presenting difficulties in the way that Keating et al. describe. Anita's transference to me in this way was surprising as one would assume that my visible ethnicity as a black Caribbean male (i.e. someone that is also part of the BAME community) would have the effect of Anita not experiencing me this way. One would also assume that I would at least have been viewed by Anita as someone that would be sympathetic to her concern and fear of mental health services, from belonging to the BAME community.

Anita's transference to me in this way was therefore interesting and seemed to indicate the potential that the transference relationship had in facilitating exploration of what internal difficulties her fear about mental health services was expressing. It also indicated the possibility of Anita having differing types of transference to me during her treatment, which suggested that the cross-cultural aspect of Anita's therapy had the potential to facilitate the transference relationship, and the more regressed states of it, in the way that has been shown in research by (Goldberg et al, 1974) and (Evans, 1985) into this phenomenon.

Anita was also illustrating how the more delusional ideas and beliefs about her presenting psychological difficulties were passed from her mother (and her family) to her. These types of beliefs and ideas were communicated to Anita throughout her life

(for examples, please refer to Chapter 4, session 27 (page 62), as well as session 3 in this chapter), both verbally and through the process of projective identification. It suggests why Anita was initially very wedded to the idea of her presenting psychological difficulties being spiritual or supernatural in origin.

Anita showed in this vignette how her mother's frame of reference, often used by Anita as the lens to view her own presenting difficulties at this stage of her treatment, was suggestive of a more folie à deux quality to her relationship with her mother. This is because it was an example of the continual transference of delusional ideas from a person who is psychically ill to another who is physically healthy, through projective identification, which (Deutsch, 1937) suggests is a feature of the folie à deux relationship. Although it could not be substantiated during Anita's assessment for psychotherapy whether Anita's relationship with her mother was indeed a folie à deux, it was clear that her mother's religious and spiritual views of her had a significant bearing on how Anita viewed herself, and how she came to understand her presenting psychological difficulties.

The striking similarities between Anita's view of her presenting psychological difficulties and the view her mother had of them was also suggestive of Anita having what (Gaddini, 1976) describes as an imitative identity. Gaddini's idea of the imitative identity developing as a result of a fusion between self and object is an idea that (Deutsch's, 1937) suggests is an aspect of the folie à deux relationship. (Gaddini, 1976) and also (Wisdom, 1976) suggest that the father / child relationship, as opposed to the mother / child relationship, is crucial to the child separating psychologically and psychically from their mother, a process necessary for the child to attain individuation.

The role of father that (Gaddini, 1976) and (Wisdom, 1976) describe is particularly pertinent to Anita's presenting difficulties, as her descriptions of the type of relationship she had with her father, during her assessment and throughout most of her psychotherapy, seemed to indicate that it was a relationship that she felt was not significant, and therefore not one that provided her with the functions that (Gaddini, 1976) and (Wisdom, 1976) describe. *(Please refer to Grid 1, row 19 for an example of one of Anita's descriptions of her father.)*

## 6.2 How gender was constructed in Anita's family

### *Session 19 - 1st year of treatment*

*Anita talked about her aunt's (who was three years older than her) desire to attend a youth group for young Muslims. (Anita referred to this group as the YM group.) She explained that her aunt's motivation for attending this group was that she wanted to spend time with a boy there called Neo, someone that she was attracted to. Anita thought that it was wrong for her aunt and slightly deceitful of her to want to go to this group for this reason. However, I noticed that Anita did not seem totally convinced by her own assertion about this. She looked embarrassed as she attempted to dismiss my suggestion that she seemed to think that it was bad, and not normal, for her aunt to go to the group for this reason. Anita replied that it wasn't bad per se, but that she did think that one of the leaders of the group would think that it was bad, if he knew her aunt's motivation for attending the group.*

Anita showed how objects, such as her aunt, became vehicles for the projections of her own unwanted sexual feelings. Her projective identification with her aunt involved her believing that her aunt would also be punished for thinking about, or acting on, her sexual feelings, in the way that Anita believed would happen if she was to do so. It also suggested that Anita's aunt's capacity to act on her sexual feelings was something that Anita seemed to envy and was something that she wanted to be able to do herself. Anita conveyed this through her conflicting thoughts about her aunt's motivation for attending the YM group, as Anita was similarly conflicted about acting on her own sexual feelings. Anita showed that a solution to this internal dilemma was to condemn and criticise those, such as her aunt, whom she felt were sexual or planning to act on their sexual feelings. Again, it illustrated the effect that Anita's internal religious object had on the views she had about her gender and sexuality, as they were often condemned and criticised by this internal object, being viewed by it as unholy.

Because of the difficulty Anita had with owning her "true" feelings, such as her sexual ones, she often found the task of thinking about them and exploring them in her

psychotherapy anxiety-provoking. Anita had a tendency to withdraw from me in her sessions or absent herself from her sessions when she experienced talking about and being in contact with her sexual feelings as overwhelming. Her attendance at her psychotherapy was erratic in the first year because of this issue, as her solution to the anxiety, frustration and psychic pain she felt from thinking about her gender and sexual feelings was to retreat psychically from them. It was a further illustration of how Anita used safe areas in her mind and certain objects (such as her home and religious object) to retreat psychically into, in the way that (Steiner, 1993) explains results in the patient avoiding contact with the realities that the analyst puts them in touch with.

Anita reported that she felt unable to talk to her family about her true thoughts, feelings and wishes for herself, especially those she had about her adolescence. Anita's reporting of this was her way of bringing to my attention the difficulty that her family had in thinking with adolescents, especially female ones, about their gender, sexuality and sexual feelings. Anita described in her psychotherapy how these issues were viewed as taboo subjects by her family. The way in which she described her family as often dismissing, avoiding and / or censoring conversations around gender and sexuality further illustrated her family's fight / flight way of relating to objects they experienced as being too different from theirs. In this instance, the ideas of adolescent gender and sexuality were objects that Anita's family experienced as being too different and dangerous. For Anita's family, talking and thinking about gender and sexuality becoming associated with danger, was undoubtedly informed by their experience and knowledge of familial sexual abuse. It suggests why the issue of adolescent gender and sexuality became taboo subjects for Anita's family, and why they were initially taboo for Anita in her psychotherapy.

Anita's ideas on her own gender were also informed from the views on it held in her internal religious object. Her internal religious object held mostly conservative views on how a woman should be from their physical appearance (attire) to how their personality should be constructed around ideas of patriarchy held in the family. Anita's adolescent development, in particularly her gender development, was complicated by the fact that the views on gender held in her internal religious object were at times diametrically opposed to those held in her true self. Her true self held the views on her gender that

could be viewed as being more secular and western in nature. It suggests why Anita was so conflicted internally about her adolescent and sexual development and why her solution to this was to unconsciously arrest her development in these areas to gain some respite from the internal dilemmas it presented her with.

#### *Session 117 – 2nd year of treatment*

*Anita explained that she had felt from a very early age that her parents did not approve of her having relationships with boys. She explained that she had a crush on a white, British boy called Johnny, who lived next door to her at the time. Johnny and she were both ten years of age at this time. Anita smiled as she reminisced about how much she enjoyed hanging out with this boy. “I was a bit of a tomboy at this time”, she recalled. Anita explained that she liked playing football with Johnny and his friends, and that she enjoyed being around him and his friends in general. Anita explained that she thought that the things that Johnny and she did together were “harmless”. She explained that her parents and her extended family did not share this view and began to disapprove of her spending time with Johnny and the other boys. Anita seemed sad and slightly aggrieved when she reported that her family began to actively discourage her from spending time with Johnny. She explained that they then began to encourage her to spend more time with female family members. Anita explained that her family also actively discouraged her from having contact with male relatives, like her cousins, around this time. She remembered boys and girls being kept physically apart by her parents, aunts and uncles, whenever their families came together.*

Anita illustrated one of the events in her family that contributed to her viewing gender in the way that she did: as something that was dangerous and anxiety-provoking, because it could not be thought about. Anita's family's insistence on keeping boys and girls apart from an early age shaped the idea for Anita that contact between a man and woman was forbidden and was something that should be avoided. It was also an event that contributed to the process of Anita's male and female objects being kept apart in her internal world, in the way that mirrored how genders were kept apart in her family. It suggests why Anita associated any type of intercourse between a man and a woman

as an activity that should be avoided and feared. Her knowledge of familial sexual abuse undoubtedly contributed to this idea becoming so formidable in her mind.

Anita's ideas of intercourse, and associations with it, had parallels with what (Klein, 1929) describes as the infant's unconscious phantasy of a part-object sexual union between parents. Klein describes how this phantasy has... "*...a special intensity imparted to this dangerous situation by the fact that a union of the two parents are extremely cruel and much dreaded assailants*" (Klein, 1929 p13). The characteristics of the sexual union between parents that Klein describes were similar to the characteristics of Anita's belief of what intercourse entailed. It suggests why Anita's female objects – those felt by her to be more similar to her - were viewed as safe, whilst her male objects were viewed by her as dangerous. This idea of gender lent itself to the process whereby Anita idealised her female objects and denigrated her male ones, and is suggestive of why Anita's male and female objects seemed to be internalised by her as part-objects; objects that were without holistic or depressive qualities to them. It also suggests why Anita initially directed her libidinal feelings mostly towards female objects such as her friend Alison (please refer to the vignette below, session 136) before and in the initial stages of her psychotherapy, as it was felt by her to be safer to do this.

Anita showed in this vignette how her family's religiously informed views about sex, sexuality and gender resulted in her internalising a religious object that acted to harshly censor her emerging sexual feelings in adolescence. Anita gave an example of this when she reported that she believed that her sexual feelings were forbidden and were punishable by Allah, if she was to act on them before she was married. Anita initially often described feeling guilt (of a persecutory nature), because of the effect that her internal religious object had on her, whenever she was in touch with her sexual feelings. It illustrates how the shadow of Anita's internal religious object fell over her self in such a way that her true thoughts and feelings, regarding her sexuality and gender, became unthinkable. (Bollas, 1987) explains how the relationship between this type of object and self is usually not processed, despite some knowledge of it being known to the child. This was the case for Anita, who conveyed that she was aware on some level how her internal religious object informed her sexual development.

However, Anita felt unable to respond to the effects that this internal object had on her sexual development initially, despite knowing some of the nature of it.

*Session 136 – 2nd year of treatment*

*Anita became quite anxious as the appointment progressed. She took a deep breath before explaining that she had something to tell me. She explained that her friendship with a girl, Alison (not her real name) had been developing, and that she now felt very close to her. She seemed full of admiration for Alison, whom she described as being as gifted and as ambitious as she was. Anita became a bit childlike and looked sheepish as she explained that Alison had started to text her regularly late at nights, usually to ask her how she was. She explained that the texts had increased over time and had become more intimate and flirtatious. Anita explained that one of Alison's texts alluded to her having a secret that she wanted to share with Anita. She reported that Alison had texted her later to let her know that she was becoming attracted to her.*

*I wondered what she thought about Alison's text. Anita thought for a while before replying "I don't know how I feel about it" (Alison's text). She looked a bit unsure and quizzical and I suspected that she was flattered, on some level, by Alison's attraction to her. I shared this thought when I wondered with Anita whether she was attracted to Alison in a similar way. "I don't know", Anita replied, looking a bit more puzzled. She explained that she did like Alison but wasn't sure whether she was attracted to her sexually. Anita stated that she did not feel that she was a lesbian.*

*There was stillness in the session and it felt that Anita was deep in thought. She looked at me before stating "I haven't really explored my sexual feelings." In my countertransference to Anita I felt very sad and an urge to address this issue for her. Anita thought a little bit more before saying that she didn't think that she had sexual feelings towards men because she "hates men." Anita seemed quite animated at this point, which felt in contrast to the sadder, thoughtful Anita of a moment ago. She explained that she believed that men were incapable of caring and that she felt that women were.*

*I suggested that maybe she was trying to simplify her very complicated thoughts and experiences of the men and women in her family, as she has shared with me, on numerous occasions that both the men and women in her family have at times acted in uncaring ways. Anita became angry at this point. It felt that she was angry with me for bringing her in touch with the anger that she had attempted to deny having towards certain family members for treating her harshly and in uncaring ways. Anita then said: "I've not been able to speak to anybody in my family about any of this stuff (her sexual feelings); I haven't even spoken to anyone in my family about having periods." Again, I felt sad and felt the pain that her words conveyed about the lack of support she has had around her adolescence. Anita agreed when I suggested that she was showing me that she seemed to feel safe enough here in her psychotherapy to begin talking to me about these important issues.*

The vignette illustrates some of the reasons why Anita felt unable to turn to people in her family for support with her adolescent development. It was poignant and moving that she had shared this issue with me. I was also very surprised that Anita had not felt helped in her adolescent development by any members in her family. I felt that she was also illustrating how her experience of her family not helping her with adolescence had informed the difficulty she had with her growing feelings of intimacy with and dependency on me, as her transference to me developed. It suggested that an aspect of the transference resistance was her worry about being disloyal to some of her attachment figures, even those that had caused her suffering, by acknowledging with me some of their deficits (Lowe, 2010).

Anita's agreement with my suggestion that she was beginning to view her psychotherapy as a safe place also referred to her internalising psychotherapy and me as objects where her gender and other aspects of her adolescence could be talked about and explored safely. Anita's experiencing me in this way helped her to begin to foster the idea that I was an object that she could depend on: one that was distinctively different from her mother and her internalisation of males and father figures, and an object that could potentially provide her with a link to relationships and the world outside of the mother / child dyad.

Anita was also illustrating how the relationships and friendships that she had at school afforded her objects that parts of her personality could be projected into, in order for them to be understood by her through re-introjective identification. (Waddell, 2002) describes these types of unconscious processes and how they occur between adolescents in her book *Inside lives – Psychoanalysis and the growth of the personality*. Waddell perfectly illustrates the particular stages of development throughout the life cycle in this book and describes, in detail, the adolescent group providing the adolescent with objects that can contain the more complicated aspects of their personality, as a result of the type of projective identification that takes place between group members. Session 136 shows how Anita's friendship with Alison, and the peer group they belonged to, provided her with a group where aspects of her self could be better understood through the projective identification processes with other group members that Waddell describes. Anita's projective identification with peers, such as Alison, initially involved her "warehousing" the unwanted parts of her personality in them through projection. (Please also refer to session 19 in this chapter for an example.) This type of projective identification occurred as a result of Anita's initially finding it difficult to own the unwanted aspects of her personality. Projecting these unwanted parts of her in a "warehousing" way was easier for her, as she could distance herself from them by means of viewing them as being completely located in others. Her experience and internalisation of a family culture where condemning as opposed to taking personal responsibility was the norm, seemed to inform her projective identification into others in these ways.

Anita's projective identification with Alison was helped by the fact that she viewed Alison's self as being similar to her own self. She felt this way in part because she viewed Alison as being gifted, talented and ambitious in the way that she was. Anita's projective identification with Alison also helped her to explore a more ordinary way of relating to her peers that was in contrast to the way of relating to her mother, which was characterised by omnipotent thinking and a fusion between self and object. It suggests that Alison and other peers were objects, and opportunities for Anita to discover her true self, as well as a way to begin dis-identifying from her primary object. (Waddell, 2002) explains: *"Thus groups can become safe places in which different*

*parts of the personality may be played out, especially the parts which, for some reason, are felt either to be difficult to experience as belonging to the known-self or to reinforce the known-self” (p151).*

Anita’s having the types of contacts with other adolescents that Waddell describes was hugely beneficial in terms of her adolescent development. It was particularly beneficial in helping Anita to develop the capacity to learn about herself and others, through the experiences that contact with her peers gave her. By using the term learning in this way, I am referring to (Bion’s, 1962b) concept of learning, which he describes as involving the acquiring of knowledge (k) through one’s capacity (alpha-function) to tolerate and contain the frustration that learning from experience(s) involves. (Bion’s, 1962b) concept of learning feels important in understanding the totality of Anita’s presenting difficulty. This is because an aspect of it was informed by her inability to contain the psychic pain she experienced from learning from experience in the way that Bion describes. Anita’s difficulty in this regard remained hidden for long periods of her life, as she was practiced at hiding this difficulty behind her prowess in learning in more cognitive, academic ways, and from her tendency to take refuge in the more academic parts of her when faced with the task of learning in the way that Bion describes. Anita’s difficulty in “learning” became more apparent as a consequence of her inability to manage the more social and emotional demands presented to her in her previous school.

What emerged in Anita’s psychotherapy was that her view of her family as unavailable and not able to support her in her internal dilemmas and adolescent development, helped to maintain her experience of “oneness” with her mother. It was an experience that is similar to the one that (Tustin, 1994) describes as the infant’s desire for psychic merger with their primary object. Tustin’s concept of “oneness” feels salient when using it to understand the motivation for some of Anita’s attacks on me during the initial stages of her psychotherapy. These attacks felt to be in response to her feeling dislodged from the “oneness” that Tustin refers to, as a result of her experience of me in these moments as an object that was uniquely different to her mother, a “second object”: an object whose main function is to extricate the child from the psychological and psychic fusion with their primary object (Gaddini, 1976).

Anita initially found it hard to own and think about her own attacking qualities when they occurred in the clinical setting. She regularly projected her attacking parts into her family: an object that she experienced as having a similar quality to these parts of her, from her experiencing her family as attacking her. It suggests why Anita's re-introjection from her family of her projected attacks had the effect of maintaining her constant fear of being attacked by her family and the "nameless dread" she experienced Bion(1962b).

Anita felt that one of the things that her family attacked was her choice of a more western way of life for herself. It was initially difficult for Anita to understand how the disavowal of her own aggression informed her experience of constantly feeling attacked by her family. Anita made sense of feeling constantly attacked by adhering to the idea that her family was attacking her for giving voice to her adolescent needs and those of the family members on her generational level. It felt that Anita identified with her role as the prophet in her family in these moments, someone that was attacked for speaking Allah's words (the fate of the prophet). This type of identification impeded Anita from exploring her role in these attacks and from finding alternative ways to understand and respond to them.

Anita's experience of feeling attacked by her family for her adolescent choices illustrates a particular internal conflict that is presented to adolescents from a second generation immigrant background. This conflict occurs when the second generation immigrant's view of themselves is felt to be incompatible with the family's way of life. Anita's experience of her family illustrates this conflict, as she was someone who was punished by her family who believed that her choice of identity would result in their own culture being threatened and lost in some way. Anita's difficulties in her family illustrate how the second generation immigrant child is imparted with the task, both consciously and through unconscious means, of keeping the first generation's culture alive in them in some way. This occurs in response to the first generation's experience of its culture being lost as a consequence of its being left behind in the country of origin. It suggests why second generation immigrants, such as Anita, can be met with such hostility in their own families and are responded to in a fundamentalist-type way, as a result of

wanting to follow their adolescent needs (Fanon, 1963). It also illustrates the importance of the therapist providing a space for this conflict to be thought about and kept alive, due to the bearing it has on their internal world, by making it conscious for the patient from this type of background when it shows itself in the transference.

### **6.3A father awakens**

#### *Session 144 – 2nd year of treatment*

*Anita looked very angry and upset when she reported that she was “disgusted” to learn that her father planned to marry a woman who was approximately 20 years younger than him. She grimaced to reiterate her disgust at the thought of her father marrying this woman. She then wondered how any woman could marry her father.*

Anita seemed to have projected her oedipal feelings for her father into his fiancée. She viewed this woman and these feelings as “disgusting”, a similar quality she had apportioned to her oedipal and emerging sexual feelings at times. Anita reported that she imagined that her father’s fiancée had seduced him so that she could live in England. (Anita reported that her father’s fiancée resided in Bangladesh when he met her there.) Her belief about how her father had met his fiancée conveyed how inappropriate she felt the oedipal nature of this relationship was. Anita was clearly jealously angry about her father’s engagement. Her jealousy expressed the sibling rivalry she had towards her father’s fiancée, a person she viewed as a rival to her father’s affections. It was an important external development as it provided us with an opportunity to make the oedipal complex more visible in the clinical setting by thinking about the nature of Anita’s identification with her father’s fiancée.

This development in Anita’s father’s life led to her talking more about her thoughts and feelings for him, for what felt like the first time in her psychotherapy:

#### *Session 153 – 2nd year of treatment*

*Anita stated that her father is “ignorant”. She went on to describe him as someone*

*that would not understand why she wanted to go to university. Anita explained that she believed that her father would not want her to attend university, if she were to talk to him about her wish to go there. She suggested that her father might have this view because she thought that he did not believe that women should pursue academic careers. (I was reminded that this was one of Anita's mother's complaints about Anita's father, and was one of the reasons that she cited for why they separated.) Anita paused for a while and said: "He's just not the father I wanted him to be." I was taken aback by her statement and the disappointment conveyed in her words. When I wondered what she meant by her statement, she explained that she wanted a father that she could talk to openly about things, such as her wish to go to university. She looked quite contemptuous as she explained that she felt that her father was "a typical Bangladeshi man".*

Anita's view of her father as someone who opposed her ambitions and academic interests was similar to the view that her mother had of him. Anita's descriptions of her father in this vignette, and her descriptions of him during her psychotherapy, illustrated that her internalised father was "coloured", in the almost identical way that her mother's view of him was. (Main and Hesse, 1990) suggest that the idea of a father is often communicated to the child by the mother through projective identification, and explain how the mother's more "pathogenic" behaviour and attitude towards the father can create an emotional environment where the child's attachment needs are met by the frightening behaviour of the primary attachment figure – the mother. It suggests why Anita regularly felt that she wasn't safe and contained, as her attachment to her mother was not secure as a result of Anita internalising the type of emotional environment and attitudes about her father, and others, that (Main and Hesse, 1990) describe.

(Campbell, 1995) and (Mitchell, 1974) assert that the father, when kept alive in the mind of the mother in a positive way, is sufficient to compensate for the father's absence from the child's life. However, Anita's descriptions of her father suggest that her father's physical absences, especially in her early childhood, were made sense of by her from the negative unconscious and conscious communications from her mother about him. The parallels between Anita and her mother's views and attitudes towards Anita's father seemed to show how her projective identification with her internal "imitative

mother” had a bearing on her developing the view that she had of her father (Gaddini, 1976). This type of projective identification between Anita and her mother acted to impede Anita in developing a more positive view of and relationship with her father, as it maintained the idea of her father as someone that was not needed by her, in part because of the negative associations she had in relation to him, arising from her view of him as a “typical Bengali man”.

Anita’s descriptions of and attitude towards her father in the above vignette and during the initial phases of her psychotherapy show that he was viewed as, and related to by her, as a bad, third figure. (Segal, 1989) explains that the father’s penis can become an ideal container for the child’s unwanted negative projections, as well as acting to maintain the idealised relationship with her breast / mother, as a result of being viewed as this bad, third figure. Segal explains that the creation of a bad, third figure occurs as a result of the infant splitting off the bad aspects from both the breast and themselves. In the case of Anita, her father acted as this bad, third figure since he was a container for many of her projections of her “bad” mother and the father-type “bad” figures in her family.

Anita showed how “badly” she viewed her father when she stated in session 153 that “he’s just not the father [she] wanted him to be”. It suggests that Anita was disappointed by what she felt were her father’s limitations and by his inability to meet her expectations. Anita’s disappointment with her father, and her feeling that she could talk to me in the way that she could not with him, illustrated a feature of her transference to me at this stage of her treatment. It involved Anita idealising me, in part from feeling that she could talk to me in the way that she could not with her father. Anita became increasingly able to talk to me in her psychotherapy about the types of things that a daughter might do with their father, such as her hopes and aspirations of going to university and her experiences of boys at school. She often sought my opinion on these things and what she presented to me in her psychotherapy. Her particular way of relating and viewing me suggested that her transference to me was less symmetrical in the way that (Lombardi, 2009) describes at this stage, and had developed a strong paternal quality to it. Anita’s transference at this stage suggested that a different idea of a father was coming alive in her mind, as I was beginning to be

experienced by her as an object whose paternal functions could act to keep her safe and support her in the way that she hoped a father would.

#### **6.4 Emerging from the cocoon**

Session 164 – 2nd year of treatment

*Anita reported that she did not go to school on the day she did not attend her session with me. I suggested that one of the reasons why she does not come to her sessions at times involves a part of her convincing herself that she can get what she needs at home. I suggested that it seems to involve her saying to herself: “things are too difficult outside of the home; stay under the duvet where it is safe and cosy.” Anita giggled at my suggestion, which seemed to clearly resonate with her. She nodded in agreement and said that she finds herself “retreating into her cocoon” in these moments. I wondered what it was like for her to be in her “cocoon”. Anita thought about this for a moment and explained that “it [her cocoon] made her feel safe” and that she liked being in it on her own in these moments. I suggested that she was describing an “only child” experience where she, in this instance, had her mother all to herself. I suggested that she seemed to be saying that she enjoyed not having to share her home, her mother, with anybody or anything else on these occasions. Anita nodded in agreement before I suggested to her that she retreats to this “cocoon” place and this type of thinking when she imagines that going to school or coming to meet with me will be too much for her. Anita looked a little bit upset. I imagined that she would be more upset than she was as she has not liked when I talked about this issue previously with her. Instead, Anita nodded a little and seemed to reflect on what I had just suggested to her.*

One of the main functions of Anita retreating to her “cocoon” was that it maintained her phantasy of being in the womb of her mother and having her exclusively. The phantasy of Anita being in a hardened shell of a physical cocoon in these moments undoubtedly added to her phantasy of being in a place that was impervious to reality. Anita also used her “cocoon” to avoid the anxiety that came from her contact with me, with certain male peers and certain male teachers at her school. She initially found it hard to be in a

school structure where males and females were together, as it was in stark contrast to the structure of her family, which she experienced as actively working to keep boys and girls apart. Anita's psychotherapy made it difficult for her to avoid the idea of a man and woman coming together, by virtue of our respective genders. Her retreating from this "reality" was also her way to negate the meaning of intercourse (of an emotional nature) between a man and a woman. I suspected that the anxiety-provoking nature of contact between a man and a woman, through the medium virtue of the therapeutic relationship, meant that the transference relationship was at times confusing, and experienced by her as being dangerous. Anita seemed to feel confused, as a result of this type of transference, about what her feelings of dependency meant. Her more loving feelings for me, as a result of her growing dependency on me and her psychotherapy, seemed at times to become confused with her more sexual feelings. By this, the more erotic nature of her transference could be experienced by her as being sexual in nature (Gabbard, 1994).

Anita also retreated to her cocoon as her way of avoiding contact with me and as her attempt to negate my capacity to link one object for her to another. At times she seemed to experience me making these links for her as being prematurely ejected from the womb-like experience of the "cocoon" of her mind and pushed into a harsh external world that she felt ill-equipped to cope with. However, Anita was becoming more able to bear the "links" and the realities that I put her in touch with as her psychotherapy progressed, as opposed to retreating to omnipotence and delusional thinking (Bion, 1967).

What else was clear from early on in Anita's treatment (see session 3) was the importance that Anita and her family paid to religion and spirituality as a way of understanding and defining themselves. It was important to understand how Anita's religion and spirituality informed her sense of self, so that I could better understand how they were used by her at times to retreat to, when contact with me or with the external world was felt to be too much for her. One of the findings of (Millar's, 2015) research (a single case study) was the importance of tending to the whole patient, i.e. all representations of the patient's self that they may have, whilst maintaining a space in psychotherapy for what psychoanalysis may have to say about them. (Millar, 2015)

explains: *“My research has highlighted the importance of holding firm to psychoanalytic technique and boundaries, while being open and not dismissive of factors such as difference, similarity, race, sex and gender”* (p149) . Millar, by stating this, seems to be drawing attention to the importance of creating a space in the patient’s psychotherapy for all understandings of difference to be tended to in the patient’s transference. Millar’s assertion has parallels with what (Joseph, 1985) says about the “total transference”, as she describes working with the transference in a way that recognises all aspects of the patient’s self, from considering the transference alongside their emotions, defences and object-relations. The approaches that (Millar, 2015) and (Joseph, 1985) are describing are similar to the approach I used in my work with Anita, as I was interested in understanding the true meanings of the transference resistance when it occurred alongside the religious and spiritual ideas she had about her self.

By using the transference in this way, Anita became more able to entertain and explore alternative views and understandings of her self and her presenting difficulties. She was more able to work in this way during the times she emerged from her psychic retreats and her claustrophobic inhabitation of her mother (Steiner, 1993; Meltzer, 1992). Anita’s increasing emergences from her psychic retreats were reflected in her increasing attendance at her psychotherapy and her school. It suggests that working in the periods when Anita emerged from her psychic retreats helped her to develop a capacity better to bear the difficulties presented to her in the external world and in her psychotherapy.

## **6.5 Being in the third position**

A significant life event occurred for Anita in the third year of her psychotherapy. It involved her mother starting a relationship with a man to whom she became engaged soon after starting a relationship with him. Anita’s mother would later go on to marry this man.

After Anita and her siblings had met this man a few times, she reported to me that she thought that this man had fundamentalist views on Islam. Anita reported that she was worried that her mother was becoming more drawn to these views herself, as a result

of her relationship to this man. She described how her mother had begun to try to implement some of these views in her parenting of her and her siblings. Anita gave an example of this when she explained that her mother had begun to discourage her from wearing certain western clothing, especially the types of clothing that she felt made Anita look sexually available. Anita resisted her mother's view of her clothing, in part because she strongly believed that they did not make her look sexual in the way that her mother thought they did. However, Anita reported how she often felt resigned to wearing the hijab whenever she went to visit her relatives at their home as a result of her mother's assertions, and from being aware that some of her relatives, especially those on her mother's generational level, also shared her mother's view about the type of clothing young Muslim women should wear.

### *Session 293 – 3rd year of treatment*

*Anita explained that she was made aware that one of her aunts had said to her brother that one of the skirts that she had seen her (Anita) wearing made her look "slaggy". She sighed after recalling this, before looking quite fired up and defiant. Anita explained that she was fed up with her family talking so disparagingly about her. She explained that she was also very angry that her mother was now agreeing with this aunt and the other family members that shared these types of views. She explained that her mother was a "hypocrite" for doing this. Anita felt that her mother was now agreeing with these types of views as she had to prove to their family that she was now a "good Muslim". Anita thought that her mother being stricter with her and trying to use religious ideas to inform her parenting and approach with Anita were signs of this.*

Anita seemed to be showing how she was now moving from a previous idealised view of her mother to a more depressive and realistic view of her. When I explored with Anita why she referred to her mother as a "hypocrite", she explained that she did this as she was discovering that her mother had many sides to her that she had not acknowledged previously. Here, Anita was referring to the aspects of her mother that she had previously split off from her own self in order to preserve her idealised view of her and the mother she had internalised. It was a significant movement for Anita to

view her mother more depressively, as it supported the process of Anita beginning to accept the true nature of her objects and her relationships to them.

Anita's mother's relationship with her fiancée, who later became Anita's stepfather, provided her with irrefutable proof that she did not have the type of exclusive relationship with her mother that she imagined that she did in phantasy. It occurred from her mother's fiancée acting to function as a "second object" in the way that (Gaddini, 1976) describes and from Anita gradually internalising him so that he was added to her internal representation of her mother and her in such a way that eventually leads to the child's individuation (Trowell and Etchegoyen, 2002). It was likely that the idea of a father (Ms Khan's fiancée) developing in Ms Khan's mind, also added to the process of Anita internalising a second object, as this father was likely communicated by virtue of her projective identification with her mother as well as through conscious means (Main and Hesse, 1990).

(Wisdom, 1976) suggests that the process of the father being added to the internal representation of the infant and their mother helps to create psychological and psychic distance for them. Anita's turning towards other objects, in the way that she did following her mother's relationship with her fiancée developing, was suggestive of her beginning to separate from her mother in the way that (Wisdom, 1976) describes. For example, Anita began to direct her libidinal urges more towards her peers, friends and teachers, and towards me and her psychotherapy. The object-loss (the loss of her idealised internal mother) that Anita experienced, being made conscious to her through the external reality of her mother's relationship with her fiancée, and through some of the unconscious processes that took place in her psychotherapy which led to her understanding the nature of her objects better, seemed to drive her to seek alternative meanings of her self outside the mother-child dyad (Freud, 1914).

Anita's developing relationship with a male teacher who taught her English at her school is another example of her turning to other objects following the developments with her mother. She reported in the third year of psychotherapy that she was becoming attracted to this teacher. Anita substantiated her claim when she explained that she was attracted to this man's mind as opposed to being attracted to him

sexually, as they shared the same interests in books, authors and philosophy. On reflection, Anita describing her attraction for her English teacher in this way was a safer way for her to think about her emerging sexual feelings for him.

*Session 312 – 4th year of treatment*

*Anita explained that the lecturer who interviewed her at university was very interested in the types of books that she enjoyed reading. He suggested to Anita that he would like her to see one of the libraries in the university and explained that only his colleagues were allowed to use this library. Anita reported that this lecturer explained that she should visit this library as he felt that there would be books there that she would be interested in. Anita went to the library and was amazed by the vast range of books that was there. She told a teacher at her school what had happened after the interview. The teacher pointed out to Anita that it was rare for a lecturer to do this with an applicant to the university. I wondered what she made of her teacher's comments. Anita explained that she thought that she had "seduced him (the lecturer) intellectually" and that was why he let her go to this library.*

Anita was presented with an oedipal situation which had parallels with the phantasy she had about her father and his fiancée. It involved her believing that she had seduced a father figure in the way she imagined that her father's fiancée had seduced her father. Anita being allowed into the library which only lecturers could use was experienced by her as her crossing the incest boundary. She felt this way because the library was viewed by her as a place to which only people of the lecturer's generation, i.e. parental figures, had access. The library was also felt by Anita to be similar to her psychotherapy room, a space where she imagined she had crossed the boundary by imagining she had seduced me in some way. Anita felt this way in part because she recognised by the fourth year of her treatment that she had crossed the boundary of being treated in CAMHS. (Anita was over 18 years of age at this time; the maximum age for treatment at CAMHS.) This realisation compounded her idea that she had seduced me in some way because she was special and that that was the reason why I was treating her after the age when it was not technically permissible to do so in CAMHS.

Session 317 – 4th year of treatment

*Anita explained that she desperately wanted to say something to me but felt embarrassed to do so. She explained that she had seen her English teacher yesterday and had become very embarrassed in his presence. She laughed a little as she explained that she could hardly get the words out to reply to him when he asked her how she was.*

*Anita shared that she had a dream following this. She was in her school in this dream when her English teacher approached her. He said to Anita that he wanted to see her in his office at 10am the next day. I wondered what she thought her English teacher's request was about. Anita explained that she thought that they were in a sexual relationship in the dream and that her English teacher was inviting her to his office to have sex with her. Anita looked a bit upset when she added that the teacher walked away laughing after he said what he said to her. Anita thought that the English teacher was mocking her and that she believed that he would never find her attractive in this way.*

Anita's relationship with her English teacher provided her with a safer object at this stage that she could use to explore and work through her emerging oedipal feelings for me. It illustrates one of the ways that the Oedipus complex became more visible in the clinical setting, as thinking about her oedipal feelings outside of our relationship was felt by her to be a safer way to think about them initially. Anita was showing, through her preference to work with her oedipal feelings in this way at this stage, her fear that the Oedipus complex was unnegotiable. Her fusion between self and object informed Anita having this idea, as (O'Shaughnessy, 1989) suggests that the patient's inability to differentiate the true nature of their parental objects leads to their attempts to make the Oedipus complex invisible in the clinical setting. Anita's mother's relationship with her stepfather, and her father's relationship to his fiancée, presented her with irrefutable proof of the true nature of her parental objects (please refer to Chapter 6.3). These realisations provided Anita with an opportunity to begin to understand the oedipal nature of her relationship with her parents, which, in turn, gave her the platform to

explore and tolerate better her oedipal feelings in relation to me.

The dream that Anita reported in this vignette suggested that this process had already begun. Her dream occurred shortly after she had reported to me that she was worried that she was physically attracted to me. Her admission showed itself in the dream where I was in fact her teacher in it. My (this teacher) inviting Anita to my office conveyed her phantasy about having seduced me into crossing the boundary with her (Anita being seen in CAMHS after she was 18 years of age). The time (10am) that Anita's English teacher requested for her to meet with him was significant, as the number correlated to the age she was when she felt that her family had implemented a prohibition on her sexual feelings i.e. keeping boys and girls apart (please refer to session 117 in this chapter.) It also stood for the incest boundary in Anita's internal world.

Anita had shown in the transference, during her psychotherapy, that she was unsure, at times, about my motivation for working and meeting with her. This was apparent very early on in Anita's psychotherapy where a feature of the transference was her experiencing me as if I was one of the male relatives that she feared would take advantage of her sexually. Anita showed this worry in the dream as I was someone that would take advantage (the mocking teacher in her dream) of her growing dependency on me.

## **Chapter 7 – Methodology**

### **Introduction**

I will now give an overview of the methodology I used for this research.

#### **7.1 Introduction to this single case study**

The research presented in this thesis is a study of the phenomenon of cross-cultural psychoanalytic psychotherapy and its usefulness (or not) in helping adolescent patients, particularly those from a BAME background, to negotiate their identity. It is a single case study. The data from this study comes from the clinical session notes of my intensive clinical case. The clinical work with the patient (Anita) took place over four

years. Anita's psychoanalytic psychotherapy began at a frequency of twice a week for the first six months, before increasing to three times a week for the remainder of her treatment.

## **7.2 Psychoanalytic research**

Psychoanalytic theory and technique has been discovered and revised through the examination of single case studies. In a review of research of psychoanalysis, (Wallerstein and Sampson, 1971) argue that psychoanalysis's use of the single case study has contributed to research in a far greater way than other contributions from more formal research. Wallerstein and Sampson (1971) argue that the method of inquiry used in psychoanalytic research through the medium of the single case study results in... *"...a truly extraordinary range of insights into the structure of the mind, the organisation of mental illness, the forces at work in the treatment situation, the process of change and the requirements of technique* (p12). Byrne (2009) elucidates this further when he states that social sciences are often in favour of quantitative research methods as they are mostly interested in "cause", whilst qualitative research is mostly interested with "meaning".

Psychoanalytic research is interested in deriving knowledge from clinical experience rather than formal research. It uses an inductive method of inquiry similar to the one developed by (Bion, 1970), who suggests that the acquirement of "k" (knowledge) requires the analyst's suspension of memory and desire in their clinical work. (Harre, 1979) has described how intensive research methods are interested in understanding a single entity, or phenomenon, in depth. He explains how extensive research methods study common variables in populations and that their interest is in collecting data on a large number of occurrences of a phenomenon within populations. Harre explains how the intensive case study was designed to illustrate the existence of the studied phenomenon and that its in-depth analysis of a particular occurrence cannot be done statistically.

As a method of research, psychoanalysis is not without its detractors. Popper (1963) has described psychoanalysis as a "pseudo-science", whilst Grunbaum (1984) has

added to the voices of those who criticise psychoanalytic research by calling it a “failed science”. The basis for (Popper’s, 1963) and (Grunbaum’s, 1984) criticisms was that they viewed psychoanalysis as being unable to challenge or “disprove” the hypothesis developed from the research undertaken in its single case studies. Grunbaum, argues that the evidence produced by analysts working psychoanalytically is “contaminated” by the process that involves the patient’s unconscious appearing in forms that are subject to the influence and interpretation of the analyst. Grunbaum argues here that the analyst is generating their findings as a result of bias, as they lean towards understanding the data from within a certain paradigm.

(Popper’s, 1963) criticism of psychoanalysis is that it generates hypotheses that cannot be falsified i.e. that cannot be disproved as well as being proved. Rustin (2003) suggests that research undertaken in more conventional scientific approaches, such as attachment theory, has given rise to findings that are consistent with findings in psychoanalysis. (Jaffe et al.’s, 2001) and (Emde and Spicer’s, 2000) systematic review of the research undertaken by (Gergely, 2000; Tyson and Tyson, 1990) further illustrates this. As a result of this and other similar reviews, there has been a shift from viewing psychoanalysis’s view of the “psychoanalytic child” as a hypothetical figure based on the speculative reconstructions from adult narratives to a concept that has been substantiated by actual systematic observations of children. Psychoanalysis has also begun to recognise that certain theories developed in attachment theory evidence that the child’s internal world is informed by their external world and social environment, and therefore needed to be incorporated in clinical work (Downey, 2000). (Masson, 1984) and (Person and Klar, 1994) are examples of psychoanalysts who have embraced the idea of recognising both the external world and social environment in the treatment of trauma.

(Fonagy et al., 2002) have shown how a significant rise in attachment-theory-oriented randomised controlled trials (RCTs) has evidenced the general effectiveness of psychoanalysis in recent years. (Toth et al.’s, 2006) RCT in relation to parent-child psychoanalytic psychotherapy is one such example of how RCTs have evidenced the effectiveness of psychoanalysis. This particular research evidenced how this treatment reduced the rate of insecure attachment in three-year old children of chronically

depressed mothers.

### **7.3 Clinical research in child psychotherapy**

The work of Gianna Williams shows how the qualitative methods and approaches that are more synonymous with psychoanalysis and child psychotherapy informed later research undertaken in child psychotherapy. (Williams', 1974) clinical work with Martin, detailed in her seminal paper 'Doubly Deprived', showed child psychotherapy's effectiveness in treating a child from a particular population of children who were viewed untreatable prior to this. Williams's clinical work with Martin, a looked after child, whom many in his care network thought was beyond help, showed in this paper that one of the emergent theories from her work with Martin was how external reparations, i.e. responding to the child's external circumstances such as being in foster care, were limited unless the child's "internal parents" were tended to in psychoanalytic psychotherapy. Williams's work has undoubtedly informed child psychotherapy's approach and treatment of this population of children.

Comprehensive reviews into child and adolescent psychoanalytic psychotherapy have evidenced its effectiveness in treating depression, anxiety, eating disorders, disruptive disorders and working with looked after children (Midgely and Kennedy, 2011). (Shedler's, 2010) article 'The efficacy of psychodynamic psychotherapy' brought together findings from several empirical literatures that showed strong empirical evidence for the effectiveness of psychodynamic psychotherapy with adults. (Shedler, 2010) states that the empirical research he reviewed showed that... *"Finally, the evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission"* (p107). Shedler brings to our attention the phenomenon of the "sleeper effect", which is the concept that the patient continues to make progress once their treatment has ended. This phenomenon was explored in the IMPACT study (Improving Mood; Promoting Access to Collaborative Treatment), a largescale extensive study that aimed to establish the outcome of both cognitive behavioural psychotherapy and time-limited psychoanalytic psychotherapy with adolescents with depression (Trowell et al., 2007). This study has recently resulted in short-term psychoanalytic psychotherapy (STPP) being

implemented in NICE (National Institute for Health and Clinical Excellence)'s guidelines for the treatment of adolescent depression. The IMPACT study is a more recent example of Child and Adolescent Psychotherapy's movement towards using extensive research methods as a way to evidence the efficacy of this treatment.

Child and Adolescent Psychotherapy has been criticised for not being able to provide more extensive researches, such as the IMPACT studies. One of the reasons for this is that Child and Adolescent Psychotherapy research has relatively limited sample sizes in comparison to other disciplines, such as clinical psychology and psychiatry. However, there are clear benefits to more intensive types of treatment as (Williams's, 1974) and (Midgely and Kennedy's, 2011) work has shown. (Midgely, 2006) explains that Freud recognised the importance of induction as a line of inquiry in his work and explains that Freud argued that each patient's treatment allowed the analyst (as a researcher) to learn and develop theory and clinical understanding of the phenomena that the patient presented them with. By using this method and philosophy (Alvarez, 1992; Alvarez and Reid, 1999; Rhode, 1994; Williams, 1992) have mapped out aspects of behaviours in relation to autistic children that were previously inaccessible to study. Their close observations of autistic children enabled them to develop a fuller understanding of the autistic world whilst also allowing them to develop theories of working with this particular client group.

#### **7.4 The single case study**

As the title implies, single case studies are interested in what can be learnt from studying in depth the data from a single case. Stake (1994) suggests that the case study is not a methodology of choice but is in fact a choice of object to be studied. Stake makes an important distinction when he explains that the single case study is defined by individual cases, not by the methods of inquiry used. By this Stake draws attention to the role of the psychotherapist who is interested in researching the subject i.e. the patient, and that they should ensure that they do not become unnecessarily preoccupied with the psychoanalytic theories and / or psychoanalytic approaches used in the treatment of the subject.

Psychoanalysis's development is intrinsically linked to the single case study. For example, Sigmund Freud's contribution to the development of psychoanalysis largely stems from the theory and methods derived from his case studies of patients such as 'Dora', 'The Rat Man', 'The Wolf man' to name a few (Freud, 1905, 1909b, 1918b). (Fonagy and Moran, 1993) have emphasised the important contribution that the single case study brings to the field of research. They explain that the design of the single case study can advance understanding of what takes place within the clinical setting of psychoanalytic psychotherapy. (Rustin, 1997) has described how psychoanalytic psychotherapy and the methodology it draws upon in research have made important contributions to the field of research. Rustin explains that the research undertaken in parent-child psychotherapy has similarities with the research undertaken in infant observation. Rustin explains that the regularity and boundaries involved in both parent-child psychotherapy and infant observation can enable the generation of data and gathering of important findings about the emotional relationship between the mother / parent and their child.

(Fonagy and Moran, 1993) have stressed the importance of using objective sources to measure the data collected in qualitative research. (Moran and Fonagy's, 1987) research gives an example of how an objective source can be used to measure data in their paper 'Psychoanalysis and diabetic control: A single case study'. Their study used medical evidence to objectively measure the effectiveness of psychoanalytic psychotherapy in the management of diabetes in a teenage girl. The design of Moran and Fonagy's research involved measuring the glucose levels in the patient to ascertain what psychoanalytic theories and psychoanalytic approaches helped this teenager to manage her diabetes. (The measuring of this data involved twice daily urine testing over the 3.5 years of the teenage patient's five-times-a-week psychoanalytic psychotherapy.) The research identified how two particular themes of psychic conflict were found to predict short-term changes in diabetic control. The first psychic conflict stemmed from the patient's anger in response to feeling unloved by her father and how it led to her poor diabetic management. The second was the psychic conflict that arose as a result of the oedipal situation and the oedipal feelings evoked in the patient from this. Moran and Fonagy identified how using the Freudian model of therapeutic change helped the patient work through these psychic conflicts, which led

to short- and long-term improvement in the patient's diabetic control.

(Anderson, 2006) has also stressed the importance of using independent and objective sources as a means to verify qualitative psychoanalytic research. Anderson asserts the importance of “triangulating” the data that is gathered by subjecting them to impartial and objective sources as a way of testing them. Anderson identifies sources such as clinical supervision, work discussion and multi-disciplinary meetings as forums where the data can be gathered and therefore triangulated.

The single case study has been criticised (as well as other qualitative research methods) from the perspective that findings in this type of research are intrinsically linked to the subjectivity of the researcher. (Kuhn, 2000) showed that the theory generated in qualitative research was not necessarily always abandoned when falsified in the way that (Popper, 1966) has asserted, as he argued that there was a relationship between deduction “normal science” and “revolutionary science” that took place when a phenomenon was observed.

The strength of the single case study is the systematic exploration of one case through the identification of incidents and the patterns between these incidents, and understanding the recurrence of them as well as the other patterns and themes that emerge. The success of the single case study is largely to do with the unique quality of every single case, as each case will bring something different to be observed and understood due to each single case differing from all others. It is likely that there will be significant similarities between single case studies which will provide opportunities to be explored and researched more extensively. The researcher using a comparative method tool (such as Grounded Theory) can be helped to explore the nature of these similarities, using this method.

## **7.5 Grounded theory**

(Charmaz, 2006) explains that grounded theory, from its beginnings as a social science to the present, has a long qualitative tradition of ethnographic fieldwork and case studies. The grounded theory method was developed and established in the mid-1960s

by American sociologists Barney Glaser and Anselm Strauss. It emerged from their collaboration on their study ('An awareness of dying') in Californian hospitals (Glaser and Strauss, 1967). Glaser and Strauss's study of this subject focused on the effect on patients who were seriously ill and dying in hospitals and when the true nature of their conditions was not acknowledged by the hospital staff who were treating them. During their investigation, Glaser and Strauss found that US physicians were reluctant to disclose to their patients that their death was imminent and that the nurses were not allowed to do so either. It led to the physicians and nurses focusing on the technical aspects of these patients' care in opposition to the patient's psychological and emotional needs. Glaser and Strauss found that these "awareness contexts" (that were defined as closed awareness, mutual pretence awareness, suspected awareness and open awareness) led to relationships between patients and staff being fostered around suspicion, due to the lack of transparency about the nature of patients' conditions. Glaser and Strauss found that both patients and staff preferred working in a context of "open awareness". Within this more authentic context, patients were able to choose how their life ended, whilst members of staff were able to respond to their patients in a way that was more congruent to their true feelings about the situation. What emerged from this study (the emergent theory) was that acknowledging these patients' conditions was an integral function of the nurse-patient relationships and the efficacy of associated treatment regimes.

The researcher using grounded theory refrains from formulating hypotheses in advance, as preconceived or premature hypotheses can result in the collected data being "ungrounded". The researcher using this method should be constantly inquisitive and curious, open to new understandings of the data, with a hope that existing theory could possibly be altered. It is a form of inquiry that has parallels with (Bion's, 1970) assertion that the attainment of knowledge (k) requires the analyst to suspend memory and desire in their clinical work.

Grounded theory uses comparative analysis as a way to discover knowledge and theory. The researcher employing this approach is constantly comparing data with other segments of data, as well as analysing other segments of new data alongside this. (Anderson, 2003) suggests that the comparative analysis involved in grounded theory, and its being a method that requires both inductive and deductive thinking,

makes it a “well-suited partner” to psychoanalysis. Anderson describes how grounded theory is a methodology that lends itself to better understanding the type of material produced in psychotherapy sessions. Anderson explains how the line-by-line approach used in grounded theory as a way of understanding data has parallels to the process used in clinical supervision. This is because the clinical supervisor in clinical supervision aims to help their supervisee to reflect and better understand the material from the clinical session from a line-by-line exploration of the clinical note. The “microscopic” attention to detail involved in the line-by-line approach in grounded theory has been argued by Fonagy (2005) as being important in the “*elucidation of pathogenic mechanisms*” (p14).

### **7.6 Grounded theory in relation to this single case study**

Grounded theory method was used for the purpose of this single case study. The data used was gathered from the 370 clinical notes (approximately) taken from my work with my patient (Anita). I initially re-analysed the clinical notes by rereading them all. I then reread them whilst paying attention to the observations and the hypotheses that the clinical supervisor who supervised my work with the patient had made. When rereading the clinical notes in this way, I held in mind my original line of inquiries as I wanted to use these as hypotheses to partially structure the data I was observing, whilst ensuring that I left opportunities for new possible understandings of the data to emerge. My intention in doing this was to map the patient’s therapeutic journey as well as my own. Mapping my own journey involved taking account of the notes I had made about my countertransference to the patient at different times during the clinical sessions. Grounding the data in this way led to the generation of several hypotheses that facilitated further inquiry of the data.

From re-analysing the data in this way, I identified 22 clinical sessions that I felt clearly illustrated incidents of the recurring themes and hypotheses from my work with the patient. One of the recurring themes that could be observed was how the patient’s internalisation of religion informed her sense of self, her object relations and the transference relationship. One of the hypotheses that seemed to show itself in relation to this theme was the patient’s use of psychic retreats as her way to alleviate the

psychic conflict that occurred from her being in touch with the true nature of her psychic reality and the difficulties presented to her in the external world. It felt therefore important that the 22 clinical sessions reflected these themes and hypotheses. Another theme that I identified from re-analysing the data was the patient's tendency to bring her experiences of the external world (i.e. society) to her psychotherapy and the views in it that informed her sense of self. This felt particularly salient to capture in the research as it was an issue that the patient verbalised in her first appointment and throughout her treatment. As this issue was also conveyed by the patient to me in the transference, it felt important that the sessions selected reflected how it was thought about by me and us in her treatment and how psychoanalytic psychotherapy responded to it in the patient's treatment.

These 22 sessions were investigated further during doctorate supervision as a means to triangulate the data from them and to test the hypotheses and theories that I felt they generated. Following this, I selected six sessions that had been subjected to this testing (Grids 1 to 6). Two sessions were chosen that took place near the start of the patient's treatment, two near the middle phase of the patient's treatment and two near the end of treatment. This was done so that the development and undertaking of the transference and countertransference relationships could be mapped. Sessions that were from the start, middle and end of the patient's treatment were also chosen with a view to determining whether the themes and hypotheses remained consistent throughout the patient's treatment. The grounded theory analysis of these six sessions is shown in grounded analysis sessions (Grids 1 to 6). I have also used "vignettes" in the chapters that further illustrate and expand on the theories and hypotheses contained in the appendices.

By using grounded theory analysis as a method of inquiry, I am able to show the main theory that emerged in my work with Anita: how the transference relationship was used to respond to the effect that Anita's internal religious object had on her psychological and emotional development. I identified this as the main theory in my work with the patient as the effect that Anita's internal religious object had on her object relations showed itself in differing ways in the transference relationship. This research will attempt to show how the patient can over identify with this and certain other internal

objects had the effect of arresting her adolescent development. For example, grid 6 (and in particular row 28 of grid 6) illustrates how Anita's internal religious object acted to impede her emerging sexual feelings in relation to her adolescence. Grid 6 illustrates how Anita's internal religious object caused her to view her sexual feelings as "disgusting", as opposed to viewing them as a normal part of adolescence. Although the effect of Anita's internal object had lessened by this stage of her treatment, she still had to work hard to ensure that it did not imprison her adolescent development in the way that it had prior to, and at the start of, her treatment.

It was important to record how my countertransference to Anita evolved alongside Anita's transference to me, in particular as they captured the key elements of the cross-cultural nature of the therapeutic relationship. My countertransference to Anita was helpful in identifying the phenomena that emerged as a result of the cross-cultural nature of the therapeutic relationship - one of the phenomena being Anita's colonial way of relating to me as the "other" in the transference. This colonial way of relating captured how Anita's internal racism was projected on to others as a result of her initial difficulty in understanding how her self had been racialised. Anita's father was ripe for these types of projections until they could be contained in the transference relationship and worked through by her in her psychotherapy (for example, please refer to Chapter 5.3, session 99.) It also goes to show how the countertransference was used to register the changes in the patient's internal world which illustrated the growth and development that occurred for her during the treatment. I have therefore included in the grid a column (column b) that details my countertransferential experiences in relation to Anita.

Column d in the grounded theory grids reflects the observations of my clinical supervisor. This column shows the theories and themes that partially structured my analysis of the data, as well as showing how the data first began to be triangulated. The triangulation of this data went through further triangulation as a result of the doctorate supervision I received. I have included this in the column "Thoughts that arise from re-analysing Anita's clinical session notes".

By using grounded theory method, I have been able to highlight areas of importance in

the patient's psychotherapy that would not have been ordinarily identified. It enabled me also to develop a better understanding of the patient's racialisation of the self and how it organised her internal world and informed her adolescent development. Grounded theory's capacity to identify differences and patterns of relating made it an excellent tool for examining this type of data as well as the other types of data generated from my clinical work with the patient. The inductive nature of this research helps to ensure that the research is built as it ensues, as opposed to the research being set before the beginning of data collection (Charmaz, 1996). My research shows that grounded theory was particularly relevant when researching the phenomenon of cross-cultural psychotherapy, as it is a phenomenon which requires a more qualitative method of inquiry due to the lack of research previously undertaken on this phenomenon in this country.

## **Chapter 8 - Findings**

### Introduction

There are five areas that illustrate the main findings in this thesis. They are as follows:

- ⌘ The impact on the development of an adolescent from a BAME background when society does not act as a container for the development of their personality
- ⌘ The transference and countertransference
- ⌘ The effectiveness of cross-cultural psychoanalytic psychotherapy.
- ⌘ Anita's use of psychic retreats
- ⌘ The effect on Anita's development of internalising a paternal function from

her therapist

### **8.1 The impact on the development of the adolescent from a BAME background when society does not function as a container for their personality development**

I initially thought that Anita's refusal to attend school, and her experience of her family as not being able to support her development, were key factors in why she struggled in her adolescent development. However, a theme emerged in Anita's psychotherapy that challenged my initial hypothesis about Anita's school refusal, due to the significant bearing it had on her emotional life and capacity to manage the external world. This theme was the effect that Anita's belief – i.e. that she had no one to turn to who could help her with her adolescence, either inside or outside her family – had on her capacity to internalise potentially alternative objects that could help her with her adolescent development. This theme raised the question why Anita, in the absence of peers and family as objects to identify with in the way that (Waddell, 2002) suggests supports the adolescent's development, did not turn to alternative objects outside her family, such as those in wider society, to help her with her identity?

(Jaques, 1953) describes the role that society has in helping the individual's identity development by explaining that society provides the individual(s) with a container where parts of their personality and their depressive anxiety can be projected into. Jaques here seems to be suggesting that society has an important role in providing a maternal function for aspects of the self in the way that he describes. The importance of society functioning in the way that Jaques suggests poses the question: what is the impact on an individual's personality and identity when society does not provide them with a maternal function? Anita showed during her psychotherapy that what was often reflected back to her when she looked into the "eyes" and "face" of society was what (Winnicott, 1960) would describe as a "not-me" experience of her. By using the terms "eyes" and "face" of society in this context, I am referring to (Winnicott's, 1971) theory of how the mother's eyes and face act to provide the infant with an emotional environment that facilitates the development of the infant's self. Winnicott goes on to explain that the infant's self develops in relation to the ongoing mirroring process with which the mother provides them and explains how the mother's eyes and face act to

help the infant to differentiate what is them (“me”) and what is the other (“not-me”).

Winnicott’s theory of the mirroring process that the mother provides to the infant seems to capture why Anita, and other adolescents from a BAME background, may turn away from using society as an object that could potentially contain parts of their personality in the way that (Jaques, 1953) describes. This is because Winnicott’s description of how the infant turns away from their mother in their attempt to avoid the feeling of internal disintegration that occurs from their mother reflecting back to them their own mood and / or the rigidity of her own defences, i.e. a “not-me” experience, is similar to adolescents from BAME backgrounds turning similarly away from society as a result of experiencing it non-maternally, i.e. their experience of society as a “not-me” object. I would suggest that phenomena such as racism, Islamophobia and Brexit are expressions of society’s mood and / or rigidity of defence that go towards creating an anti-maternal environment, a “not-me” experience for Muslims and other BAME people. This type of environment would then act to reflect back to the person(s) from this background that they are viewed in society as “not-me” and the “other”. If we are to follow (Winnicott’s, 1960) thoughts on the infant’s experience of a mother that mirrors to them a “not-me” experience of them, it would suggest why somebody like Anita became reliant on “false-selves” - objects and personas that she could retreat into when presented with internal and external difficulties.

Anita and her mother brought the issue of Islamophobia to their respective psychotherapy sessions (please refer to Grid 4) and how it informed their beliefs that they were viewed and related to by society as “not-me”. This was one of the clearer ways that Anita conveyed her experience of society as being anti-maternal.

Anita’s tendency to idealise western culture and denigrate her own during her psychotherapy suggests that she did this, in part, as a consequence of her continual introjections of “not-me” from society. It further reiterates (David’s, 2011), (Lowe’s, 2008) and (Timimi’s, 1996) assertions that western culture becomes idealised and non-western cultures denigrated as a result of introjecting post-colonial ideas about these cultures from society and from introjecting centuries-old ideas of a way of relating to them. The effect of introjecting post-colonial ideas of the self and other in the way that

they describe further illustrates society's role in Anita's racialising aspects of her self in the way that she did. It was an important factor in why Anita's self was so fragile when she was referred for psychotherapy, as her self was weakened by her employing excessive splitting and projection in response to the racialising process (Klein, 1946).

The differing nature of Anita's transference to me provided her with an object on which she could try out the "not-me" ideas that she had about herself and others. For example, her experience of me as "not-me", particularly in the initial stages of her psychotherapy, provided her with an object where the "not-me" parts of her could be contained by me so that she could understand them better by re-introjecting them. The transference relationship therefore gave Anita the experience of the socialising function of the "village"<sup>5</sup> (from the point of African proverb) and a sense of belonging from her experiencing the "village" as a container and as an object that accepted the differing aspects of her. Anita's experience of the transference as containing her in these ways went some way to mitigating her experience of the psychic isolation she felt from not feeling that she belonged in her family and in society. Her experience of psychic isolation, when combined with the intensity of this experience, resulting in her breaking it down to more concrete bodily symptoms (Brady, 2015). It suggests why many of Anita's difficulties were conveyed bodily. An example of this was the hysterical reaction she suffered as she came to the end of her psychotherapy (please refer to Chapter 2.13).

By using the transference in this way, I am referring to it as functioning to act as a "mirror", from (Winnicott's, 1971) perspective and as a "village" for the differing parts of her to be contained by me. The transference in this way gave Anita the important experience of having an object(s) that had both "me" and "not-me" qualities to it. Anita's being contained in psychotherapy helped her to explore sameness and difference, within the safety of the clinical setting, from the "me" and "not-me" experiences that the transference gave her. My role in containing and reflecting these experiences of Anita back to her meant that I inadvertently adopted a way of working with Anita that helped her to respond to the effects on her self of the racialising process. It was a way of working that had similar values to Winnicott (1971), who explains:

<sup>5</sup> According to African proverb the 'village' refers to the role that it has in raising and socialising the child that belongs to the village

*“Psychotherapy is not making clever and apt interpretations: by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face and reflects what is there to be seen” (p5).*

## **8.2 Transference and countertransference**

My countertransference to Anita initially involved me feeling a need to assert my authority as her therapist at times. I found myself feeling angry towards Anita at these times when this happened. I mostly related to Anita in this way when she presented her more culturally informed ideas of her self and her presenting psychological difficulties to me in her psychotherapy. What was at play at an unconscious level in these moments was my efforts to impart on to Anita a more western and psychoanalytic view of her self. My response to Anita in these moments could be explained by (Dalal, 2002), who suggests that a colonising way of relating in the clinical setting is inevitable when the therapist and patient experience each other's culture and / or race as being significantly different. I would add to what Dalal says about this by suggesting that my work with Anita has shown that this way of relating is not necessarily dependent on the therapist and patient viewing each other's culture and race as being significantly different, and that even minor differences, when not thought about or understood between therapist and patient, can evoke this way of relating.

Dalal importantly identifies that this colonising way of relating occurs when the therapist and patient try to deny these differences. My work with Anita illustrates this, as I initially denied the differences between Anita and me by adopting a type of “colour-blind” approach in Anita's psychotherapy in the way that Dalal explains ultimately leads to a colonising way of relating. On reflection, adopting a “colour-blind” approach with Anita occurred in part because my training did not provide me with the tools (conceptual and theoretical frameworks) to support thinking about the type of dynamics that could occur during cross-cultural psychoanalytic psychotherapy. (Kirmayer, 2007) states (wrongly in my opinion) that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism. I think my work with Anita has shown that

psychoanalytic psychotherapy is well-suited to responding to all aspects of the person's self, regardless of their background. However, Kirmayer may be highlighting how the absence of research undertaken in this country on cross-cultural psychoanalytic psychotherapy can lead people to make the type of assertion that she did.

The inevitability of adopting a colonising way of relating in cross-cultural psychotherapy, especially if differences are not thought about or understood in the way that (Dalal, 2002) asserts, seems quite gloomy. However, my work with Anita showed that the transference and countertransference can be used to make sense of the regressed aspects of the self that are being communicated by the patient during a more colonised way of relating. (Hamer, 2006) has talked about this extensively and has shown how the racial prejudice that emerges in the context of the transference relationship can be thought of as the patient's communication of the polarised aspects of their self.

Understanding the colonising process from my own perspective – through use of the countertransference - was integral in helping Anita to understand what polarised aspects of her self she might have been communicating when she related to me in this way. (Timimi, 1996) reminds us how I, someone from a minority ethnic background, -who has experience of being related to in a colonial-type way, would go on to relate to others in this way myself, when he states that this type of relating is to be expected as it arises from an introjection from society of centuries-old relations between whites as colonisers and blacks as colonised. (Timimi's, 1996) statement suggests why both Anita's and my way of relating to one another was initially organised around an attempt to dominate one another, and why the anti-concern that (Joseph, 1988) has described was a feature of it, as a colonial-type way of relating is unconsciously sanctioned by society's construction, treatment and way of relating to the other.

Through grounded theory analysis of Anita's psychotherapy sessions, what can now be observed was that impasses in her psychotherapy occurred when the differences between us were not understood between us or explored fully (a kind of colour-blind

approach to psychotherapy). What was present in Anita's transference and my countertransference to Anita in these moments of impasse was a shared feeling of what (Joseph,1988) describes as anti-concern for the welfare of the object. A more subtle example of this type of relating was the lack of regard I had at times for Anita's cultural understanding and interpretation of her self. It was a way of relating that was initially difficult for me to respond to because of how subtly it presented itself in the clinical setting.

It feels important to consider what other factors had a bearing on my relating to Anita initially in this way. (Rustin's, 1991) idea of race as being devoid of objective meaning, from its being an empty category ripe for filling up with projective content, is useful when understanding why tending to (or not tending to) issues of race and difference in Anita's psychotherapy resulted in impasses. I would suggest that thinking was unable to take place around race and difference during these impasses as they became empty (meaningless) categories that became filled with projective content by both of us. It rendered issues of race and difference devoid of objective meaning (from Rustin's perspective) because of this and impeded thinking from taking place in the way that (Bion, 1962a) conceptualises it. Bion's theory of thinking is pertinent when understanding why thinking was unattainable in these moments of impasse. I would suggest that our inability to think in these moments was related to our difficulty in containing the depth of frustration that came from race and difference being experienced by us as "empty", i.e. devoid of objective meaning. I would suggest that impasses in the transference were at times expressions of resistance and difficulty in thinking and containing race and difference, resulting in incidents of anti-thinking or (-k).

I would suggest that the way of relating between Anita and me that I am describing has parallels with the findings from the research undertaken by (Millar, 2015). Millar's research explored how issues of race (both internal and external) showed themselves in the transference relationship. Millar (2015) explains... "*...I believe my research has shown both unconscious racist communications from the patient and pre-existing hypersensitivity and preoccupation from the therapist can cohabit the same therapeutic moment*" (p142).

My own countertransference to Anita in moments when she related to me in colonising ways were not characterised by the hypersensitivity that Millar describes. However, it was characterised by my preoccupation with making sense of my experience of being experienced by Anita as “not-me” during these incidents. This led to racialised ideas of the other cohabiting the same therapeutic moment when issues of race and difference were not understood between Anita and me.

However, my work with Anita shows that thinking about issues of race and difference could take place in the transference and countertransference, once they had been contained and understood by me initially, so that Anita could then understand them better. It suggests that the initial impasses in Anita psychotherapy occurred as a result of us not having our preconceptions about talking and thinking about race, culture and difference realised. The frustration that led to “anti-thinking”, from not having the satisfying, envisaged emotional experience about thinking about race and difference, is captured by (Bion, 1962b), who suggests that there is an idea that... “...*conception therefore will be expected to be constantly conjoined with an emotional experience of satisfaction*” (p111).

### **8.3 The effectiveness of cross-cultural psychoanalytic psychotherapy**

I have shown in 8.2 and in previous chapters how the initial resistance in Anita’s transference arose from the colonial-type positions Anita and I became entrenched in, particularly when thinking about issues of race and difference could not take place in the way (Bion, 1962a) describes. Another reason why Anita related to me in a colonising way was as a result of the fear she and her mother had about mental health services. Anita reported in her third assessment appointment (please refer to Chapter 6.2) that she and her mother were worried that I (and thereby CAMHS) would view them as mad because of their cultural ideas and interpretations about Anita’s presenting difficulties. Anita’s reporting this fear to me is an expression of a type of transference that people from BAME communities have to mental health services such as CAMHS. This fear developed, in part, because of the fantasies (grounded in reality) about BAME people’s negative experience of mental health services.

(Keating et al., 2002) expand on these experiences by describing how BAME people's negative experience of feeling mistreated and pathologised by psychiatry led to a "circle of fear" developing for this group of people (in relation to how they view mental health services in this country). Anita showed very early on how much this "circle of fear" organised her view and transference to CAMHS through the content of her dreams and the type of characters she identified with in books and certain films (please refer to Chapter 2.11).

(Lowe, 2010) importantly identifies a theme for BAME people that is relevant to my work with Anita when he suggests that BAME patients' ambivalence towards accessing mental health services, when explored, can be understood as an expression of a difficulty in relinquishing familiar defences and a fear of betraying attachment figures, even those that may have caused them pain and suffering. My initial colonial way of relating to Anita undoubtedly augmented her "circle of fear" belief about mental health services, as in these moments she would have likely experienced my way of relating to her as me pushing her to betray her attachment figures, in particular her mother. What emerged in Anita's psychotherapy was that part of the resistance in Anita's transference to me arose from her viewing me as an object that represented the thoughts, beliefs and views within the circle of fear that (Keating et al., 2002) describe, whilst another part of the transference resistance was underpinned by her worry about betraying attachment figures, even those that have posed her harm (Lowe, 2010).

Anita showed initially how her worry about betraying attachment figures was anxiety-provoking for her. For example, Anita initially responded defensively and ambivalently when I made direct transference interpretations, as in these moments she experienced my invitation to work in the transference as being akin to betraying her parents or other attachment figures in some way. Another aspect of Anita's transference resistance resulted from her deep fear that I would be damaged by her more ambivalent thoughts and feeling in the same way that she fantasised that she had damaged her mother.

Helping Anita to explore her attachment figures in her psychotherapy involved us understanding her experience of them in alternative transference objects. It involved

using what (Havenaar, 1990) describes as culturally acceptable transference objects, such as her transference to school (an object with both maternal and paternal functions), and her transference to CAMHS, to think about her attachment figures and the transference relationship. By using Anita's transference to institutions initially in her psychotherapy in this way, until she was able to think about it more in relation to me, enabled her to develop a capacity to contain and permit the thoughts and feelings she previously felt were not acceptable to have about her attachment figures.

Anita's return to school provided her with a number of alternative transference objects that supported this way of working with her. An important transference figure for her oedipal feelings was her English teacher. Much of her sexual feelings and experience of being in the third position (by virtue of this teacher's marriage) enabled us to respond to the issue of Anita wanting to make her oedipal feelings invisible in the clinical setting (O'Shaughnessy, 1989). The process of thinking about Anita's oedipal and sexual feelings outside of us, and reintroducing them through how they were being shown in her transference to me, helped Anita to understand why she was driven to make them invisible in the clinical setting. This way of working with Anita proved useful when exploring her relationship with her mother and with religion. For example, Anita found it easier to think about her relationship with her mother in the transference she had with female teachers whom she experienced maternally.

#### **8.4 Anita's use of psychic retreats**

A theme of Anita's internal world was the way she used psychic retreats to take refuge from the difficulties that certain realities presented her with (Steiner, 1993). For example, Anita's school refusal can now be viewed as a symptom of her retreating psychically from her experience of school becoming a "not-me" object, (Winnicott, 1971). A consistent theme in Anita's psychotherapy was how driven she could be to identify with objects, often in intrusive ways, in her attempts to take refuge from internal and external difficulties. An example of this was Anita's over identifying with atheism - her attempt to mitigate the adverse effects on her psyche that her internal religious object caused.

The effect that Anita's internal religious object had on her internal world was often conveyed in the dreams she presented. Her dreams contained examples of the phantasies and beliefs about the fate that she believed would befall her if she did not follow Islam in the way she felt her family asserted. Anita's dreams regularly conveyed punishments such as dismemberment and beheading and her fantasy of her paternal figures implementing them. How Anita presented her family, in particular the men in it, showed that they had what could be described as a shared fundamentalist state of mind. Describing Anita's family in this way captured their tendency to relate aggressively to those they experienced as posing a threat to their religious identity (Fanon, 1963). Anita's family relating to her as if she was an enemy and a threat to family life illustrates a symptom that developed from the family's wish for her to develop a lifestyle that was more synonymous with the values and beliefs held from their country of origin. Anita's identification with atheism and her maternal object illustrates the attempts she made to take refuge from her family relating to her as if she was a threat to them. These identifications were also Anita's way to take refuge from the dominance that her internal religious object previously had on her internal world (Bollas, 1987).

I have come to view that Anita's experience of Jinn arose from how the shadow of her internal religious object shaped the objects (especially her paternal objects) in her internal world. The Jinn came to embody Anita's experience of the men in her family in her parent's generational level, as well as the patriarchal nature of her extended family (informed by how the men in her family took on imam-type roles). In Anita's mind the Jinn represented Allah, the father, objects that captured the phantasies and beliefs about her own internalised father. They became a link to a father (Freud, 1962), albeit one that was angry with her for wanting to adopt a western and secular life. Anita's internalisation and phantasy of her father was undoubtedly informed by his absence, resulting in him being internalised by her as a 'demonised father representation' in the way that Mitscherlich (1969) describes. It suggests why Anita could experience Jinns as demons and not benignly in the way that Islam describes them. Her solution to her experiences of feeling terrorised internally by these demonized, paternal objects (Jinns) was to attempt to split them from her psyche and evacuate them forcibly into the external world, (Bion, 1957). The force and quality of this type of projection gave

these objects (experienced as Jinn) a literal feel, thus resulting in visual hallucinations that a part of her viewed as being real.

The grounded theory analysis sessions (in particularly Grid a) give several examples of how Anita retreated into her internal religious object during her psychotherapy. At times, it involved Anita retreating to an omniscient part of her where my authority and expertise as her therapist could be avoided, especially when the issue of religion and culture was talked about. It was an aspect of the transference that involved Anita in attempts to abolish the links I made for her at times, as retreating psychically to her maternal and religious objects was her attempt to avoid being reminded of the differences that existed between us, such as the power differentiation in the therapeutic relationship (Lombardi, 2009). Anita's way of understanding her transference to me in these moments involved her viewing it as her response to me as an "infidel" (please refer to Grid 4), a figure who was unable to grasp the complexities of her culture and religion.

### **8.5 The effect on Anita's development from internalising a paternal function from her therapist**

Anita's more colonial-type way of relating to me seemed to be informed by her racialising of me in the transference. I have previously described how (Davids, 2011) describes the racialising of the other as occurring as a result of the individual's racialised aspects of their self being located in the other through the process of projective identification. Anita's projective identification with me, during incidents of her relating to me in a colonial-type way, was helped by times she experienced me as a "typical Bengali man" in the transference. The incidents when she experienced me in this way were coded in the grounded analysis sessions under the code (REL). I decided on coding these incidents as (REL) as much of her views of men, and her father figures, were informed by the effect that her internal religious object had on her internalisation of her male and paternal objects.

The type of projective identification that came from this particular type of transference

captured how much Anita's paternal object had been racialised. It suggests why much of Anita's initial way of relating to me was from a position of contempt and anti-concern that (Joseph, 1988) describes. However, it proved ultimately helpful to understand the content of this "anti-concern", from the containment of it in Anita's psychotherapy, as it proved to hold much of the ambivalence she had towards her father. My work with Anita would seem to illustrate that she found it difficult to be in touch with the ambivalent feelings she had for her parental objects, until she felt safe enough in the transference relationship and the clinical setting to be helped in the containment of them. It suggests that the transference relationship provided her with an object with which she could work through the relationship difficulties she had with her parental objects, particularly the ones she had with her father, as a result of the types of containment I have described. (Wineburgh, 2000) explains:

*"The child often unconsciously enacts his/her psychic experience with the father onto the father substitute, perhaps behaving in provocative and angry ways and thus unknowingly ensuring that the new man responds in a way not dissimilar to the father, i.e. rejecting" (p256).*

I hope to have illustrated in this thesis how Anita often enacted her relationship with her father in her transference to me. An example of this enactment involved Anita retreating to her "Good Muslim girl" (GMG) persona and object in the transference, in particularly in the moments she experienced me as a father figure that she felt needed to be placated. (Please refer to grounded theory analysis, Grid 2 in particular, for examples of this). Anita often retreated to her GMG object in her attempt not to be in touch with her ambivalent feelings, such as her hatred and sexual feelings in relation to me. Retreating to this object in this way involved her phantasy of feeling incapable of having ambivalent feelings, such as her sexual ones, as these feelings were not associated with being a GMG. Anita retreating to this object in particular was also used by her to make the oedipal situation invisible in the clinical setting (O'Shaughnessy, 1989).

The grounded theory analysis of Anita's sessions showed how her use of psychic retreats (coded by the term COCOON) began to decrease as her psychotherapy

progressed. It suggests that Anita had developed a capacity to bear the demands from her external realities better whilst also showing how she became more able to use the transference relationship in this regard. Anita's being more able to use the transference relationship as her psychotherapy progressed is supported by incidents of her true self (TRUE) and incidents where she was contained in her psychotherapy (CONTAIN) increasing as her psychotherapy progressed. These developments had the effect of Anita's attendance at school and at her psychotherapy improving.

My work with Anita illustrates how she became increasingly able to use the transference relationship to explore the nature of her parental objects - something that she was previously extremely reluctant to do as a result of believing that it was "disloyal" to do so (Lowe, 2010). The more colonial aspect of the transference relationship was used by me to help Anita explore all aspects of her parental objects. This is because it enabled me to "feel" all the aspects and characteristics of Anita's parental objects, in particular her paternal object, in the way that (Bollas, 1987) describes leads to the patient understanding how the shadow of these objects inform their object relations and sense of self. An outcome of Anita's psychotherapy was her realising how the "shadows" of her object(s), in particular the shadows of her internalised father and internal religious object, informed her sense of self, in particular her view of her gender.

My countertransference to Anita enabled me to "feel" and understand the differing aspects of Anita's internalised father. It initially involved a type of transference that oscillated between her relating to me as the father she had denigrated in her mind to relating to me as the idealised father she had internalised. These ways of relating are coded in the grounded theory analysis where (COL) represents a more denigrating way of relating which resulted from her projecting her racialised object (her internalised father) into me. This way of relating would then change as a result of Anita's identification with her GMG object. Anita identified with this particular object, at times, in her attempt to have an experience of me as her internalised idealised father. Anita's identification with her GMG object was complicated as it was informed, in part, from her at times feeling the need to placate me. However, what developed from helping Anita to understand fully why she identified with this object was that she did so, partly

as her attempt to elicit from me (or her response to) an experience of a father that provided her protection, containment and safety. Grid 2, rows 26 to 27, column c captures how this type of transference is elicited from Anita's experiencing me as an object that she experiences as providing her with safety and protection.

The Good Muslim Girl type of transference seemed to be elicited more at times when Anita experienced me as being similar to her experience of her father in her childhood, when she experienced him as instructive, whilst also being thoughtful and caring towards her. This type of transference involves what I would describe as Anita's experience of me as a father-Imam object - her transference to a paternal object that she wanted to learn from. Anita experiencing me as this father-Imam object in the transference went some way towards her internalising an idea of men as being useful in terms of her development and not redundant in the way that she previously believed. Her experiences of the more creative and loving elements involved in the emotional intercourse we engaged in during her psychotherapy seemed to go towards her developing this idea. Grid 5 illustrates how Anita had begun to develop the idea that intercourse between a man and woman could be creative, loving and safe, in the latter stages of Anita's psychotherapy.

## **Chapter 9 - Conclusion**

The findings from this study would go to show how the transference relationship that occurs within cross-cultural psychoanalytic psychotherapy, when understood within the frames of reference that capture the total experience of the adolescent patient from a BAME background, can help this patient to negotiate and develop an identity that is congruent with the drives held in their “true-self”. The ways of working with this client group, in the way that I have described in the Findings section of this thesis (Chapter 8), would seem to show how psychoanalytic psychotherapy has the potential to help patients from this background to develop selves that can inhabit the differing cultural and social contexts without compromising the integrity of their “true-selves” (Winnicott, 1960).

My work with Anita illustrates the importance of initially tending to the issue of how society, and the external contexts that the patient from this background inhabits, informs their self and the presentation that informed their referral to psychoanalytic

psychotherapy. (Dalal, 2006) seems to also assert the importance of the analyst, in the first instance, working with the patient from this background to understand how their internal world is informed by the social and cultural contexts they inhabit by suggesting that *“any single individual ‘simultaneously’ inhabits not just one but a great range and variety of contexts and overlapping cultural frames – each with their own demands and claims on the individual”* (p40). Anita showed how difficult it was for her to use the transference relationship effectively until all aspects of herself (in particularly her cultural self) were understood intersubjectively.

An important finding from this study came from illustrating the processes and events in Anita’s life that informed the racialising of her self and others. Anita constantly brought to my attention, in the transference, how the more polarised (part-object) parts of the self were informed by her introjecting society’s view of her as the “racial other” (Foulkes, 1990; Davids, 2011). It seems to add further credence to (Bhugra and Bhui’s, 2006) and (Dalal’s, 2006) assertions that identity formation for the person from a minority ethnic background is racialised as a result of their having internalised idealised and denigrated racial images from society.

I hope to have shown in this thesis how the transference relationship is an important tool in understanding how the patient’s self becomes racialised and how it can be used to “deracialise” the self of the patient from this background. (Hamer’s, 2006) idea of racial prejudice in the transference being thought about as a regressed state of the transference, characterised by the polarised representations of the self and other, was helpful when conceptualising Anita’s transference, as much of the more racialised and split-off aspects of her self were indeed conveyed in the transference. Anita’s use of her psychotherapy to work through this issue suggests that cross-cultural psychotherapy is indeed a facilitator of the type of transference relationship that lends itself to work around “deracialising” the self in the way that (Hamer, 2006) asserted.

The clinical supervision I was offered on my work with Anita as well as my own analysis helped me to fully understand the relationship between Anita’s internal and external world, and how it informed her presenting difficulties. They helped me to develop a way of working that tended to the “total situation” (Joseph, 1985) in the

transference that the racialised and non-racialised aspects of Anita's self informed, whilst maintaining my psychoanalytic stance. A technique developed where initially working with Anita involved us thinking about the transference in alternative transference objects until she was able to think about the transference in relation to me. This helped to preserve Anita's loyalty to her attachment figures until the therapeutic relationship was felt by her to be suitably secure enough to explore the more non-cultural understanding of her attachment figures (Lowe, 2010).

(Dalal, 2002) proposes something quite radical for the discipline of psychoanalysis when he suggests that work with BAME patients could potentially be more helpful when starting from the point of understanding the patient from this background's external reality, before moving to tend to their internal world. Dalal explains why he proposes this approach when he suggests that an acceptance and understanding of this patient's external world and experiences of it invariably inform the work of tending to their internal world. (Kirmayer, 2007) and (Jones, 1985) have asserted similar views, by suggesting that an understanding of the patient's relationship to the external world results in the therapist developing a comprehensive view of the patient's self and their object relations. I would suggest that my work with Anita would concur with the approach that (Dalal, 2002) proposes for work with a patient from a BAME background, as a similar approach was paramount to the efficacy of Anita's treatment. Working in this way with Anita enabled me to fully understand how the shadow of religion came to be and how it informed Anita's internal world and her object relations. It also proved helpful in work with second generation immigrants, whose presenting symptomology is informed by the differing, and at times opposing, views held about their self in their family and in the wider community.

The request that Anita made to the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy – i.e. that she wanted a psychotherapy that was “autobiographical in nature” - has stayed with me when writing this thesis. The nature of Anita's request, and the story of Anita's psychotherapy, has reiterated what I think is the strength of psychoanalytic psychotherapy. My work with Anita goes to illustrate that one of the strengths of psychoanalytic psychotherapy is its potential to enable the patient to rewrite their autobiography about their identity, in a way that is more

synonymous with their true feelings, drives and wishes.

I truly doubt that Anita, and the story of her psychotherapy, could have been understood in the way that I have come to understand them (and hopefully conveyed in this thesis), except by capturing them through the single case study. The methodology used in the single case study has allowed me to elucidate the nuances that occur within cross-cultural psychoanalytic psychotherapy and some of the phenomena in it. I am conscious that I have not answered all of the questions that I posed in this thesis about these phenomena and have, perhaps, inadvertently raised further questions that I and others can hopefully explore through further research. However, I feel that I have shown some of the ways that cross-cultural psychotherapy, when thought of and applied in the ways that I have described in this thesis, has the potential to help patients, such as Anita, in their journey to negotiate their identities.

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**A summary of the Grounded theory codes**

<b>Code</b>	<b>Meaning</b>	<b>Description of code</b>
PT	Paternal transference	Incidents where the paternal transference involves the subject's experience of me oscillate between idealisation and denigration.
MT	Maternal transference	Incidents where the subject experiences me as a maternal containing object. Also where the patient experiences me as her internalised mother, fragile, unable to hold her in mind, symbiotic.
CONTAIN	Containment	Incidents where the patient experiences and shows signs of being contained.
REL	Internalised religious object	Incidents where the influence of her internalised religious object shows itself in the clinical setting, how she describes herself and others.
COL	Colonial object relations	Incidents where a more colonialising way of relating shows itself in the clinical setting. Also where there are incidents of a racialising of the self and other.

FOLIE	'Folie à deux'	Incidents where more delusional ideas of the self and other have been communicated to the subject and incorporated by her.
TRUE	"True self"	Incidents where Anita shows and conveys that she is in touch with the "true" thoughts, feelings and beliefs held in her self.
COCOON	Psychic retreat	Incidents where the subject retreats psychically.
OED	Oedipal thoughts and feelings	Incidents where the subject's oedipal thoughts and feelings are conveyed in the clinical setting.
GMG	"Good Muslim girl"	Incidents where the subject is in identification with a persona whose characteristics are deferential, coquettish, placating and child-like.
INFIDEL	Anita's experience of me as a non-Muslim	Incidents where the subject experiences me as being completely outside of her experience and her experience of me as someone who harbours Islamophobic views and attitudes

**An Investigation of the Transference to Determine the Usefulness of Cross-cultural Child Psychotherapy in the Development of the Patient's Self**

**Sean Junor-Sheppard**

A thesis submitted in partial fulfilment of the requirements of the University of East London, in collaboration with the Tavistock and Portman NHS Foundation Trust  
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## **Abstract**

This thesis is a single case-study of a Child and Adolescent Psychotherapist working with a patient who is a teenage, female, adolescent from a Bangladeshi, Muslim background. The patient being categorised as a second generation immigrant by society is pertinent to this thesis. The thesis presents the completed four years intensive psychotherapy (three times a week) of the patient's treatment. The patient commenced this treatment when she was 17 years of age.

The patient's struggles to negotiate her adolescence can be tracked back to her difficulty in separating from her primary object, her internalisation of religion in her early years, and her introjection of an 'Islamophobic' society in her adolescence.

The patient withdrew psychically and physically from the demands of the external world in mid-adolescence and suffered with psychotic-type symptoms, depression and anxiety. The effectiveness of the patient's treatment involved the Child and Adolescent Psychotherapist helping the patient negotiate her adolescent identity by bringing together the views that she had of their self with those held in the patient's family and wider community. Issues of gender, race, ethnicity and culture were consistent themes in the patient's treatment and the use of the Child and Adolescent's countertransference to the patient was integral to understanding the patient's relationship to them.

The primary research method used to analyse processed clinical sessions notes was Grounded Theory Method.

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## **Chapter 1 - Introduction to Thesis**

### **1.1 Synopsis**

The subject of this single case study is Anita, a Muslim adolescent female who is a second generation immigrant. Anita was 17 years of age when she was referred to me for psychoanalytic psychotherapy. Anita was offered three-times-a-week psychoanalytic psychotherapy by me throughout the four years of my training to become a Child and Adolescent Psychotherapist.

My assessment of Anita identified that she was deeply depressed and that she had responded to the demands of negotiating her adolescence and some of the demands presented to her in the external world by retreating psychically from them. Anita experienced psychotic-type symptoms which had a borderline quality to them. These symptoms showed themselves mostly through the visual hallucinations that she frequently experienced before she was referred for psychoanalytic psychotherapy.

I am using the term psychotic in this instance in a similar way to (Bion, 1957) does.

Bion, (Ibid, 1957) views psychosis as the unconscious process where the individual's internal world is forcibly projected into, and located in the external world, as a result of the individual having a 'contact barrier' (between the experience of the inner experience and the external reality) that is not able to keep apart the totality of their conscious and unconscious mind sufficiently. At the start of Anita's treatment the visual hallucinations she experienced (in particularly Jinns) prior to her psychotherapy commencing were a result of this process and a result of the psychotic part of her personality being more prevalent at this time. A part of Anita was able to recognise that her visual hallucinations were not real prior to treatment. However, she felt compelled to view them as if they were as it was more acceptable in her family to view them as spiritual and religious experiences. This thesis will illustrate how the visual hallucinations (mostly shown through the subject's experience of Jinn) was a consequence of her internalisation of religion and primary objects, in particularly her paternal objects, being split off and located into the external world, through projection.

Crawley's (2009) paper for UNICEF, 'The situation among children in immigrant families in the United Kingdom', reported that the foreign-born population in the UK in 2001 represented 8.3 per cent of the total population. In this paper Crawley defines a second generation immigrant as an individual born in the United Kingdom to at least one immigrant parent who was born abroad. I feel that it is important to draw attention to Crawley's definition of a second generation immigrant for two reasons. The first reason is that this thesis intends to explore how the identity and personality development of the adolescent from this background is informed by the views held in society about this group of people. The second reason for drawing attention to Anita's being defined in this way is that this thesis is also interested in exploring the effect on the personality development of the adolescent from this background from having internalised transgenerational ideas of the self from within their family. The role of immigration, and the influence that it has on the identity development of the adolescent from this background, is therefore pertinent when exploring this question.

## **1.2 My interest in writing about Anita**

I became interested in writing about my work with Anita during the third year of her psychotherapy. I was becoming increasingly aware at this time of the bearing that religion and her culture had had on Anita's personality development and how they had informed the views she had of herself and others. When I attempted to find out what had been written about race, culture (religion being part of culture) and difference, with a view to better understanding why they informed Anita in the way that they seemed to, I found that very little had been written about them in psychoanalysis. I felt from this that writing about my work with Anita could contribute to what has already been written about race, culture and difference in psychoanalysis. I also felt that my work with Anita was an opportunity to explore how issues of race, culture and difference are communicated and worked with in the transference and within cross-cultural psychoanalytic psychotherapy. (I am using the term cross-cultural psychoanalytic psychotherapy to refer to psychoanalytic psychotherapy that takes place between a therapist and a patient whose ethnicity and culture may be explicitly or implicitly different from each other.) Anita's psychotherapy was explicitly "cross-cultural" as her ethnic and cultural background visibly differed from mine (a black, British male child

and adolescent psychotherapist who is a second generation immigrant from a Christian, Caribbean background).

Although Anita and I are similar by virtue of our both belonging to the Black and Minority Ethnic (BAME) group and from our both being second generation immigrants, my work with Anita has shown me that my experience of negotiating my own adolescent identity was more different from (and somewhat less complicated than) Anita's than I had initially envisaged. This was in part because of the eras we were born into and the beliefs about adolescent identity held in these respective eras. Much of my sense of self was informed by the culture of the area I grew up in. I was born in East London in the '70s and my adolescence took place there during the '80s. A large proportion of my friends were second generation immigrants, although we did not define ourselves in this way at this time. What seemed to bind us together was that we had a shared, secular view of ourselves and that our parents were immigrants, albeit from the West Indies, Africa, India or Pakistan. We were also bound together by the fact that the BAME group made up the majority demographic in the primary and secondary schools we attended.

Negotiating our identity in this era seemed to be far simpler then than it is now, for young people such as Anita. Our shared "black" culture was what defined my identity and the identities of my friends. Black culture clearly informed the identities of my white British friends. It became a shared identity for young people growing up in East London, due to the influence black culture had on our interests in music, political views, sport, clothes and (simply) way of being and relating to ourselves and others. Unlike adolescents now, the political and societal context seemed to have little bearing on defining who we were. In hindsight, my friends and I did not have to develop our adolescent identities whilst also being bombarded by social media's ideas about it. My work with Anita will go to show how her identity and sense of self were shaped by an introjection of ideas about them from society and from her internalising ideas about herself from her family, a group whose ideas about Anita often differed from the ideas that Anita had about herself.

### **1.3 The study's relevance to Child and Adolescent Psychotherapy**

Race, ethnicity, culture and gender were once clearly visible differences that could be acknowledged and thought about in the therapeutic relationship when (or if) they were recognised. They have become less clear, as have issues of “sameness” and “difference” in the therapist / patient relationship, as a result of populations becoming more fluid than ever before. Working “cross-culturally” has therefore become increasingly common, as a result of mental health services, such as CAMHS, beginning to reflect more of the diverse populations they are situated in. This has certainly been the case for me as a child and adolescent psychotherapist working in an inner-city CAMHS.

I feel that there is a need to clarify how psychoanalysis engages with the phenomena arising from cross-cultural psychoanalytic psychotherapy because of this. This thesis will attempt to answer this question as well as the question posed in the study - a study of the transference relationship to determine its efficacy in working cross-culturally with adolescents from a BAME background.

I am (and will always be) indebted to the “spaces” that helped me to explore the questions posed in this thesis. My personal analysis, the clinical supervision I received during my work with Anita and my Doctoral supervision have been invaluable spaces in helping me to explore and understand the cross-cultural psychoanalytic psychotherapy phenomenon in more detail and in helping me to collate and structure the vast amount of data generated from my work with Anita. These spaces helped me to explore and better understand how my work with Anita illustrates the impact on the personality development of the adolescent from a BAME background of inhabiting social and cultural contexts that may hold very different views of their self to the ones that they themselves hold. This concept was particularly relevant to Anita, as her presenting symptomology and difficulties in her adolescent development were informed by this issue.

This thesis acknowledges that all adolescents, regardless of their respective backgrounds, are tasked with having to negotiate their identity within an internal

climate of re-emerging infantile sexuality and a drive to develop more mature object relations whilst also, at times, simultaneously making the psychological and physical transition to the wider community. I will go on to show how the task of BAME adolescents negotiating their adolescence can be complicated from having to do so within contexts that often do not reflect their “true-self” and that are often hostile to their “true-self”.

At the time of writing this thesis, it seems particularly pertinent to be thinking about these issues when adolescents from BAME and immigrant backgrounds are having to negotiate their identities in social and political contexts that they often experience as being hostile to their “true self”. Brexit is an example of a political context and climate that is looming at the time of writing this thesis, and this is arguably creating a hostile social and political environment for BAME adolescents. The rise of Islamophobia would suggest that this is the case and this could be viewed as a symptom of this country’s struggle to renegotiate a national identity.

The task of adolescents from BAME and immigrant backgrounds negotiating their adolescent identities within these types of societal and political contexts becomes even more complicated because of this, especially as a consequence of Brexit is that the word “immigrant” has now become a coded term for referring to the “other” from a Lacanian perspective. These political and societal changes posit a particular challenge to the psychoanalytic profession as one is now tasked with trying to make sense of how Brexit, and a climate of growing anti-immigrant sentiment, informs our psychoanalytic work with adolescents whose sense of self is inevitably shaped by these changes. It therefore seems an apt time to be exploring the efficacy of cross-cultural psychoanalytic psychotherapy with adolescents from BAME backgrounds, with a view to determining how it can help them with the task of negotiating their identities.

## **Chapter 2 - A Single Case Study (The Story of Anita's Psychotherapy)**

### Introduction

I will now give a summary of the work I undertook with the subject of this thesis, Anita. I will illustrate the salient themes that emerged and the theories that helped me to make sense of them. I will expand on these themes and theories in detail in later chapters. I will illustrate how the transference relationship was thought about by me initially and will refer to the particular incidents and events that took place in Anita's psychotherapy and in the external world as "turning points". I will show why I have come to view these incidents and events in this way and will describe how they made a positive contribution to Anita negotiating her adolescent development.

### **2.1 Anita's background history**

Anita is the oldest of four siblings. She has two sisters and a brother. Anita's parents, Mr and Ms Khan, entered into an arranged marriage in Bangladesh before they emigrated to England. They settled in an area that has a large Bangladeshi population. Ms Khan worked as a social worker whilst Mr Khan worked with an extended family member in a local butcher's.

Anita was born several years after the couple had settled in England. Her birth was unremarkable and she attained her developmental milestones on time. Ms Khan gave birth to Anita's sister when Anita was two years of age, before going on to give birth to Anita's brother and younger sister.

Ms Khan and Mr Khan separated when Anita was 11 years of age. Both parents cited each other's opposing views on how they should conduct themselves as the main reason for their marriage ending. Mr Khan cited Ms Khan's objection to adopting a more traditional, Islamic lifestyle, which would have involved her not working, as one of their differences. Ms Khan objected to Mr Khan regularly instructing the children from an early age on how they should follow Islam.

## **2.2 Anita's first contact with CAMHS**

Anita was 12 years of age when she was first referred to CAMHS. The difficulties in her family were a precipitator for her being referred, as her extended family had continued to blame Ms Khan for the end of her marriage to Mr Khan. They asserted in various ways that they strongly believed that Ms Khan's adherence to a "Western" way of life had made married life intolerable for Mr Khan. Anita's extended family also felt that Ms Khan had brought shame on them and her immediate family by choosing not to wear the hijab. They felt that her decision to do this had influenced Anita's decision to stop wearing the hijab shortly after her parents had separated.

Anita's extended family conveyed their disapproval to Ms Khan and her children (Anita particularly) in an aggressive and at times threatening way. Anita and her family were deeply affected by how their extended family treated them. A consequence of this treatment was that Ms Khan suffered a psychotic breakdown and was hospitalised for a short period before Anita was referred.

Anita's GP referral described how Anita was suffering with low mood at this time and that she was very fearful of her extended family following her parents' separation. Anita and her family (her mother and three siblings) were offered family therapy for over a year after this referral. Her mood improved following this treatment and she was discharged from the clinic.

Anita was referred back to the same CAMHS clinic (the clinic that I was placed in during my Child and Adolescent Psychotherapy training) by her GP when she was 16 years of age. Anita had not attended school for just over a year at the time of this referral. Her absence from school resulted from the internal dilemma she was presented with from her school limiting the subjects she could study at A level. Choosing subjects to study is of course very difficult and complicated for many adolescents. However, it was even more complicated and internally challenging for Anita, a young person who had continually struggled with the internal experiences relating to loss. Anita responded to loss in this way in part because she did not have the experience of forgoing her primary object in childhood in the way that Klein (1952)

explains provides the basis for the individual to develop the capacity to manage losses during their lifetime. This thesis will refer to the clinical material from my work with Anita and will show how her failure to forgo her idealised, desired primary object fully in childhood resulted in her difficulty in managing losses of objects she viewed as desirable (such as the A levels she wanted to study). The thesis will also show how Anita's experience of her school acting to prohibit the A levels she wanted to study was, for her, akin to the infant's experience of their father's paternal function - acting to separate them from their mother (desired primary object). It will show that Anita's solution to this experience - brought on by her experiencing her school paternally in the way that I described – was to retreat psychically from the paternal experience presented to her and to study specific subjects independently in opposed to remaining in school and being restricted in the subjects she could study.

The CAMHS clinic's Child and Adolescent Psychiatrist's assessment of Anita concluded that she was not clinically depressed and recommended that she should be offered CBT in the first instance. Anita was referred for this treatment to a clinician in the clinic. Her low mood alleviated following this treatment and she attained very good GCSE results, despite not being in school at this time. This wasn't surprising: throughout Anita's contact with the clinic, her mother described how academically gifted Anita was and reported that she was a child who had always made excellent academic progress, from the moment she started primary school. Her parents, her mother in particular, viewed and referred to Anita as a child prodigy because of this. Ms Khan initially wanted Anita to attend a private school from a primary school age because of her view of Anita, but Anita's father objected to this.

Five months after Anita's CBT treatment had finished, Ms Khan contacted the Child and Adolescent Psychiatrist who had assessed Anita to request for her to have psychoanalytic psychotherapy. Anita had still not returned to school at this time and had reported to her mother that she was very anxious, that she felt depressed and that she was disillusioned with her life. Anita reported to the Child and Adolescent Psychiatrist who re-assessed her that she was having difficulty sleeping at this time. Anita regularly reported to her mother that her sleep was disturbed because Jinn<sup>1</sup>

<sup>1</sup> 1 The jinn are spiritual creatures in Islam and Arabic folklore. They are mentioned in the Qur'an and other Islamic texts and inhabit an unseen world in dimensions beyond the visible universe of humans. Together, the jinn,

appeared in her bedroom at night, but she did not report this at this assessment. Anita did report to the Child and Adolescent Psychiatrist that there were incidents when she would see her hands and feet being severed when she looked at these areas of her body. Anita reported that she was unsure whether she should pursue a career in academia or pursue a career in music. She did not socialise much at this time, other than to occasionally tutor children known to her family.

Anita reported at this assessment that she was very worried about what would happen to her after she had stated to her family, prior to this referral, that she no longer followed Islam. The consultant Child and Adolescent Psychiatrist's assessment identified that Anita's presenting difficulties seemed to have the effect of creating some sort of reconciliation with her extended family following their dispute with Anita and her mother. His assessment stated that: "...Anita had begun to offer the appearance of religious observance in response to the support of her extended family". Anita's extended family had continued to blame Anita's mother for her marriage to Anita's father ending, but were less blaming and angry with Anita as a result of feeling that she was trying to follow Islam again. They felt that the fact that Anita was wearing more traditional clothes in their presence was evidence of this.

Anita reported to the Child and Adolescent Psychiatrist that she was interested in psychoanalytic psychotherapy as she wanted a treatment that was more "autobiographical in nature". The Child and Adolescent Psychiatrist referred Anita to me to be assessed for psychoanalytic psychotherapy.

### **2.3 My first contact with Anita**

I first met Anita when the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy arranged for me to meet her to discuss this referral.

humans and angels make up the three sapient creations of God. The Qur'an mentions that the jinn are made of a smokeless and "scorching fire", but are also physical in nature, being able to interact physically with people and objects and likewise be acted upon. Like human beings, the jinn can also be good, evil or neutrally benevolent and hence have free will like humans and unlike angels, and so are able to follow any religion they choose.

The jinn abused their free will in front of Allah by refusing to bow to Adam when Allah ordered angels and jinn to do so. For disobeying Allah, the jinn were expelled from Paradise and called "Shayṭān" (Satan). Jinn are frequently mentioned in the Qur'an because the prophet Muhammad met them several times.

Anita attended this appointment with both of her parents. Ms Khan explained at this appointment that she had also referred Anita privately for psychotherapy as she wanted her to have a Child and Adolescent Psychotherapist who was Asian and female. Ms Khan reported that she thought that this person would be able to understand Anita's needs better and that she was unsure whether I, a male, non-Muslim Child and Adolescent Psychotherapist would be able to grasp how the religious and cultural beliefs in their family informed Anita's presenting difficulties. I was able to assure Ms Khan that all aspects of Anita would be considered during her assessment and that an informed decision would be made about whether psychoanalytic psychotherapy with me would be helpful for her. Both parents reported that they were happy for me to assess Anita for psychoanalytic psychotherapy.

It was noticeable that Anita did not contribute much initially at this appointment. She occasionally nodded to signify that she agreed with certain things that her mother said about her. I was struck by how young Anita looked for her age. She presented as childlike and behaved very deferentially towards her mother, the Child and Adolescent Psychiatrist and me. Anita became more engaged when her mother talked about her difficulty with sleeping. Anita reported that her difficulty sleeping was one of the things she would like to talk to me about in her assessment appointments. I explained to Anita what her assessment for psychotherapy would entail and she agreed to attend the three individual assessment appointments I offered her.

#### **2.4 Anita's assessment for psychotherapy**

When I met Anita for the first of her assessment appointments, I was struck by how differently she presented from when I first met her. When I first met her, Anita had spent a lot of the time facing down or away from me or using her fringe to conceal her face and eyes. She did this much less at this appointment, which allowed me to notice how pretty she was. Anita was lively and engaging in a way that was in contrast to how she was when we first met. Her eye contact was better than previously and conveyed a passion and interest that her words mirrored when she spoke. Despite Anita's more lively and engaging way of relating, I felt that she was also quite suspicious of me, which gave me the impression that she was assessing me whilst I was assessing her

for psychotherapy.

I found myself being interested in what Anita had to say and how she spoke and presented. I felt that Anita's more lively way of being and relating was as a result of her parents not being present. I found myself liking Anita from the start.

Anita was keen to talk to me about the issues she felt contributed to her being referred for psychoanalytic psychotherapy. She explained that her disillusionment with Islam was an example of one such issue and how the different views that her family had about Islam made it difficult for her to be herself. Anita explained that her extended family did not like the fact that she continually disagreed with their more traditional views and interpretations of Islam. Anita reported that her family's view of Islam was opposed to many of the things that she believed in. She gave as an example that her extended family disapproved of her view that women should be equal to men. Anita also felt that her extended family did not like women to be outspoken in the way that her mother and she herself were. Anita explained how angry her extended family were with her when they found out that she viewed herself as being an atheist, and described how upset and disturbed she was by the contempt they showed her for having this view of herself.

What emerged from exploring with Anita why she viewed herself as an atheist was that she seemed to identify with atheism as her way to distance herself from the influence that religion, in particularly her family's understanding and interpretation of it, was having on her psychologically. It did seem (although not explicitly stated by Anita at this time) that Anita still believed in a God, but that she had now come to believe in a very different God from the one in whom her family believed. Despite Anita's attempts to distance herself from her family's take on Islam, she showed how it continued to impact on her psychologically and inform her sense of self. For example, Anita described her attempts to appease her more religious-minded extended family members by wearing the hijab, whenever she knew she was going to have contact with them.

In Anita's third assessment appointment she reported that she had had several episodes where jinn appeared to her. She explained that a jinn appeared at the end of

her bed a few months after she stopped attending school and that it ordered her to sleep on the right side of her body. Anita felt that the jinn ordered her to do this as her left side would then be facing towards Allah and this would show Allah that she was subservient to him. Anita clarified to me that the left side was viewed in Islam as a sign of holiness and that she believed that the jinn's appearance was a sign that Allah was angry with her for not following Islam. Anita explained that she believed that Allah had sent the jinn to show her that she would be punished if she did not return to Islam. She described how very persecuted and fearful she felt whenever these jinn appeared, but felt comforted by her mother who she thought understood what she was experiencing. Anita reported that her mother had said to her that she was a prophet, as only prophets were visited by jinn.

The idea of being a prophet seemed to resonate with Anita. She was thoughtful and effervescent when she talked about this and it seemed that she identified with this idea of her as her way of making sense of her more difficult experiences with her extended family. Anita explained that she only truly felt safe from these difficulties when she was at home, on her own, wrapped up tightly in her duvet in her bed. She referred to this as being wrapped up in her "cocoon". Anita was in touch with what felt like feelings of loss and disappointment when she acknowledged that she realised that her reliance on her "cocoon" had stopped her attending school, due to the comforting feeling it gave her.

Anita seemed to be identifying, quite early on in her treatment, how her not attending school and her tendency to take refuge in her "cocoon" were expressions of her retreating psychically to areas of safety, as her way to avoid difficult realities. Steiner(1993) termed this particular defensive mechanism an example of a "psychicretreat" and has described how the fusion between self and object supports the individual's phantasy of retreating into the object(s) that they are using to avoid difficult realities. Meltzer's (1992) theory of the claustrum describes how the claustrophobic type inhabitancy of the primary object is a feature of this type of defensive mechanism. Meltzer explains that the type of object-relating that comes from this sort of defensive mechanism lends itself to the phantasy of inhabiting the internal compartments of the internalised mother. Anita's "cocoon" seemed to give her the claustrum-type experience that Meltzer is describing and suggests why her inhabiting

the family home (in the absence of her siblings) during her absence from school, was experienced by her as her inhabiting the compartments of her internalised mother.

Anita seemed visibly frightened when she recounted her experience of jinn visiting her. I also found myself feeling anxious, though also intrigued, by what Anita had to say about this. Anita reiterated to me on several occasions during the assessment period that jinn were real. I felt that her conveying this belief to me was one of her ways of ascertaining whether I was someone that would understand her more religiously informed beliefs and experiences, or whether I would be dismissive of them. A part of me did feel dismissive of what Anita reported in these moments and I found myself having to work hard to suspend judgement on what she reported. I did feel that Anita's experience of me in the transference as someone who did not believe her was a communication of how alone and abandoned she felt in relation to her difficulties. She seemed to be describing feeling "cast out" of the minds of others and by her extended family in a similar way to how jinn were "cast out of paradise" for having free will (according to Islamic theology).

During one of her assessment appointments, Anita explained that she had found out about psychoanalytic psychotherapy from reading about it on the internet. She described how she had found out about lots of treatments for depression and anxiety whilst she had not been attending school. Anita explained that she was drawn to psychoanalytic psychotherapy as she liked the fact that it was interested in understanding how a person's history and the contexts that they live in shapes them.

Following Anita's assessment, I met Anita and her mother to explain that Anita had showed during the assessment period that psychoanalytic psychotherapy had the potential to help her with the difficulties she was presented with. I explained that I recommended that Anita should begin with twice-a-week psychoanalytic psychotherapy, with a view to her treatment being increased to three times a week. I explained that Anita's complex psychological and emotional difficulties would have the best chance of being responded to in three-times-a-week, intensive psychoanalytic psychotherapy. I also explained that intensive psychoanalytic psychotherapy and what it entailed would likely give Anita the emotional foundation and containment necessary

to support her in returning to school. Anita and Ms Khan agreed with my recommendations and Ms Khan agreed to fortnightly parent work sessions with a Child and Adolescent Psychotherapist from the clinic.

## **2.5 Post-colonialism in the clinical setting**

Anita had not returned to school when her psychoanalytic psychotherapy started. What quickly emerged was that she seemed to find it difficult to attend her appointments, or come to them on time when she did attend. This pattern continued despite the fact that Anita was not attending school or engaging in other activities at the start of her psychotherapy. Anita was often anxious and extremely apologetic when she arrived late for her appointment or when she attended after missing an appointment. As the transference began to take shape it often felt that she expected me to be very disapproving, critical and perhaps angry with her about her attendance and punctuality at her appointments. I was curious to understand why Anita seemed to experience me in this way as my overarching feeling towards her at this stage was one of sympathy from being aware of how much her psychological difficulties informed this issue.

As Anita's psychotherapy progressed, she reported that her mother was trying to find a grammar school for her to go to. She was clearly anxious about returning to any school, but seemed to want to convey otherwise when I enquired how she felt about the prospect of going to this grammar school. In a subsequent appointment, Anita explained that her mother had in fact identified a grammar school for her to go to that was several boroughs away from where they lived. Anita reported that her mother had begun to make plans for her to reside, during term-time, with what felt like distant friends of her family that lived in the same borough as this school.

Anita explained that her mother had said to her that she thought that this grammar school's prestigious reputation would help her to get into the university of her choosing. She acknowledged that she also liked the idea of attending a prestigious school but was able to say that she was also worried about the prospect of living away from her family with people that she did not know well. Anita reported that she had not told her mother that she would prefer to study A-levels at her local school, which her sister and

brother attended. She explained that she liked the idea of going to this school as it was close to where she lived and that she knew that some of her friends also went there. Anita reported that she also liked the fact that a large proportion of the pupils who went to this school were from a similar ethnic and cultural background to her.

As we explored this issue together, Anita became more and more torn about which school to attend. She seemed to respond to this situation in a similar way to how she responded to the previous situation when she had to choose her A-levels. It did seem that Anita found the idea of choice, and the losses that occurred as a result of making choices, very difficult. This difficulty seemed to link to her not having experienced the loss of the type of relationship that she enjoyed with her mother. At this point in Anita's psychotherapy, it was clear that she was very tied to her mother in a psychological sense. This issue showed itself in my counter-transference to Anita, as I often found it extremely difficult to differentiate whether she was reporting her own views or beliefs or whether she was reporting the views and beliefs of her mother.

Anita was also torn about which school to choose, as a result of the appeal of attending a prestigious grammar acting to override her more infantile and adolescent needs. Anita's recognition that she would feel more comfortable (and contained) in her siblings' school often became lost and denigrated by her because of this appeal and how it resonated with the more elitist part of her. Anita illustrated how this part of her organised other aspects of her thinking when she reported that she imagined that there would not be any pupils as intelligent and as motivated as her in the secondary school her siblings attended. Anita illustrated this further when she reported that she feared that her academic needs would not be met in this school as she felt that the Bangladeshi young people who attended it were generally more interested in the social aspect of school. She noticeably became a bit contemptuous when she shared that she felt that girls from her culture often did not think that they needed a professional career as they would have marriages arranged for them. Anita reported that she believed that professional careers for women from her culture would not be encouraged by their husbands. She explained that she believed that she would find it different in the grammar school her mother wanted her to go to as she imagined that it would be populated mostly by white British pupils who were naturally bright, keen to

attain and motivated to develop careers in the way that she believed Bangladeshi girls were not.

Anita's descriptions of her siblings' school and the Bangladeshi children that attended it suggested that a part of her viewed her culture and ethnicity negatively. On reflection, Anita was illustrating what Fanon (1952) describes as the "inescapable psychic problem" for black people, which he explains involves black, or "non-white", being associated negatively, as a result of introjecting colonial ideas about them from society.

I felt that (Fanon's, 1952) idea of the "inescapable psychic problem" for black people was part of the reason why Anita viewed her culture and ethnicity in the way that she did. However, I also felt that there were other factors at play than Fanon's idea which explained why Anita viewed her culture and ethnicity in the way that she did. I found myself becoming more curious about why Anita had come to view her culture in the way that she did, particularly as I did not share this view of my own culture. It did seem that my curiosity about this phenomenon, and my providing a space for it in my mind, also created a space for Anita to begin exploring it in her psychotherapy. It also resulted in a space developing around thinking about how culture and religion informed Anita's views on gender. Anita's difficulty in choosing the right school provided us with the catalyst to begin exploring these issues: in particular, the issue of how her view of her culture had contributed to the difficulty she was having in choosing the right school for herself.

I was expecting Anita to be open and interested about thinking about these issues and was therefore surprised about the particular quality she brought to how she talked to me about her ideas on gender and culture. She spoke in a way that conveyed that I could not possibly truly understand her views about her culture, and especially her views and beliefs about religion. Anita became more contemptuous and detached from me in these moments. I found myself feeling irritated when this happened, and also usurped from my position as Anita's therapist, as a result of her presuming my ignorance about her culture and religion. My countertransference to Anita on these occasions involved me feeling redundant and excluded from her narratives about her culture and religion, especially when she drew on her knowledge about Islam in what

felt like her way of underlining my ignorance about it and my ignorance in general. Anita imparted her ideas about Islam in such a way in these moments that I felt completely positioned outside her experience of them. I found myself wanting to forcibly challenge her ideas of religion in these moments. On reflection, I felt that this was my attempt to get back into a more inter-subjective way of relating with Anita. Our ways of relating to each other in these moments created a dynamic where we both wanted to “colonise” one another’s religious (Anita) and psychoanalytic (me) ideas about the self and other that we were positing. It also felt that Anita and I were re-enacting a way of relating in these moments that was organised around a paranoid-schizoid way of viewing and relating to the “other”.

In the moments when I felt “othered” by Anita, I found myself interpreting in a more rigid psychoanalytical manner in what felt like my attempt to regain my position as Anita’s therapist. Relating to Anita in this way and my difficulty in thinking in these moments seemed to indicate incidents of resistance in the transference. It felt that they were moments when Anita was “acting in” the transference in the way that Joseph (1985) suggests conveys the patient’s anxiety about the transference relationship. On reflection it felt that Anita’s need to “other” me initially was informed by the anxiety she felt from her experience of me in the transference as an object that would view her “otherness” (her culturally informed views of her presenting psychological difficulties) as evidence of her being insane. Anita expanded on her anxiety about this issue in her third assessment appointment. (This will be explored more fully in Chapter 6 – Adolescence.)

## **2.6 The “cocoon”**

Anita had a tendency to withdraw from me emotionally when she felt that discussions about her culture and religion had reached an impasse. She often became more wedded to her views on them in these moments, particularly her views on religion. Anita occasionally withdrew from me physically when she felt that we had reached an impasse, following discussions about culture and religion, by either missing the next appointment or by coming very late to it. Anita’s use of her appointments in these ways conveyed how she attempted to retreat psychically to relatively safe areas of her mind

by reducing the level of physical contact between us. She hoped by doing this that it would reduce the difficult feelings and experiences that contact with me was presenting her with at this time (Steiner, 1993).

Anita showed that she could think about her tendency to retreat psychically when she emerged from them. She was interested in trying to make sense of this internal difficulty, in part because she recognised that it had the potential to sabotage her long-term goal of going to university. By working more intensely in the moments when she emerged from her psychic retreats, Anita was eventually able to identify that a part of her did not want to go to school as it would mean that she could no longer have the home to herself. Anita described how she liked being at home without her siblings and would often come alive in her appointments from being in touch with the pleasure that she got from being at home on her own, wrapped up safely, tightly in her blanket – “her cocoon”. We were able to think about the meaning of her “cocoon”, following my suggesting to her that being at home on her own and the feelings she described that this gave her might give her a similar feeling and experience to the time when she had her mother to herself, before her siblings were born. I also suggested that her experience of her “cocoon” was similar to being in a womb. I initially dreaded interpreting this issue in this way to Anita and was therefore surprised that she did not “retreat” from this interpretation in the way that I feared that she would. In fact, Anita seemed relieved that I had given voice to what felt like a salient theme of her emotional life and she showed an interest and curiosity to explore this issue further with me.

The fear I had about interpreting this issue to Anita and my wish to avoid interpreting it has echoes with what Strachey (1934) says about the analyst’s fear and wish to avoid an interpretation that is disturbing, in part because it holds the truth. Anita’s amenability to my interpretations about her relationship with her “cocoon” suggested that they contained a salient “truth” that resonated with a part of her. Anita later reported why she believed that being in her “cocoon” was pleasing for both her mother and her. She explained that she believed that her mother liked that she was still dependent on her (whenever Anita was in a cocoon state of mind) and that she felt that being this way made her mother feel better in some way. Anita felt that it was important for her mother to feel better as she believed that her mother was still mentally fragile following her

psychotic breakdown<sup>2</sup>. Her descriptions of her mother illustrated how Anita worried about overburdening her object.

It seemed that Anita was describing how her tendency to maintain a more infantile way of relating to her mother and her tendency to subjugate her own views, thoughts and feelings were her attempt to ensure that her mother did not become overburdened by her adolescent needs and drives. Anita's tendency to subjugate her own views, thoughts and feelings as a result of viewing her mother this way led to her developing what Winnicott (1960) terms a "false-self". Winnicott explains how the infant's "false-self" develops from suppressing their true drives and wishes in response to their mother's inability to nurture their infant's drives and wishes. Winnicott explains how the infant builds up a false set of relationships and a way of relating as a result of this, causing them to develop a personality very similar to those they have had to subjugate their drives and wishes for. Anita seemed to adopt a similar "false-self" way of relating in regard to her extended family. Her reverting to wearing the hijab whenever she had contact with her extended family conveyed how she had to subjugate the views and feelings in her "true-self" that she had about her religion. It illustrates the compromises that Anita made to her true-self in order to manage certain contexts and relationships that she felt were hostile to it. It also illustrates one of the reasons why her "false-selves" evolved and why she had developed the tendency to take refuge in her objects when these "selves" could not cope with what had been presented to them.

## **2.7 Choosing the "healthy option(s)"**

It felt that it was a significant turning point for Anita when she chose to go to the secondary school her siblings attended. It seemed to represent her choice to prioritise her psychological and emotional needs over her academic ones, whilst also being suggestive of her "true-self" becoming less subjugated by her mother's views and beliefs (Winnicott, 1960). Anita's choosing the school that she did also showed how this

<sup>2</sup> I was mindful that Anita was likely to have been acutely aware about the full nature of her mother's mental health difficulties. Ms Khan had talked about them extensively in front of Anita and Anita's siblings during her previous family therapy appointments at the clinic. Ms Khan was also talking about her mental health difficulties with the Child and Adolescent Psychotherapist who was offering her parent-work sessions.

more grown-up, informed choice, and her asserting herself against her mother by making this choice, were an indication of her beginning the process of relinquishing the more infantile structures of her mind. Waddell (2002) explains how this process is an integral task in the young person's adolescent development.

Anita's choice of school occurred shortly after I had recommended that she should increase her sessions to three times a week. She was hugely ambivalent about the increase in her sessions, initially as she deeply believed that her school would not support her attending more clinic appointments during school time. It was noticeable that Anita was very fearful about the thought of her school disapproving of her attending her clinic appointments during school time, despite my having contacted her school with her consent to arrange this. Anita's response to this situation reminded me of her experience of her previous school as an object that was very paternal, rigid in its boundaries and therefore not understanding of her needs.

Anita did not attend her appointments for two months after she started her new school. I was left feeling that she might have felt overwhelmed about the prospect of leaving the "cocoon" to go to this school, but that she might not have been able to talk to me about this. I also felt that Anita was deeply worried about how she would manage an increase in her contact with me as a result of her sessions increasing. Anita conveyed her anxieties about the transference relationship at times, in particular her worry about how her present and previous absences seemed to be her way of managing the anxiety that came from her growing dependency to me (Joseph, 1985; Steiner, 1993). I felt very abandoned by Anita. On reflection, it felt that she was giving me an experience of how she imagined she had abandoned her mother by choosing to attend the school that her mother did not want her to attend.

Anita did not respond to my letters, which I limited to writing once a week. Following supervision with my clinical supervisor, it was agreed that I should not contact Anita by phone as she would likely experience this as persecuting. I found myself almost giving up at one point on the idea of Anita resuming psychotherapy. However, I felt a glimmer of hope that Anita might return to her psychotherapy from her mother's continual attendance at her parent-work appointments. Ms Khan explained to her parent worker

that Anita had received my letters but that she was worried whether she could manage three-times-a-week psychotherapy and school. Ms Khan had in principle agreed with increasing Anita's sessions but also shared Anita's concern about how she would manage her psychotherapy and school.

## **2.8 Anita's return to the boundary of psychotherapy**

Ms Khan had reported to her parent worker that Anita was finding the prospect of returning to school anxiety-provoking. She felt that Anita was depressed and took her to her GP soon after she had started school. Anita's GP prescribed her 25mg of Diazepam (antidepressants). Ms Khan reported that she felt that Anita's presenting psychological difficulties would jeopardise her education, without the intervention of her GP.

When Anita returned to psychotherapy, it was 13 months from when she had first begun to attend. I felt deeply relieved and pleased when Anita rang me to explain that she was returning to psychotherapy. When she returned, we explored why she had found it difficult to meet with me during her absence. Anita explained that she had considered stopping psychotherapy, as she had not seen any discernible progress regarding her difficulties. She reported that she felt that psychotherapy was not helping her in the way that she wanted and that her anxiety and depression had increased just before the summer holidays that she was due to go back to school. Anita reported that her anxiety and depressed feelings increased further soon after she returned to school, but that she wanted to see whether she could manage these difficulties without psychotherapy. She acknowledged with me that she was feeling anxious and depressed before her absence, but not to the extent that her mother claimed. Anita's psychotic-type symptoms, which involved her seeing parts of her body being severed, had presented intermittently during her psychotherapy but had reduced by this point.

On reflection, Anita's absence from her psychotherapy illustrated an omnipotent and self-reliant side to her that had the effect of making her believe that she could provide herself with the containment she needed. Her absence from psychotherapy also illustrated the difficulty she had in relation to her growing dependency on me, as her

response to this internal difficulty was to try to manage her transition to school without my help. It also highlighted how a part of her could at times act to negate the importance of her objects: in this instance, her psychotherapy and her therapist.

It felt significant however that Anita had made the choice to return to psychotherapy. An aspect of the anxiety she felt from the transference relationship was her experience of me and her psychotherapy as paternal, an experience that she was not used to and at times avoided. A part of her craved the safety and containment that my paternal function gave her, whilst a part of her found it difficult to accept, especially when it presented her with an experience of boundaries and authority. Anita's choosing to return to psychotherapy indicated that there was a part of her that recognised the importance that a paternal function had in relation to her own development and in relation to her wish to attain the identity she desired for herself.

Shortly after Anita had resumed her psychotherapy, she confirmed that she was beginning to recognise the importance of the paternal function that her psychotherapy was giving her. She reported that she was able to manage her anxiety better, that she could hold onto her own thoughts more and that she recognised that prioritising her emotional needs above her academic ones was the right thing to do. Anita's return to psychotherapy seemed to mark a few significant turning points for her. For example, it showed how a part of her could hold on to the importance of psychotherapy and the containment it provided her and that her objects (her psychotherapy and me) could withstand her attacks of them, without retaliation. These turning points signified that Anita was developing the idea that she could exert free will, without any reprisal.

Anita's attendance at her new school was good from the start. The excitement she felt when she talked about school and the friendships and relationships she had made there conveyed how her school was meeting many of her emotional needs, especially her adolescent ones. Interestingly, Anita began to present in a more adolescent way soon after this. She was less deferential in how she related to me and was more confident in how she carried herself. I felt very happy that Anita was enjoying life after all of the difficulties she had endured previously. I found myself feeling proud whenever Anita reported her academic attainments, but mostly proud of her "attainments" in

developing her relationships with peers and staff alike. I found myself feeling very paternal towards Anita as a result of these “attainments” and from noticing that a more carefree side to her was emerging, one that was clearly enjoying life again.

Anita’s enjoyment at school could at times be lost by her when she experienced her teachers as criticising her. This would happen mostly when they implemented boundaries with her, e.g. challenging her on the occasions when she did not complete her homework on time, or when she did not attend certain lessons. Anita experienced me similarly to these teachers on occasions, especially when I adhered to the boundary of the clinical setting (not going over time) or when I stayed within the boundary of our relationship (not allowing myself to be drawn out of my role as her therapist). It seemed that her ambivalence towards the boundaries of school and her psychotherapy occurred when she experienced them paternally. However, Anita’s capacity to bear the frustrations of a more paternal experience of her objects helped in the process of her beginning to differentiate her self from her objects. This had the effect of allowing her “true-self” to thrive and develop more.

## **2.9. Once hidden aspects of the transference begin to emerge**

Anita’s difficulty in differentiating her self from her objects was one of the themes of her psychotherapy. This issue first showed itself in Anita’s difficulty in internalising me and relating to me as her therapist, a figure that she came to for help. Her growing tendency to relate to me in the transference as if there were no differences between us, provided us with an opportunity for me to help Anita with this difficulty. It felt that the occasions when Anita tried to position herself in the role of therapist, by virtue of her knowledge about her culture, spirituality and religion, were opportunities to work on this issue. On reflection, Anita’s way of relating to me in the transference conveyed a “symmetrical” aspect to it that is similar to the one that Matte Blanco (1975) describes as involving the patient’s desire to abolish the differences between objects and things. Anita showed further how the type of transference that Matte Blanco describes conveyed the theme of her object relations where differences are avoided or negated. She illustrated this clearly when she reported that she felt that there was not much difference between herself and her mother. Anita reported that she felt that she shared

many of her mother's views and ideas, in particular the view that her mother had about her (Anita's) psychological difficulties, that they were a product of her experiences of the jinn. Anita reported that she also agreed with her mother's view that Allah was trying to communicate with her through these jinn. It was striking that she behaved and talked as her mother did when she talked about their shared views and beliefs in these moments. I found it difficult to relate to Anita in these moments, as it felt that the essence of her self was engulfed by these shared views and beliefs.

Anita showed further how she thought that there was not much difference between her mother and herself when she described how she took on a more parental role with her mother. Anita explained that she felt compelled to do this as she felt that she was tending to the part of her mother that was still emotionally fragile. Anita's difficulty in differentiating her self from her objects was suggestive of a fusion between her self and her primary object. Her descriptions of her mother being similar to herself suggested that she had internalised her mother as an object whose self had very little difference to her own self. The type of projective identification that is involved in internalising an object "similarly" is described by Hinshelwood (1989), who explains that it is based on the infant's idea that the breast has similarities with their self. Hinshelwood describes how the infant eventually becomes aware of the difference between their self and their object from an acknowledgement that the breast is not controlled by them omnipotently. Gaddini (1976) and Trowell and Etchegoyen (2002) explain that their internalisation of the father and their awareness of the "second object" help the infant to forgo the idea that they have control of the breast. However, Anita's difficulty in acknowledging the differences between her self and her object(s), and her difficulty with objects she experienced as paternal, seemed to suggest that her tendency to negate difference was informed by her not having internalised her father in a more developmentally helpful way.

A feature of Anita's way of relating to me when the issue of difference presented in her psychotherapy was similar to what (Tan, 2006) describes as the infant's attempt to annihilate the object that represents the difference. This way of relating has parallels with (Joseph's, 1988) concept of "anti-concern" as Tan (2006) explains that the mother's breast is related to aggressively as a result of its representing the difference

between the infant's self and their object. Tan explains that the infant relates in aggressive and sadistic ways to the breast in these moments in their attempt to control the breast and make it similar to their self. Freud's (1915) thinking on the self's response to difference is similar to the way of relating to the "other" that (Lacan, 1964) describes. As Freud (1915) asserts: "*all things outside the self are hated, all things not-self*" (p136).

As Anita's psychotherapy progressed, she slowly became able to identify when her views and beliefs differed from those of her mother. Her mother's plan to remarry, during the middle stage of her psychotherapy, seemed to have the effect of spurring Anita to explore the differences between her mother and her more. Anita reported that she was upset that her mother planned to marry another man - a Muslim man who she felt had more religiously fundamental views about gender and culture than some of her more religious-minded Muslim family members. Anita explained that she felt that her mother was taking on some of the fundamental views that her partner had on gender and culture. She became quite anguished when she shared that her mother had begun to criticise how she dressed and had suggested that what she wore was too sexual. Anita reported that her mother also wanted her to wear traditional Islamic clothes more often, even when she was not visiting extended family. It felt that Anita's mother's greater identification with the family's more religiously informed ideas about how women should be, were in part a response to Anita's disidentification with these ideas and from Anita beginning the process of dis-identifying from her.

## **2.10 A societal issue brought to the therapy room**

Ms Khan's relationship with her parent worker broke down soon after she remarried. One of Ms Khan's parent-work sessions had a significant bearing on this relationship breaking down. She had brought a newspaper article to this session to show her parent worker how negatively she felt Pakistani Muslim men were being depicted in society. The article in question reported on a paedophile ring in Rochdale, involving

Muslim men grooming and sexually abusing mostly young, vulnerable, white British girls. The article also referred to Pakistani men being implicitly paedophilic. Ms Khan presented this article to the Child and Adolescent Psychotherapist working with her as an example of the Islamophobia that she and her family were faced with.

The Child and Adolescent Psychotherapist working with Ms Khan reported to me that Ms Khan was furious because she felt that she (the Child and Adolescent Psychotherapist working with her) agreed with the views on Pakistani men in this newspaper article. This occurred after the Child and Adolescent Psychotherapist had suggested to Ms Khan that young Muslim men might wish to have their sexual needs met with white British girls if they felt that their culture forbade them from having sex within their culture. Ms Khan refused to attend any more appointments with this Child and Adolescent Psychotherapist after this and reported that she felt that this person had racist views about her culture.

It felt that something quite complicated was enacted in Ms Khan's encounter with this Child and Adolescent Psychotherapist. The strong anti-Muslim sentiment in this country at that time - that this newspaper article captured - seemed to have forced its way into the clinic. I remember feeling conscious of the anti-Muslim sentiment at this time, even though Anita had not talked about her experiences of it with me at this point. I felt that the point that the Child and Adolescent Psychotherapist who had been working with Ms Khan was trying to make to her had been lost and misinterpreted as a result of what I feel was a clumsy interpretation of the issue and of this Child and Adolescent Psychotherapist acting out in the transference in the way that (Joseph, 1978) explains involves the therapist being drawn into the defensive position of the patient. This is because the point that this Child and Adolescent Psychotherapist was trying to make to Ms Khan - that it is normal for adolescents to want to have their sexual needs met - became diluted from her being drawn into Ms Khan's defensive position in regard to sexuality.

If we are to follow Joseph's (Joseph, 1978) idea of acting out in the transference it was inevitable that the Child and Adolescent Psychotherapist working with Ms Khan would have been drawn into responding to her in the way that she did, due to Ms Khan's

need to defend against thinking about her own abuse and the familial abuse in her family. A feature of my work with Anita involved me becoming at times similarly drawn into her defensive positions. This usually occurred when Anita attempted to take psychic refuge in her internal religious object, especially when I made links to her certain, difficult realities. It was important in my work with Anita to think in these moments, i.e. contain her often complicated communications (e.g. about her self through projective identification, as opposed to acting without fully metabolising these projections). With the benefit of hindsight the Child and Adolescent Psychotherapist working with Ms Khan may have been better able to make sense of the underlying communication behind being presented with the newspaper article by Ms Khan by adopting a similar approach to the one I described that I used with Anita.

Ms Khan's response to the Child and Adolescent Psychotherapist's handling of this situation was interesting, insofar as the situation became intractable very quickly. I did wonder whether Ms Khan's adherence to the idea of this Child and Adolescent Psychotherapist being intrinsically racist acted as a defence against her thinking about the relevance of what was said in light of her family's (and her own) history of familial sexual abuse. I also wondered whether the anti-Muslim sentiment at this time was being used as a defence by Ms Khan, so that she did not have to revisit her family and her own experiences of sexual abuse and the issue of how she may be projecting these experiences onto Anita and her children. In this way, Ms Khan was using a societal issue in the way that Jaques (1953) describes involves the individual unconsciously using society and the objects in them as a defence against their persecutory and depressive anxiety. Jaques argues that individuals may put their internal conflicts into objects in the external world; the course of the conflict is followed by means of projective identification and reinternalised through the process of introjective identification. Anita, her family and many other Muslims in this country will have inevitably 'followed' the anti-Muslim sentiment in the media, projecting their own relationship with it along with other types of anxiety into them, until they are eventually reinternalised. The Child and Adolescent Psychotherapist who had worked with Ms Khan seemed to represent for her (through means of projection) something of the external conflict and anti-Muslim sentiment that she was presented with. It suggests why Ms Khan may have related and reacted to this Child and Adolescent

Psychotherapist as if she was an Islamophobic object.

Anita told me what had happened with her mother and this Child and Adolescent Psychotherapist soon after. She reported that she agreed with her mother as she felt that this Child and Adolescent Psychotherapist was being racist against their culture in what she said. I noticed that the trust that Anita had begun to develop towards me began to evaporate quite quickly soon after this incident. Her way of relating to me became more “anti-concerning” (Joseph, 1988) as she began to revert back to viewing and relating to me with suspicion and with contempt. Anita began to state on several occasions that I was an “infidel”, as I would never be able to relate to or understand her culture or Islam.

I initially found it hard to help Anita explore how she was now experiencing me. My inability to do so seemed to make her more wedded to her mother’s view that the clinic and the clinicians in it were racist. Anita continued to attend her psychotherapy appointments despite this issue. It signified another turning point for Anita as she would have previously retreated psychically (and perhaps physically, in the way that she did when she returned to school) from this type of conflict in the way that (Steiner, 1993) describes. I remained very worried for some time that her identifying with her mother about the idea of a racist CAMHS clinic would cause her to quit her psychotherapy in the way her mother had quit her parent-work. Containing Anita’s attacks on me during this period felt crucial in helping her to stay in her psychotherapy.

## **2.11 The “circle of fear” understood**

The containment of Anita’s projections at this time involved using my countertransference to her to describe my experiences of feeling completely outside her subjective experiences of the societal issues that she seemed to now locate in me. It enabled Anita to entertain the possibility that I might be different from the Child and Adolescent Psychotherapist who had worked with her mother; that I might have

different views and beliefs from those that her mother and she believed that this person had. Working with Anita in this way eventually led to her reconnecting with her psychotherapy and to the more thoughtful part of her.

It led to Anita talking more about the thoughts and views she had about herself and her psychotherapy. She at times used films she had seen and the books she had read to illustrate these thoughts and views she had about herself and her psychotherapy. For example, Anita talked about a film she saw called *Shutter Island*<sup>3</sup> over several appointments. She seemed to greatly identify with the star of the film, who had been wrongly diagnosed as insane and sectioned in a mental health institution. I initially interpreted this to Anita as her alluding to her experience of me as someone that would view her as being mad because of her experiences and understanding of jinn. I then interpreted that I did wonder whether she believed that I would eventually diagnose her as mad and not being fit enough to attend university, because of this and the other things she had shared with me up to this point in her psychotherapy. Anita agreed with this interpretation and described how she had always been worried during her psychotherapy that I would view her as being insane, especially because of her beliefs on religion and her episodes with jinn. However, I do not think that my interpretation captured what else the film *Shutter Island*<sup>3</sup> may have represented for Anita, as, on reflection, she seemed to be communicating her fantasy that ethnic minority groups are more likely to be wrongly diagnosed and sectioned – to experience a “shutter island” experience of health services in this country - in part because of how institutional racism has the effect of BAME people being disproportionately sectioned under the Mental Health Act (Keating et al., 2002).

Anita showed in her use of the film *Shutter Island* how she used this and other films and books as one of the ways of making sense of herself and her psychotherapy. She used a book called *Regeneration* in this way to think about her own plight from the perspective of that of the protagonist of this book - a man called Sassoon. Anita seemed particularly drawn to the plight of this character, a soldier who was ordered by the military to go to a mental facility instead of being court-martialled for his views about the first world war. Sassoon's fate had similarities with the fate of the star of the

<sup>3</sup> The main theme in the film *Shutter Island* is that patients are wrongly diagnosed as insane. They are sectioned, institutionalised and experimented on by doctors for their narcissistic interests

film *Shutter Island* as they were both wrongly felt to be insane because of their views and the subjective truths that they adhered to. Sassoon's and the character in the film *Shutter Island*'s experiences of being viewed as insane, because of the views they held, had parallels with Anita's worry that I would think the same of her for the views and beliefs she held. Anita's worry conveyed how the "circle of fear" that (Keating et al., 2002) describe, informed the type of transference she had to me and the clinic I worked in. It was likely that this "circle of fear" also informed Ms Khan's interaction with the Child and Adolescent Psychotherapist who worked with her.

At this point in her psychotherapy, Anita felt more contained and secure in her relationship with me to enable her to revisit this issue - something she had brought to my attention during her assessment for psychotherapy but which had not been tended to by me appropriately up to this point. (I will talk about the importance of this assessment appointment in Chapter 6 - Adolescence.)

## **2.12 A more visible Oedipus complex**

Anita's dreams were powerful communications of some of the thoughts and beliefs that she was not in touch with consciously. Her growing willingness to present her dreams to me was an indication of her desire to have them and her internal preoccupations understood. It felt that she was beginning to experience me and her psychotherapy as objects where her adolescence could be explored in relative safety. She became more able to tolerate my interpretations on the sexual and oedipal content of the material she presented, as a result of the feeling of safety she now experienced from her psychotherapy.

One such interpretation led to Anita talking about how worried she was about feeling attracted to certain boys at school. What emerged from exploring this issue with Anita was that her anxiety about her sexual feelings seemed to be greatly informed by stories and certain myths held in her family about sex. Anita shared several accounts of women in her family being sexually abused by male members of her family. She reported that she was aware that her mother had been sexually abused as a child by an uncle, when she lived in Bangladesh. Anita talked about these incidents after she

had encountered two of her younger cousins in the clinic's waiting room, who had been referred to the clinic after they were sexually abused by a male relative when he visited them in this country.

It felt that Anita's accounts of familial sexual abuse captured her belief that sex was a brutal, uncompassionate and dangerous act that always involved an abuse of power. The narratives she recounted regarding familial sexual abuse seemed to compound her idea of what sexual intercourse entailed and her viewing it similarly to (Klein's,1929) description of intercourse between parents as the "primal scene". Her knowledge of familial sexual abuse suggested why Anita previously related to me with such suspicion, since a part of her deeply believed that the "intercourse" involved in the male / female therapeutic relationship was a potentially dangerous activity.

It felt important that Anita was contained enough in the therapeutic relationship that she could explore and develop alternative and more positive experiences and understandings of what "intercourse" entailed. The containment from her psychotherapy enabled Anita to talk more about some of the experiences in her childhood that informed her views on sex and gender. Anita shared that she enjoyed playing with boys and her male cousins when she was a child and described herself as a being a bit of a tomboy at this time. She reported that she remembered being told by her mother and extended family that she could not play with boys when she was ten years of age. Her family did not give a reason for their decision. Anita noticed that boys and girls at her age and older were segregated and were not allowed to be in each other's company without adult supervision. She described how this was the start of her defining her view of gender.

Anita was able to talk more openly about her oedipal feelings after she had been told by her mother that her father was planning to marry another woman. This woman was 20 years younger than her father. Anita was initially furious about this, in part from her being told about this by her mother and not by her father. Anita seemed more furious about the issue of this woman being considerably younger than her father. She alluded to her father having paedophilic tendencies for choosing a woman younger than him. (I did wonder whether Anita's view of her father was being influenced by the Rochdale

incident that her mother had brought to the clinic.) Her idea of him suggested that she viewed him being in a relationship with someone who was almost identical to her. This development in her father's life had provided Anita with an oedipal situation that could not be avoided.

Following this development, a pattern emerged where Anita projected her oedipal feelings on to alternative objects. One such object was her male English teacher, whom Anita reported feeling initially close to, before later becoming attracted to him. Anita explained that this English teacher was someone she felt was impressed by her academic attainment. She reported that he would regularly single her out for special praise because of this in her English lessons. Anita's paternal experience of her English teacher had similarities to how she experienced me, as she occasionally described how she felt that I sometimes viewed her as special whenever I reiterated her achievements in psychotherapy, such as her developing capacity to manage her psychological difficulties.

Anita seemed very pleased when she shared how this teacher would often say to pupils that her work was the standard they should aspire to. She was able to describe that she was becoming sexually attracted towards this teacher but that she did not think that he had reciprocal feelings for her. I found myself feeling pushed out of my therapist position by this teacher who, according to Anita, had a great psychoanalytic understanding of her. It felt that she was projecting her feelings of jealousy and her experience of being in the third position into me so that they could be contained. Britton (1989) describes the third position as the psychological position that the child occupies after forgoing the oedipal relationship with their parent . Britton explains how the child has to work through losing their desired parent to a rival (the other parent) and the jealousy they have for the parental relationship. It also felt that her tendency to project her oedipal feelings for me into this teacher and her reluctance and perhaps inability to explore them in relation to us (whenever I brought this issue to her attention at this stage of her psychotherapy) was her way of making her oedipal feelings invisible in the way that (O'Shaughnessy, 1989) describes.

At certain points I described to Anita the ways in which I felt she was attempting to

make the Oedipus complex invisible and interpreted to her how her not acknowledging that her English teacher was married (despite her knowing this) might make her believe that she had pushed this English teacher's wife out, in the way she believed she had pushed her father out of his relationship with her mother. Anita seemed to confirm my interpretation when she shared that she felt that her father's difficulty with the close relationship she had with her mother was something that contributed to her father wanting to end his marriage to her mother.

Anita's statement captured her phantasy of having omnipotently pushed her father out in order to have a homosexual-type relationship with her mother. Previously, Anita would become furious and withdraw psychically from me whenever I interpreted this to her, despite my not referring to the homosexual nature of her relationship with her mother directly. I decided not to persist with directly interpreting her oedipal feelings and her erotic transference for me up to this point. It felt that her relationship and feelings for her English teacher were an easier way for her to understand her oedipal feelings and work through them. Havenaar (1990) asserts that intense interpersonal relationships may not be necessary for therapeutic change with patients whose culture may unintentionally prohibit working directly on these types of issues. Havenaar goes on to describe how cultural ideas around healing and the patient's associations to buildings and institutions can be used as therapeutic transference objects. Havenaar's assertion illustrated a salient theme of Anita's psychotherapy as her relationship with peers, teachers, my clinic and her school became important transference objects to be utilised by her in her treatment, until she was able to tolerate more direct interpretations. Anita clearly found it easier to view her oedipal and sexual feelings as residing in others in this way, until she was able to bear thinking about them as residing in her.

### **2.13 Preparing for university**

I was deeply concerned about how Anita would cope without her psychotherapy during what was planned to be the last summer break. Anita had one more academic year of her psychotherapy left at this time. I was therefore surprised when she returned to psychotherapy after this break feeling hopeful about her future. She reported that she

was looking forward to attending university at the end of the academic year, whilst also acknowledging that it would involve the loss of good, nurturing objects such as me, her psychotherapy, school and the friendships she had made. The way she viewed her pending transition to university suggested that she had moved to a more depressive state of mind.

Anita reported that she had noticed that she had begun to experience me differently in recent months. She described how her thoughts about me and the work she was undertaking in her psychotherapy had sustained her during the break. Anita described how thinking of me in this way helped her whenever she felt angered and frustrated towards some of her siblings at home. She described how she now viewed me as caring and considerate of her and her feelings. Anita's capacity to manage the planned break in her psychotherapy was an indication of how she had begun to internalise me as a benevolent object - one that had developmental properties that she could draw on when she left her psychotherapy.

Anita's unconscious and conscious awareness of the remaining time we had together seemed to galvanise her to revisit and rework some of her internal preoccupations. One such preoccupation was her worry about how she would cope psychologically when she went to university. By this, Anita seemed to be referring to the issue of how she would cope without the containment of her psychotherapy and her family. Despite Anita's complaints about her family, they offered her some containment for her adolescent feelings, albeit rigid and restrictive at times.

Anita became clearer in how she defined herself. She also had developed the idea that it was acceptable to have sexual thoughts and feelings at this point. Anita also began to shed the shame and guilt that she had previously apportioned to her gender and sexual feelings. Her choice of clothing seemed to reflect this internal change, as she began to wear clothes that made her look sophisticated and were more age-appropriate. Anita had previously worn clothes that made her look younger, in what I felt was her attempt to present as being sexually unavailable. Anita began to look and present more like a mature teenager who was ready to leave home.

Anita's interview for a place at a university provided us with an opportunity to revisit and rework the oedipal complex a final time before her psychotherapy ended. She explained that she was interviewed by a man who was the head of the department at the university she intended to study in. Anita described how she thought that this man treated her "specially" throughout the interview. She described how complimentary this man was of the paper that Anita had submitted to support her application to this university. Anita felt that he related to her more informally from this point and from when they started to discuss topics and issues in other academic areas. Anita explained that she became disconcerted when this man invited her to what she felt was his private study so that he could show her some of the books he had written on the topics they were discussing. "I haven't shown any other applicant this study before", Anita reported that this man said to her. He later clarified that only students that had been accepted at the university had access to this study.

From thinking about her contact with this man, Anita shared that she was worried that she had seduced him in some way. She wondered whether her seduction of him was the reason she was able to get into his private study. The study seemed to give Anita an experience of being a place that she should not be, similarly to being in an oedipal relationship. Anita was also coming to the realisation that she was in a place that she should not occupy with her mother at this stage in her psychotherapy, ie that she was in an inverted oedipal position / relationship with her. Klein (1945) explains how the girl develops an inverted oedipal relationship to her mother in part from not being frustrated enough by the mother's breast. They continue to relate to it and feel in control of it in phantasy as opposed to turning their frustration to the father's penis. Klein describes how the development of the girl is impeded from remaining tied to her mother in this way and not turning to others, such as the father, to develop relationships with.

The anxiety from being in the wrong type of relationship that (Klein, 1945) describes was akin to what Anita experienced from being in the lecturer's study, as she felt that she was in the wrong type of relationship with him there. This experience crystallised further for Anita that she was in the wrong position psychologically to attain the type of identity she wanted for herself. It was a realisation that helped Anita to come to understand how she could become anxious when she thought that she was in the

wrong type of position or way of relating with me. Anita was able to understand better why her attempts to usurp me left her feeling anxious after initially feeling triumphant about it; in part, because it re-enacted her phantasy of usurping her father in favour of being in the wrong type of relationship with her mother. Anita was also able to explore my suggestion that she might have felt that she had seduced me similarly – that I felt that she was special and therefore deserving of a unique “study” experience, ie intensive psychoanalytic psychotherapy for four years. Anita was able to explore this idea, how it underpinned some of the anxiety she had towards me at times, and how she worried that it was wrong to have sexual feelings for me - someone she experienced as a parental-type object.

As Anita approached the end of her psychotherapy, she began to talk more about her worry about becoming a woman. She shared that she feared that she would have a marriage arranged for her or that she would be sexually abused if the men in her family began to view her as a woman. Anita’s fantasies were grounded in reality, as she was acutely aware that several female relatives had had marriages arranged for them and that certain female relatives had experienced familial sexual abuse.

Some of Anita’s psychotic episodes returned soon after this. She reported that she saw images of her hands being cut off by a sword when she shut her eyes at night. Anita reported that she saw similar images when her eyes were open during the day. The descriptions of some of the dreams that she brought to her psychotherapy had more of a psychotic quality to them. Anita became terrified of exploring her experiences with me, as she believed that it would make matters worse. She reverted back to viewing her presenting difficulties as a sign that Allah was punishing her for preparing to undertake an unholy lifestyle when she went to university. Anita seemed to retreat from me psychically in her attempt to move away from being in contact with her difficulties.

Anita reported that she had got into the university that she desired. (It was the same university that she had talked about being interviewed for.) Her good news did not seem to offer her respite from the frequency and intensity of the psychotic-type experiences and feelings of persecution she was presented with at this time. Anita did not attend her next two appointments after she informed me that she had gained

entrance to the university of her choice. When she returned to her psychotherapy, she informed me that she had suffered a paralysis on the right side of her body shortly after her last appointment with me. She described how this occurred when she was returning on the bus home from school and that she had to be helped off the bus by pupils from her school due to the emotional state she was in. Her mother was called and she took Anita to hospital. Anita suspected that she had suffered a stroke and the hospital investigated the possibility of this. She was given an MRI scan and underwent several assessments, all proving inconclusive.

I presented Anita to my clinical supervisor and to the clinic's Consultant Child and Adolescent Psychiatrist following this episode. Both felt that it would be important for me to use my next few appointments with Anita to ascertain whether psychiatric follow-up would be useful for Anita. From thinking with Anita in these appointments it seemed that her paralysis was a physical (psychosomatic, histrionic) response to her difficulty in processing her sexual feelings (in relation to her worry about becoming a woman). She was able to think about her paralysis in this way and acknowledged how becoming a woman worried her. We explored how this worry intensified from believing that she had got into university by seducing the university lecturer who had interviewed her. We thought about what associations she had to the right side of her body, as she had previously shared that her religion associated the right side with ungodliness. It was an important realisation for Anita as it again showed her how a part of her deeply believed that her sexual feelings were ungodly. Her psychotic symptoms ceased shortly after this.

Anita became hopeful about the thought of going to university as the end of her psychotherapy dawned. She began the difficult and arduous process of mourning the end of her relationship with me and the relationships she had made in school. It felt that Anita had also begun to make the psychological transition from family life to university life.

Anita was very upset when she reported that she had had a difficult experience at her school's summer Prom. She explained that she had been looking forward to spending time with her friends and some of the teachers at school and saying goodbye to them

before she left to go to university. Anita reported that she was especially looking forward to spending time with her English teacher. Prior to this Prom, Anita shared that she had thought that she could exchange email addresses with this teacher so that she could update him about how she was getting on in university.

Anita explained that she was furious when she saw her English teacher with his wife at this Prom. She reported that she wasn't sure that he was married (although she had reported previously that she knew that this man was married) and how being presented with the truth in this way left her feeling deeply rejected. Anita explained that she felt like a fool for believing that this English teacher could ever be interested in her or attracted to her. Anita began to reproach herself about this. The depth of the self-loathing contained in these self-reproaches was striking. I suggested that she seemed to be showing that she felt that she was unworthy of her English teacher's affections. Anita agreed and shared that she believed that he would not be attracted to a Bangladeshi girl, as he may view them as inferior. She thought that this was why he "preferred his wife; a white British woman". We thought about how her statement conveyed how deeply excluded she felt by this man's relationship with his wife, whilst also capturing how inferior she felt in relation to his wife, because of her race.

Anita's comparing herself unfavourably in this way illustrated a theme of her mental life that came as a consequence of the racialisation of her self. Dalal (2002) describes how this occurs from relationships of inequality and subjugation being internalised as normal, as opposed to being contingent. Anita often projected the racialised aspects of her self onto her objects. She previously did this in relation to the "Bangladeshi men" in her family. Her propensity to do so had previously made it hard for her to consider her view of the men from her culture as holding an aspect of her self.

It seemed easier for Anita to explore this issue in relation to her English teacher as he was a "safer" object for her. It enabled her to explore her fantasy of being excluded by her university's predominantly white British population because of her race. Anita acknowledged that she was worried about moving from an institution and geographical area where she was part of the majority to one where she would be in the minority, because of her race.

Anita visited her university again, shortly before her psychotherapy finished, when making her final plans regarding her accommodation. She commented that she was surprised to see more students from ethnic minority backgrounds than she recalled previously. Her comment alluded to the changes in her self from the work she had done on the issue of her internal racism. It resulted in a more depressive state of mind that caused her to project less on to people and her external circumstances. Anita was able to revise her experience of her English teacher at this point, which seemed to be from her projecting her internal racism less and from her having worked through the causes why her self had become racialised.

Anita attended this university after her psychotherapy had finished - a university that is very prestigious and is recognised around the world. Anita continues to do well both academically and socially. The subject she is studying is well-suited to her passion and desire for understanding, fairness and equality - qualities and aspects of her personality that she showed throughout her psychotherapy.

## **Chapter 3 - Literature Review**

### Introduction

A key aspect of this study was ascertaining if and how the transference relationship was used to help Anita negotiate her adolescent identity. It felt important therefore for me to try to capture and map the transference relationship in the total way described by (Joseph, 1985). Joseph asserts the importance of recognising how “total situations” are transferred from the past into the present in the patient’s transference to their analyst.

Joseph identifies how the total transference needs to be considered alongside emotions, defences and object-relations, in order to attain a fuller understanding of the nature of the developing transference relationship. By mapping the transference in the way that Joseph describes I hoped to better understand what the transference may have been communicating about Anita's experience of working cross-culturally; whether it facilitated (or hindered) her explorations about her own culture; and whether it supported Anita in the task of developing the identity she wanted for herself. I was interested in ascertaining whether a "total" understanding of the transference could help me identify the theories, techniques and approaches that would be helpful in cross-cultural psychoanalytic psychotherapy.

### **3.1 Cross-cultural psychoanalytic psychotherapy**

(Yi, 1998), (Holmes, 1992) and (Tan, 1993) have said that there is very little psychoanalytic literature on the topic of cross-cultural psychoanalytic psychotherapy and the type of transference that evolves from the patient's analyst being viewed and experienced by the patient as being distinctively different from their own race, culture and ethnicity. The difficulty in finding psychoanalytic literature on this topic has sadly also been my experience. I found this frustrating, in terms of my work with Anita and because of the need to consider this issue in the light of changing populations, in particular in inner cities. Changing populations has resulted in more diverse populations accessing places, such as CAMHS for treatment.

There are several writers whose clinical work with patients from BAME backgrounds has informed thinking about the type of transference that occurs in cross-cultural psychoanalytic psychotherapy. For example, (Lowe, 2010) explains how resistance in the transference in relation to patients from a BAME background may be linked to the patient's fear of betraying their parents, family, community and attachment figures, even those who have caused them pain and suffering. Lowe's idea about what may be informing the resistance in the transference relationship was particularly relevant for Anita, as she showed at times during her psychotherapy how anxious and guilty she could become as a result of feeling disloyal for talking about certain family members in a more depressive way. Lowe's idea about the transference resistance seems to

identify a layer of it that may not always have been recognised and understood. However, it is an understanding that seems to clarify a facet of Anita's transference to me, in particular why she had a tendency to idealise certain family members as her way not to think about the pain and suffering they have caused her.

(Goldberg, Myers and Zeifman's, 1974) research study on the efficacies of cross-cultural psychotherapy was interested in whether three black patients could transfer their instinctual impulses and wishes on to their white therapists, or whether the colour barrier, i.e. these patients' colonial way of relating to their therapists, would impede the transference relationship. Their research concluded that the racial and cultural differences between these patients and their therapists were not barriers to the transference relationship evolving, but in fact facilitated the development of the transference relationship. Tan (1993) has described how cross-cultural differences between the analyst and patient can act as facilitators to the transference. Tan suggests that racism in the transference indicates the patient's defence against growth that is lodged at a primitive, infantile level within the paranoid-schizoid position. Evans (1985) has also written about this issue and suggests that it is important for the analyst to conceptualise the racial prejudice that emerges in this type of transference as the patient's defensive shift away from a more underlying conflict.

Hamer's (2006) assertion that the racial prejudice that emerges in the context of the transference relationship can be thought of as a regressed state of the transference, characterised by the polarised representations of the self and other, further supports the notion that cross-cultural psychotherapy can be a facilitator of the transference relationship. (Holmes, 1992) interestingly reminds us to not view cross-cultural psychotherapy as inevitably resulting in an internalised colonial way of relating. Her detailed presentation of five cases where the gender of the analyst was not a limiting factor in eliciting and developing paternal transferences when the analyst is female and the patient male, supports her assertion.

### **3.2 Race, ethnicity and culture**

Understanding how race, ethnicity and culture were thought about and co-constructed

between Anita and myself in her psychotherapy was integral to this investigation, as they invariably organised the type of therapeutic relationship we had, as well as the transference / countertransference. As a therapist working cross-culturally with Anita, my own understanding, experience and definitions of race, culture and ethnicity were integral to understanding the transference and countertransference. (Miles, 1982) explains that the term “race” first appeared in the English language in 1508 and was used to categorise classes of persons without any reference to anything biological. The term race has historically been used to categorise groups of people based on their shared physical and / or genetic traits. (Fernando, 1988) defines race similarly, whilst (Appiah, 1986) states that race is also a metaphor for the Lacanian concept of the “other”. Lacan (1964) describes the “other” as an object experienced as radical alterity: an experience of otherness that cannot be assimilated through identification owing to the fact that it is not felt to have any similarity with the self.

Mason (1996) suggests that people have a tendency to use the terms race and ethnicity interchangeably and argues that the term ethnicity is often used as a euphemism to define culture. Moodley and Palmer (2006) explain that the term ethnicity, once synonymous with the black minority ethnic groups, is now increasingly used when referring to white European minority groups. Moodley and Palmer assert that ethnicity is particularly used when referring to certain white European minority ethnic groups who live in inner cities in the Western world. Moodley and Palmer point to the socioeconomic and geopolitical changes in the 1990s international arena as one of the reasons why the term ethnicity is increasingly being used in this way. Fernando (1988) for me has a slightly reductionist view of ethnicity, but captures a core component of it when he describes it as someone’s sense of belonging to a particular group.

(Taylor’s, 1871) definition of culture seems to encompass a great deal as he suggests that culture includes knowledge, belief, morals, customs and any other capabilities and habits acquired by individuals as members of a society. Fernando (1988) defines culture as the social habits, beliefs, the ways of thinking and feeling of groups of people. (Taylor’s, 1871) and (Fernando’s, 1988) definitions of culture seem to suggest that culture is something that is immutable. I am inclined to agree with (Moodley and

Palmer's, 2006) definition of culture, who suggest that despite having differing definitions of culture, many cultural commentators agree that culture is not static, as it is constantly changing and evolving in time and space, within a given society.

This idea of culture being in constant change seems pertinent when trying to understand some of the processes at play in cross-cultural psychoanalytic psychotherapy. Bhaba's (1994) explanation of what cultural hybridity entails seems to capture the processes at play in cross-cultural psychoanalytic psychotherapy more fully. Bhaba explains how cultural hybridity is the process whereby objects or customs, from being viewed or placed in different contexts (from the interactions between cultures), acquire new meanings. The concept of cultural hybridity seems salient in understanding how the interactions between Anita and me in her psychotherapy facilitated new ideas about her self, the other (from a Lacanian perspective), and her race, ethnicity and culture. Cultural hybridity is also a helpful concept in understanding how the contexts that Anita inhabited shaped her identity and informed the process of her negotiating her adolescent identity. Bhaba illustrates why it can be so complicated for Anita and many other adolescents tasked with negotiating their identity, when he explains how this is undertaken within a context where national identity is constantly changing as a result of the process of cultural hybridity that occurs from interaction between cultures.

(Bhaba's, 1994) descriptions of the challenges faced when negotiating one's identity are helpful in understanding why Anita developed "false-selves" as her way to manage certain relationships and contexts. Winnicott (1960) explains how a "true-self" is developed from the mother's repeated successes in meeting and responding to the infant's more instinctual needs. From their mother relating to them in this way, infants have an emotional "environment" where their personality can develop in congruence with their instinctual needs and drives. Winnicott goes on to describe how a false self develops when the infant has to adapt to the mother's inability to meet their instinctual needs and drives. The infant's personality then becomes constructed around meeting the needs of the mother and the external environment, resulting in a regression of their instinctual drives.

### 3.3 Internalised racism

Fanon (1952) argues in his book *Black Skin, White Masks* that the process of cultural hybridity in a post-colonial world results in black people developing a “dual self”. Fanon explains that this occurs when the colonial part of a black person’s culture is idealised and their colonised part denigrated. (Lowe, 2008) uses case material to show how an internalisation of colonial ideas of the self resulted in his patient’s colonial way of relating with him during her psychotherapy. Lowe goes on to describe how this type of object-relating showed how the patient’s internal world was populated by white (preferred) internal objects and black (unwanted) internal objects.

Fanon describes how an internalisation of the views and beliefs held in society about race, culture and ethnicity causes this “dual self” to develop from the incongruence between society’s and the individual’s view of the self. Fanon’s concept of the “dual self” has parallels with (Winnicott’s, 1960) thinking on the tensions that occur when a “false-self” develops, suggests that the “false-self” develops when the “true” thoughts, feelings and drives of the individual cannot be realised. Davids' (1996) suggestion that the internalisation of colonial ideas about the self leads to internal racism, illustrates how the “true-self”, in the way that (Winnicott, 1960) describes it, can be constrained by internalised racism acting to impede the development of the individual.

(Foulkes, 1990) suggests that the concept of the “racial other” is one that is communicated through a social unconscious and shows itself in the internal phenomenology of the individual. (Davids’, 2011) and (Lowe’s, 2008) concept of the “racial other” has parallels to (Klein’s, 1932, 1946) concept of the “other”. Klein describes how the infant, in the paranoid-schizoid stage of their development, detects another object, the “other”, which they experience and relate to as if it were “alien” and a threat to the existence of their self. Davids (2011) describes how a defensive organisation develops around the notion and relationship with the racial other. Dalal (2002) considers the impact that this type of defensive organisation has on the psyche of black and minority ethnic people. He suggests that the self of this individual is in danger of being racialised, i.e. that it will contain the views and attitudes held in society about the “racial other”.

I feel that (Foulkes', 1990), (Dalal's, 2002), (Klein's, 1932, 1946), (Davids', 1996, 2011) and (Lacan's, 1964) descriptions of the "other" and "racial other" illustrate how traditional and contemporary ideas and theories in psychoanalysis can be brought together helpfully to tend to the issue of society's growing influence in the development of one's identity. Freud (1915) suggests that the difficulty in identifying with the object felt to be the "other" evokes a feeling of "unpleasure" from the difference the self is presented with. Freud (1915) explains that what is external to the self is hated due to the "unpleasure" that the difference presents the ego with. He goes on to say:

*"We feel the repulsion of the object, and hate it; this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it"* (p137).

(Rees, 1997) in her book *The Nazis: A Warning from History* quite movingly illustrates a society's response to the "unpleasure" presented to it from the state(s) experiencing groups of people as having no similarity to their self in the way (Freud, 1915) describes. Rees describes how those who suffered and died under Nazism did so not just because they might have looked different from native Germans but because their culture was viewed as being different from the one being prescribed by Nazis i.e. an Aryan idea of what culture should look like. By this Rees illustrates clearly an example, albeit an extreme one, of the racialisation of the "other" and how it is not shaped by external factors alone, such as the colour of the skin. Rustin (1991) illustrates this further when he says that internal and external differences, such as in spoken accent and of skin colour, results in the individual being associated with the "other" (Lacan, 1964; Foulkes, 1990; Davids, 1996, 2011).

For Anita and many others from a BAME background, the contexts that they inhabit have a significant bearing on when and where they are viewed and related to as a racial other. For example, (Baumann, 1999) explains how the state has a significant bearing on who is viewed and related to as the "other", in part due to its hegemonic media and governing elite informing a normative view of people. Baumann (1999) asserts: *"It is precisely these [state] powers, in fact, that often determine who is*

*regarded as a minority and on what construction of difference, be it ethnic or religious, civic or sexual, history or mythical” (p30).*

Psychoanalysis has contributed to thinking about the impact society has on the individual's or group's psyche. It's thinking on these issues and social psychology came to prominence during the 1940s, when social mobilisation of the British nation occurred in response to World War II. Many of the ideas that evolved during this time informed the creation of group analysis (Pines, 1983, 1985), the therapeutic community (Main, 1946, 1977) and the school of organisational studies based at the Tavistock Clinic (Rice, 1963). The basis of these schools of thought involved applying concepts of individual psychology to social groups. For example, (Jaques, 1953), who was a central figure in the development of the Tavistock Institute, drew upon Freud's thinking to develop the concept of how institutions are used by groups of people as a defence against psychotic anxiety. Jaques also described how individuals put their internal conflicts into persons in the external world. Jaques explains how the individual may unconsciously follow the course of the external conflict in the group of people by means of projective identification and re-internalise the course and outcome of this conflict by means of introjective identification.

### **3.4 Islamophobia**

I became increasingly aware during Anita's psychotherapy of the types of external conflicts that she and her family might be following in the way that (Jaques, 1953) describes. The rise of Islamophobia in the western world is a significant external conflict and phenomenon that had to be thought about in Anita's psychotherapy. There were numerous newspaper articles around the time of Anita's psychotherapy in which Muslims were depicted as "non-British" and Islam was posited as not being compatible with a "British way of life". In (Davids', 1996) synopsis of (Fanon's, 1952) book he considers the effect on the psyche, from the perspective of a Muslim person living in a post-colonial western society, of introjecting Islamophobic attitudes and views held in this society. Davids, suggests that the effect on the psyche of the Muslim in this society is that the white (English) self inevitably becomes idealised and the Pakistani / Muslim self denigrated. Bhugra and Bhui (2006) consider what else might inform this process

by asserting that the identity formation for the person from a minority ethnic background is racialised as a result of their internalising idealised and denigrated racial images from society.

(Huntingdon, 1996) alludes to the idea that the rise of Islamophobia is a consequence of government initiatives that maintain the perception of Muslims as the racial other. Huntingdon explains that Muslims are viewed with suspicion, as the new “alien wedge” and as the enemy within. Huntingdon goes on to explain how initiatives such as the “preventing violent extremism agenda” compounds the ideas that Muslims should be viewed and related to with suspicion.

Initiatives such as “Prevent” are a consequence of wider initiatives such as the Global War on Terror initiative started in America under the Bush administration. (Malik, 2017) argues that the rhetoric used in the War on Terror initiative has been embraced by President Trump at the start of his presidency in 2016. (Malik’s, 2017) article ‘Suddenly, Muslims are America’s pariahs’ in the Guardian newspaper on 29 January 2017 was in response to President Trump’s attempt to ban people from certain Muslim countries entering America. He writes:

*‘This [Islamophobia] did not start with Trump; it’s something that is only reaching its climax. For years, as people warned against the mainstreaming of Islamophobia, they were met with equivocation. “Islam is not a race”, “we are criticising Islam, not Muslims”, “we condemn all religion, not just Islam”. Mosques were attacked, women were spat on and had their hijabs snatched from their heads. Western media, led by the British tabloid press, established an industry of hysteria against Muslims with fake news.’ (Malik, 2017)*

(Davids’, 2009) paper ‘The impact of Islamophobia’ now seems to be a precursory tale of the experiences of Muslims that (Malik, 2017) describes. Davids 2009 explores the experience of Muslims in the western world following the 9/11 and 7/7 incidents. He asserts that Muslims have now been positioned as the social “out-group” following these incidents and goes on to explain how Muslims’ experience of being viewed and related to as the racial “other” is compounded by their minority status in western

society along racial, cultural, economic and religious terms.

(Davids, 2009) argues that the fact that Muslims are viewed in society's mind as belonging to an "out-group" has resulted in them having society's unwanted aspects being projected into and located in them. Segal (2000) describes how groups of people are used by society's in-group as an object to get rid of (project) their anxiety into. She goes on to explain how this type of projective identification is maintained by the addictive quality of it as well as the pleasure derived by the social in-group inflicting on to the other the suffering the in-group feels remote from.

(Segal 2000) applied this thinking to elucidate an understanding of why Islam and Muslims are now positioned and related to in western society in the way that they are. She argues that Islam is one of the latest of the external, hated objects that western society has needed to project their anxiety into. Segal explains how the Cold War and the anxiety that it evoked in individuals and groups of people, in part because of the constant threat of nuclear war around this time, resulted in the "enemy of the West", i.e. the Soviet Union, being viewed and related to in a paranoid-schizoid way by the West. Segal argues that the paranoid-schizoid structures of the Cold War have been transferred onto other external objects, with Islam being the latest.

(Said, 1997) explains how anti-Islamic sentiment has become prevalent in western culture and goes on to explain that linking terms such as "terrorist" and "fundamentalist" with "Islam" has facilitated this process. Said suggests that associating Islam in this way has contributed to a paranoid construction in the minds of the "in-group". This results in the "in-group" viewing Muslims and Islam as the enemy. Said helpfully invites us to explore how the terms and language used in mainstream media to describe Muslims create a part-object view of them, thus maintaining the view of them as the "other".

Lowe (2008) considers how the racial other, when viewed in a part-object way, is related to as an object suffused with the undesirable and unwanted aspects of the self. Joseph (1988) captures the recipient's experience of being projected into in the way that (Lowe, 2008) describes, when she equates this type of object-relating as being

similar to the infant's earliest form of projective identification. (Joseph, 1988) describes how this involves the infant relating to their object with "anti-concern" i.e. an absence of concern for the welfare of the object being projected into. Davids (2009) gives a good example of Muslims being related to in the way described by (Lowe, 2008), when he explains how items of religious dress, such as the niqab and veil, are part-objects that become signifiers of belonging to terrorist organisations. (Singh and Cowden, 2011) describe how items of religious dress, such as the hijab, the face veil and even the salwar kameez, are viewed as signifiers of Muslims' adherence to "non-Britishness". (Meltzer and Harris, 1976) illustrate some of the consequences for individuals and families residing in paranoid communities, such as those which have now become created because of social phenomena such as Islamophobia. They suggest that the family themselves become more paranoid and distrusting and revert increasingly to a basic assumption way of relating in family life. (Bion's, 1961) theories on group metapsychology uses the concept of basis assumption to describe how the group, as a whole, exhibits a particular transference to the group leader that is organised around unspoken and unconscious assumptions shared by all the group members. (Meltzer and Harris, 1976) give several descriptions of basic assumption organisations of families, and summarise how the family, as a group, is organized around historical myths and phantasies that are usually communicated to the individuals in the family through projective identification.

### **3.5 Fundamentalism**

(Fanon, 1963) suggests that fundamentalism emerges as a response to a fear of losing one's shared and individual identity. Fanon explains that this occurs from the experience of the social out-group assimilating into a national identity that is felt to be an experience of losing "one's core self". Fanon identifies three phases of how the social out-group overcomes the alienation that assimilation in this way presents them with. He describes how the first phase involves the out-group's attempt to assimilate into this type of society. The second phase involves the out-group's attempt to reconstitute their identity by restoring and reforming local cultural tradition in it. The third phase occurs from the social out-group eventually gaining a sense of identity after fighting to legitimate their sense of identity as an outcome of the process of negotiating

the second phase.

When (Singh and Cowden, 2011) assert that purification is a key paradox of fundamentalist movements, they seem to be suggesting that the second phase, which (Fanon, 1963) describes is involved in developing a national identity, results, in the case of fundamentalism, in an almost complete return to the past, instead of a reconstitution of it. (Bhatt, 2006) helpfully invites us to move away from fundamentalism being so rigidly associated with strands of Islam when he explains that any followers of a religion could be termed fundamentalist if they are motivated to posit an “absolute truth” of particular religious discourses. Asad (1993) explains that the need to associate Islam with fundamentalism stems from the strategies of liberal Christians who feel that they have to defend their religion. Asad (1993) explains... “*The attempt to understand Muslim traditions by insisting that in them religion and politics (two essences modern society tries to keep conceptually and practically apart) are coupled must, in my view, lead to failure*” (p28). Singh and Cowden’s (2011) explanation of how the origins of fundamentalism evolved from North American Protestants who were committed to the idea of asserting their commitment to the basic tenets of Christianity, would seem to add weight to (Bhatt’s, 2006) assertion.

### **3.6 Religion’s function in the internal world**

Anita’s family’s culture was greatly informed by their particular interpretation and understanding of Islam. Her descriptions of how her family followed Islam suggested that they did so in such a way that the ideas about self and other that did not fit their religious paradigm were often rejected and at times attacked. Jones (2002) explains that this type of idealisation of religion is central to all religion and accounts for the ambiguity that has characterised the history of every major religion. (Freud, 1928) wrote extensively about the function of idealisation in religion and seemed particularly interested in the link between objects of idealisation and objects of dependency.

### **3.7 The role of the father in religion**

My work with Anita seems to show how her internal religious object acted to reference

and organise many of the thoughts and views she had about herself and others. Anita's internalisation of religion, specifically Islam, and the role that patriarchy had in it, was significant insofar as her descriptions of her father suggested that he was internalised as an object that was redundant and that lacked developmental properties. It suggests that Anita's relationship with religion may have developed in the way that it did in order to maintain a relationship and link to a good, idealised father. Freud (1918a) suggests that religion provides a link to a good, all-powerful father when he explains how the religious impulse arose from an innate desire in primitive man to create a father figure. Aslan (2017) explains that human beings worship God for these reasons and for the same reasons a child idolises their father. Aslan explains that adults, like children, desire and need love, protection and comfort from their deepest fears and anxieties and look to God to provide them with these functions.

Freud (1962) explains that religion, in some ways, replaces the absence of the idealised father in adulthood, especially if the adult has not attained mature object-relations. Freud (1962) suggests:

*“The derivation of religious needs from the infant's helplessness and the longing for the father aroused by it seems to me incontrovertible... I cannot think of any need in childhood as strong as the need for a father's protection...The origins of the religious attitude can be traced back in clear outlines as far as the feeling of infantile helplessness”* (p19).

Similarly to (Freud, 1962), Kohut (1971) suggests that the loss or sudden disappearance of an idealised parent in childhood leads to the individual's attempts in adult life to find alternative objects which can provide them with the function of the lost idealised parent. Kohut explains how this leads to “object hunger”, an almost addictive dependence on external objects, such as religion, in adult life that occurs from the adult's attempt to replace the lost idealised parent / object and their attempts to gain a sense of connectedness. Lichtenberg (1991) suggests that the type of “object hunger” described by (Kohut, 1971) and (Jones, 2002) is indeed a form of addiction, as one becomes compelled to search for the unattainable lost idealised parent in religion by continually immersing oneself in it. Bollas (1987) describes religion as functioning in

this way as a transformational object, as someone can be driven to search for an object that they believe can transform their “total environment” i.e. both their internal and external world. Bollas explains that the transformational object in an increasingly secular world is no longer a deity but has now become objects such as a new job, a life-event such as emigration, or the search for transformative experiences that new relationships represent. Jones (2002) asserts that religion can positively fulfil internal object functions if it is internalised in such a way that it contributes towards building psychological and psychic structures. Jones does warn that religion can become unhealthy if it is used to maintain a perpetual state of “object hunger”, when it reinforces an addictive dependence, or when it acts to denigrate the individualised needs of the self in terms of goals, ambitions and desires.

### **3.8 Overview of the transference**

I will now go on to give an overview of the concept of transference due to the bearing it has on this study. Strachey’s (1934) statement that a true transference interpretation is one which the analyst most fears and most wishes to avoid and that there is something about the truth of that particular interpretation that is disturbing, captures for me both the challenge and importance of the transference in psychoanalysis. (Jones, 1953) describes in his book *The Life and Work of Sigmund Freud* how Breuer first brought the concept of the transference phenomenon to Freud’s attention. Jones explains how Breuer’s patient Anna O, and her seeming growing love for Breuer during her psychotherapy, provided Breuer with the opportunity to explore the transference phenomenon within the clinical setting. (Freud, 1905) recognised in his work with his patient Dora that her transference to him as a significant other from her life facilitated her unconscious wishes and phantasies being externalised in the clinical setting. Freud came to define the transference as the patient’s experience and relationship with their analyst that results in them enacting a specific relationship of some kind within the clinical setting.

Breuer’s and Freud’s experience of their respective patients pertains to the erotic and / or sexual type of transference that their patients had in relation to them. Gabbard (1994) describes how the erotic transference involves the patient having a mixture of

tender, erotic and sexual feelings for the analyst that results in them having a positive transference to their analyst. Bollas (1994) helps us to distinguish between the erotic and sexual transference by defining the erotic transference as the patient implicitly recognising the passion of a love relationship with their analyst and the sexual transference as the patient's urge to have intercourse with their analyst. Bollas' distinction between these types of transference is relevant to my work with Anita, as much of her anxiety in the transference stemmed from her confusion about what the transference to me meant.

(Klein's, 1952) analysis of children led her to define the transference as a process where infantile prototypes re-emerge and where unconscious phantasy is externalised in relation to the analyst. Klein's analysis of children helped to define the maternal and paternal aspects of the transference. Klein (1952) explains:

*"...the patient is bound to deal with his conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to run away from his primal objects"* (p55).

Klein's description of the transference captures Anita's initial way of relating to me in it: I was regularly someone to be avoided, as her experience of me as a significant object in her life evoked in her infantile and vulnerable feelings that she wished to avoid. (Please refer to Grid 4, row 17 onwards for an example of this.) The turning away that (Klein, 1927) describes is a form of resistance that can occur in the transference relationship. Klein explains how resistance in the transference occurs from the transference putting the patient in touch with the ambivalent feelings and experiences they felt towards parental objects, as well as from their childhood.

(Klein, 1946) alludes to the transference having a more maternal feel to it as she likened the ambivalence that the patient feels in the transference as being similar to the infant's ambivalence to their mother whilst in the paranoid-schizoid position developmentally. Klein explains how this results in the infant experiencing aggressive and sadistic thoughts about their mother in these moments. The infant projects these

thoughts into the mother from feeling that they are intolerable and uncontainable. Klein explains how the infant's experience of their mother as being able to contain the content of these projections occurs over time as a result of the mother's modification of the infant's projections.

(Klein, 1946) is defining here the processes and phantasies involved in projective identification, a key aspect of the transference relationship. She refers to this type of projective identification as involving an aggressive type of object-relation which involves the unconscious phantasy of taking over the object by forcing part of their self into the object through projection. Klein felt that this type of object-relating was very much a result of a paranoid-schizoid state of mind, and it has now come to be viewed as being a more pathological form of projective identification. The containment of these types of projections from Anita was important in understanding what the transference relationship was communicating at various times. (Bion's, 1962a) concept of maternal reverie describes this process, which he refers to a non-pathological form of projective identification. Bion considers how the infant's projections are contained and modified by the mother having a state of mind he refers to as "reverie".

### **3.9 Post-Kleinian perspectives on the transference and countertransference**

Ideas on the transference have been added over the years. (Joseph, 1975) describes how "acting-in" in the transference is a part of the total situation. She asserts that impasses in psychotherapy and the transference resistance are examples of "acting-in" the transference and should be understood as an expression of the patient's anxiety about the transference relationship.

(Joseph's, 1975) theory of "acting-in" is a salient one as it gives a fuller understanding of some of the facets of Anita's resistance in the transference. One of the facets of Anita's resistance in her transference was that she deeply feared what contact with another man entailed, in part because of her indirect experiences of familial sexual abuse and in part because she worried about what it meant to be in touch with and act on her more sexual impulses and drives held by her true-self. For example, one of Anita's anxieties about the transference relationship was that it would turn her into an

“insolent girl”.

(Joseph, 1978) also explains how the therapist can “act out” in the transference as a result of the patient’s attempts to draw the analyst into supporting their defensive positions. Grid 4 of the grounded theory sessions illustrates how the therapist working with Anita’s mother acted out in the transference by being drawn into supporting her mother’s defensive position. This was also the case in terms of how Anita related to me in this session. Column b, rows 11 and 12, of Grid 4 shows my countertransference response to Anita inviting me to “act out” in the transference in the way that Joseph describes. Joseph’s (1985) thinking on the transference being the “total situation” has made a significant contribution to the psychoanalytical work with borderline patients whose personalities are constructed around a rigid system of defences.

Another feature of the transference described by (Lombardi, 2009) is one that is symmetrical. Lombardi explains how the patient attempts to abolish the difference between objects and things in this type of transference. Lombardi draws on the ideas that Matte Blanco (1975) has on the unconscious as being governed by the principle of ‘symmetrization’. Lombardi explains how symmetrization acts to negate differences between thoughts and objects and how the conscious mind, during its constant interplay with the unconscious mind, introduces and identifies differences into the unconscious. The patient’s transference to the analyst has the potential to help them to develop the capacity for asymmetric differentiation from the transference facilitating the exploration of difference between thoughts and objects. This type of symmetrical transference was very much an aspect of Anita’s transference to me initially. I will go on to give examples of this in later chapters. Tustin (1992) explains how this type of transference is likely to be an expression of a difficulty in moving from a state of “oneness”. Tustin goes on to explain how a confusion and fusion between self and object in infancy is the cause of this difficulty.

The development of the countertransference became a central theme of psychoanalysis in the post-Kleinian era. Heimann’s (1950) thinking on the countertransference was that it is a specific response to the patient which is distinct from the analyst’s own neurosis. (Bion’s, 1962b) concept of containment is a significant

contribution to the evolution of the use of countertransference in psychoanalysis. His work on the container / contained model draws on his thoughts about the function of “reverie” in containing the infant’s undifferentiated states of mind and projections.

I feel that (Bollas’s, 1987) contribution to the ideas on the transference, and the use of the countertransference as a way of understanding what is being communicated through it, is a profound contribution to post-Kleinian thinking about this phenomenon. Bollas uses material from his work to illustrate how the transference can communicate particular internal objects and the nature of them in the clinical setting. Bollas describes how the “shadow” of these objects, the qualities and character of them, inform the self and the type of object-relations, until the knowledge of them is brought to the patient’s attention and understood by them through the process of psychoanalysis. Bollas explains how the analyst can “speak” with these objects due to the free association that occurs in the transference.

### **3.10 Paternal transference and paternal functions**

More has been written about the maternal transference than the paternal transference in psychoanalytic literature. However, psychoanalysis widely acknowledges the importance of the paternal transference and how this particular type of transference lends itself to the development of the type of intrapsychic structures that can help the patient to differentiate between their self and their objects. Trowell and Etchegoyen (2002) explain how the internalised father representation being added to the representation of the infant and mother lends itself to this process, as it helps the infant to differentiate their self from its internal and external objects. If we are to follow Trowell and Etchegoyen’s assertion, one could see that the process of internalising the father in the way that they describe showed itself as an aspect of Anita’s resistance to me in the transference. This is because this process evokes ambivalence in the infant, as it involves separating from the desired mother figure and being presented with the external realities that they were previously shielded from. Thus, acquiring a paternal object in a more developmentally promoting and necessary way is an ambivalent experience, as my work with Anita will go on to show.

Burgner (1985) asserts that the child's protraction of the original narcissistic interference occurs, both in their self-development and in their sexual identity, if they do not internalise the father in the way that (Trowell and Etchegoyen, 2002) describe. (Campbell, 2006) asserts that it is important for the adolescent girl to dis-identify from the "imitative mother" in order to develop a heterosexual sexual identity. Lacan (1964) suggests that the internalised father functions to extradite the child from an infantile state of mind to a more mature one, one where the true nature of relationships is accepted and tolerated. Wisdom (1976) explains how a failure to differentiate and accept the nature and reality of the mother / child relationship can result in children being unable to separate in a psychic or psychological sense from their primary object. Wisdom goes on to explain how this results in children not being able to manage the demands of the external world.

(Britton, 1989; Lacan, 1964; Rosenfield, 1992; Borens, 1993) all concur that the acquisition of the father - whom (Gaddini, 1976) refers to as the "second object" - in the child's internal world, is integral to the process of them attaining individuation. Gaddini explains how the acquisition of the "second object" helps the child move from the dyadic relationship with their mother to the possibility of alternative and triangular-type relationships. Gaddini explains how the child remains in "imitative identification" with the mother and is unable to attain mature object relationships if the father is not internalised in the way he describes. (Mitscherlich, 1969) suggests that a failure to internalise the father in the way that (Gaddini, 1976) prescribes results in the father being internalised as a demonised father representation. Anita shows in Chapter 4.1 (Session 59) that she had internalised her father in the way that (Mitscherlich, 1969) describes. Here, her internalised father is represented by the creature in her dream.

Segal (1989) adds to the thinking about the effect of failing to internalise the father in a developmentally promoting way when she suggests that the father's penis becomes an ideal container for unwanted negative projections. Segal explains that the father being related to and projected into in this way serves to preserve the idealised relationship and fusion between the child and their breast / mother. (Britton, 1989; Lacan, 1953; Rosenfield, 1992; Borens, 1993) are amongst the numerous writers about this subject who have asserted that the father being internalised appropriately leads to the child's

development of symbolic thought. Lacan (1964) asserts that the internalised father is integral in helping the child make the transition into the external world and into the symbolic world of culture.

(Deutsch, 1937) in her seminal paper 'Folie à deux' illustrates an important consequence of a person's failure to differentiate the self from their object. Deutsch's paper describes the type of projective identification that can occur if the primary object – the mother – is psychically ill. She explains that a transmission of delusional ideas from a person that is psychically ill (mother) to a person psychically healthy (child) can occur. The result of this is that the psychically healthy person accepts the delusional transmitted ideas and assimilates them into their psyche.

### **3.11 The Oedipus complex**

Anita's response to the difficulty she had from being in touch with her sexual and oedipal feelings resulted in what (O'Shaughnessy, 1989) describes as the patient's unconscious (and at times conscious) attempts to make the Oedipus complex invisible in the clinical setting. In O'Shaughnessy's paper 'The invisible Oedipus complex' (O'Shaughnessy, 1989) she describes how patients who are unable to differentiate the parents' relationship to one another from the parent-child relationship feel that the Oedipus complex is unnegotiable. They employ psychic means to make and keep it invisible in the consulting room as a result of this issue.

The story of Oedipus, the son of King Laius, who acted on his patricidal feelings in order to pursue a sexual relationship with his mother (Queen Jocasta), remains a central theme in psychoanalysis and infantile sexuality. (Freud's, 1909a) work with the parents of Little Hans has informed psychoanalytic thinking about how the Oedipus complex shows itself in the clinical setting. It has also gone some way to understanding what may be informing the erotic and sexual transference in the way that (Gabbard, 1994) and (Bollas, 1994) respectively describe. (Freud, 1909a) discovered that much of Hans' presenting anxiety stemmed from the internalised oedipal situation and a fear of castration. (Britton, 1989) has discussed extensively how the erotic and sexual transference is organised around the same themes and principles in the Oedipus myth.

For example, Britton describes how this type of transference can involve the patient's attempted seduction of the analyst or them experiencing their analyst as a castrating, vengeful figure that disapproves of their oedipal sexual feelings for them.

The idea of the father as a vengeful and castrating figure stems from the oedipal myth and seems to permeate much of society's thoughts about fathers today. Target and Fonagy (2002) suggest that the father being viewed and thought about in this way can lead to a legitimising of boys' patricidal-based hostility for their father, instead of its being viewed as their response to the difficulty arising from their father's internal and external representation creating a psychic boundary for their oedipal feelings. Britton (1989) describes how the relinquishing of the phantasy of being in an oedipal union with a parent leads to the resolution of the Oedipus complex and the patient being able to bear reality and develop psychologically. Britton explains how the patient's recognition of the difference between the relationship between parents as distinct from the relationship between parent and child is integral to this.

### **3.12 Adolescence**

Anita brought the issue of negotiating the adolescent identity she wanted for herself to her psychotherapy from the start. Much of the difficulty she had in regard to this was from feeling that her true thoughts, feelings and desires had to be concealed from her family. Anita had a very complicated relationship with her adolescent self because of this. At times, she felt driven to split off the thoughts, feelings and wishes held in her adolescent self, in part from feeling that to show them would lead to further conflict within her family.

Hoxter (1964) explains how a lack of differentiation between mature and infantile aspects of the adolescent's sexuality causes the adolescent to retreat from the task of maturing and making the transition to adulthood. Waddell (2002) views adolescence as a time when infantile internal structures are relinquished for more adult ones. She goes on to explain how the adolescent is able to make the transition from the family to the external world from this process and is also able to establish their sexual identity and to individuate. Campbell (2006) describes how a failure to develop mature object-

relations usually involves a regressive wish to return to the mother. (Meltzer, 1992) has described in great detail the effects of the child's regressive wish to return to the mother when he explains how this leads to a fusion between the self and object i.e. between the child and the mother, which results in a phantasy of the child's intrusive identification into areas of the internal mother's body. (Meltzer, 1992) goes on to describe the type of phantasy life involved in the infant's projective identification with the compartments of the internal mother as living in the "claustrum".

Hoxter (1964) suggests that a surge in the adolescent's sexual urges and drives might be a frightening experience for them, something that they retreat from. This was the case for Anita, who apportioned a danger and anxiety-provoking quality to her sexual urges and drives. Hoxter explains that the adolescent also experiences a resurgence of feelings and phantasies that were characteristics of their object-relations in infancy. Britton (1989) suggests that the boy's wish to impregnate his mother and the girl's wish to have a child with her father becomes more frightening as a result of its now being possible by virtue of the physical development of the adolescent's body. Britton goes on to suggest that the adolescent's difficulty in relinquishing their oedipal objects may stem from the development of an oedipal illusion that serves, through its defensive organisation, to defend against psychic reality, in this case the fact that the parental couple is a sexual one.

Bion, (1970) explains how the adolescent can experience a "catastrophic change" as a result of the conflict of feelings arising in their mind and body. (Lombardi and Pola, 2010) explain that psychotic manifestations can result when the adolescent experiences this internal experience as being too intense to be contained. Matte Blanco (1975, 1988) describes how the adolescent can attempt to negate their body as a source of new stimuli in order to manage the internal experience described by (Bion, 1970) and (Lombardi and Pola, 2010). Briggs (2008) has described extensively how the adolescent's failure to attain mature object-relations can result in a borderline state of mind. He explains how the boundary between the unconscious and conscious state of mind is not sufficiently robust to prevent the internal world being located, by projection, into the external world. (Bick, 1968) has described how a psychotic state of mind emerges as a result of the individual's psychic skin not being robust enough. Bick

suggests that the “skin” in this instance is unable to contain the experience of feeling that the external world is invading the internal world. Bick also explains how the “skin” is unable to prevent the internal world being projected excessively into the external world. (Bion, 1962) refers to the “skin” that (Bick, 1968) describes as the “contact barrier”. Bion (1962) describes how the “contact barrier” serves to maintain and preserve the beliefs that are fact formed events in reality.

(Steiner, 1993) illustrates the defensive mechanism that occurs from a fusion between self and object that he termed psychic retreats. He describes how a psychic retreat involves the patient retreating to an area of relative safety in their mind as their way to avoid meaningful contact with the analyst. Steiner goes on to explain how the analyst is experienced as a link to the painful realities in the external world that the patient is trying to avoid. I will go on to show in this thesis how psychic retreats were a theme of Anita’s mental life, and how this was worked with in her psychotherapy.

Steiner (1993) explains how a person’s tendency to retreat psychically in the way that he describes makes it impossible for them to work through the depressive position in the way described by (Klein, 1952). Steiner draws on his clinical work to illustrate how the internal worlds of patients who have a tendency to retreat psychically continue to have a paranoid-schizoid constellation to them that is similar to those he observed in many borderline patients. However, Steiner suggests that a patient’s development is possible in periods of emergence from psychic retreats.

### **3.13 Psychoanalysis’s relationship to race, culture and ethnicity**

Concepts of race, culture and ethnicity have been neglected areas in the field of psychoanalysis in my opinion. This is the case despite cross-cultural psychotherapy becoming more necessary due to changing cultures and populations in western countries (Moodley and Palmer, 2006). Gordon (1993) proposes that the history of psychoanalytic approaches to understanding race, culture and ethnicity has been limited by an absence, or reluctance, to conceptualise patients presenting difficulties within their historical, social and political contexts. Dalal, (2002) asserts a similar argument to (Gordon, 1993) by saying that psychoanalytic theoretical models may

unintentionally impede the analyst's work with a patient from a BAME background by unintentionally neglecting to attend to the patient's experience of racism in the social world. (Kirmayer, 2007) seems to concur with (Gordon, 1993) and (Dalal, 2002) when she states that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism.

(Kirmayer, 2007) goes on to explain how this issue must be addressed in order to develop the therapeutic relationship with patients whose race, culture and ethnicity, may be different to that of the analyst. She goes on to assert that the analyst must contrast more traditional psychoanalytic views of the self with the patient's understanding and relationship to the social world in order to develop a comprehensive view of the patient's self and their object-relations. Jones' (1985) assertion that a "shared world view" has been shown to be more important to client satisfaction than any other factor seems to further support (Kirmayer's, 2007) assertion, whilst (Blumenthal, Jones and Krupnick, 1985) assert that a failure in empathy about the patient's relationship with the social world is likely to lead to cultural stereotyping emerging in their psychotherapy, as well as the analyst having negative countertransference reactions.

I think what (Kirmayer, 2007; Jones, 1985; Blumenthal et al., 1985) say about cross-cultural psychoanalytic psychotherapy is interesting as it relates to this study. However, I think that my work with Anita will go to show how creating a space in psychotherapy, so that these meanings of these representations of the self can be fully understood, can be done without the danger of compromising one's psychoanalytic stance by over contrasting it with social and world views of the self. I will go on to show in later chapters how it was important for me to hold all ideas about the self that Anita and I posited until she felt secure enough in the therapeutic relationship to be able to explore how they were used by her at times to defend against the difficulty she had with intimacy and dependency.

### **3.14 The challenges for psychoanalysis when working with issues of race, culture and ethnicity**

(Keating et al., 2002) identified that African and Caribbean communities' experiences of mental health services have been mixed and pointed to the overrepresentation of these communities in people sectioned under the Mental Health Act, and psychiatry's role in causing these communities to have these experiences. Keating et al. identified that these experiences led to these communities developing a "circle of fear" of mental health services. Keating et al. explain how this circle of fear has led to these communities' reluctance to seek help for their mental health difficulties. They explain how these communities' untreated mental health problems often develop into crises, resulting in compulsory admission into hospitals that acts to reinforce their fear of mental health services.

Analysts and writers such as (Dalal, 2002; Fanon, 1952; Davids, 2011; Lowe 2008, 2010) have asserted the importance of conceptualising patients' presenting difficulties, whilst holding in mind the impact on their psyches from living in a post-colonial society. Their views on this issue have clearly been informed by what (Fanon, 1952) has written about it. Fanon's paper 'Black Skin, White Masks' explains how an introjection and assimilation of colonial ideas have indelibly informed western society's phantasies around race and racial difference. Fanon argues, quite eloquently in my opinion, how the skin, and the colonial ideas associated with it, creates an inescapable psychic problem for black people, as it has resulted in "black" being associated with negatively, which in turn invites projections of what is undesirable and unwanted into it. (Rustin's, 1991) description of race as an empty category which is filled with different sorts of projections seems to echo (Fanon's, 1952) ideas of how race, particularly the skin, is related to. (Rustin, 1991) describes how race and racial difference become objects that are ripe for projecting the unwanted and undesirable aspects of the self into.

(Fanon, 1952; Dalal, 2002; Timimi, 1996; Lowe, 2008) have described how introjective identification informs the psyche of the individual or group. They explain how post-colonial ideas from centuries-old ideas of ways of relating, involving whites as colonisers and blacks as the colonised, are introjected and inform object-relations about the self and others. Timimi (1996) describes in detail how this process results in a paranoid-schizoid way of object-relating which is characterised by projective identification into white objects of desirable aspects of the self, and inferior, undesirable

aspects of the self into black objects. Timimi here is describing an important facet of how internalised racism occurs. This has been expanded on by writers such as (Dalal, 2002; Lowe, 2008). (Davids', 2011) book *Internal Racism* considers how an internal racist defence structure develops in the individual from this process.

## **Chapter 4 Religion**

### Introduction

Anita reported at the start of her psychotherapy that she had made the choice not to follow Islam a few months before she was referred for psychotherapy. She described herself as an atheist at this time and reported that atheism captured her disillusionment with all religion, especially Islam. Despite Anita's insistence that she was an atheist, I will show how the process of psychotherapy uncovered the extent to which Anita's sense of self and the nature and character of her internal objects, and the allied object-

relations, were organised around her internalisation of religion.

#### **4.1 An imam father**

Anita talked about her experiences of her father quite early in her psychotherapy, especially her experience of him when she was a much younger child. She recounted vivid memories of her father reading passages from the Qur'an to her and her siblings.. Anita felt that her father emphasised the graphic accounts of the fates that befell non-Muslims (infidels) that the Qur'an referred to. Anita shared striking recollections of being told by her father how infidels would be punished in sadistic ways by being beheaded or by having their limbs cut off, if they did not follow Islam appropriately. Anita recalled a particular occasion when her father talked about this when she was approximately six years old:

##### *Session 27 - 1st year of treatment*

*Anita reported that she had thoughts and images of decapitation and beheading after having contact with her father. (Anita's parents were not living together at this time.) She remembered when she was about six years of age when her father instructed her siblings and her about the Qur'an. They were sitting on prayer mats and her father was sitting in front of them, pointing to certain pages in the Qur'an and interpreting the passages from it. Anita smiled in what felt like her attempt to laugh off the feelings of what felt like terror from remembering this event. She explained that her father read passages from the Qur'an to Anita and her siblings regularly when they were younger. She remembered that he regularly talked about the fate that befell "infidels" who did not follow the Qur'an. She shuddered slightly as she explained that her father asserted that the beheading of infidels was appropriate. Anita remembered a certain teaching from her father where he explained that "infidels' brains would boil and they would go to hell." Anita agreed when I suggested that there was a link between her recent thoughts and images about decapitation and beheading and her recent contact with her father. I suggested that she seemed to view him as someone that captured the views and beliefs about Islam she disagreed with. Anita nodded in agreement.*

Anita seemed to be bringing to my attention how her father and other paternal figures in her family came to occupy such central roles in her family's religious education. The idea of Allah being thought of as a father figure in Anita's family seemed to support the idea of men adopting imam-type roles in the family. She described in her psychotherapy how one of the functions of the roles that men in her family usurped was to instruct the women and children in the family on how they should conduct themselves. Anita felt that her father's way of relating to her by adopting an imam-type role in her family epitomised the general role that men occupied in her family.

Men in Anita's family usurped these roles in part because Anita's family's particular view of family life and Islam was patriarchal. It resulted in the men in Anita's family instilling beliefs into the family that were anchored in terror, persecution and cruelty. (Aslan, 2017) explains how the perception of the role of the father is central in all religion and stems from the instinctual urge of people to make "God flesh" in the way that Christians believe that Jesus Christ is God made flesh. Aslan's view of the role of the father in religion has parallels with (Freud's, 1962), who explains how, in his view, the religious impulse in people arose from an innate desire, albeit a primitive one, to create an all-powerful and good "father figure".

Anita's experience of her father as an imam-type figure illustrates how the idea of "God being made flesh" lent itself to the patriarchal makeup of her family by men who feel themselves to occupy "all-powerful" father figure roles and to be messengers from God, and who insist that this is how they are to be perceived (albeit very often unconsciously).

The fate of "infidels" in this vignette had parallels with the fate she believed would happen to her for choosing to pursue an "atheist" lifestyle that her family, primarily the men in the family, felt was not compatible with Islam. Anita seemed to believe this, in part because of her difficulty in distinguishing her father's beliefs from her own. It left her often believing her father's beliefs and fearing that the abandonment of these beliefs would mean that she would also be treated as an infidel, ie being punished in some way, such as being beheaded. Anita was illustrating, early in her treatment, how

her internal religious object had a significant bearing on the constellation and the prevalent dynamic of her internal experiences. This was a result of the ideas of Islam as they were conveyed to her by her father in a very specific relational context, that she had internalised during her childhood.

Her internal religious object impinged powerfully on adolescent feelings and adolescent hubris, in such a way that she felt that these feelings had an “infidel-like” quality to them. The unconscious object-relating dynamic was therefore characterised by her individualised feelings being “denigrated” and seen as wholly unacceptable by her internal religious object. Consequently, a perpetual state of “object-hunger” (Jones, 2002; Kohut, 1971) and persecution developed as Anita’s emerging adolescent hubris, and especially her sexual feelings, were attacked by her internal religious object. Freud (1915) asserts:

*“...I [Anita’s religious object] feel the “repulsion” towards the [infidel] object and hate it, this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it” (p137).*

#### **4.2 The “shadow” of religion**

The vignette (session 27) shows how Anita’s internalisation of religion from an early age had a significant bearing on her object-relations in her internal world having a fundamental characteristic to them. The objects that were felt to be more religious related to the objects felt to be infidel in nature (incompatible with the beliefs held in her religious object) in a similar way to (Fanon’s, 1963) description of the fundamental group that fights to gain “legitimacy” from feeling that their sense of identity is lost in otherness.

Anita’s emerging adolescent feelings (which were experienced by her internal religious object as an expression of ungodliness) and drives posed a threat to the “legitimacy” of Anita’s internal religious object. Her internal religious object had a prohibiting effect on her adolescent development because of this, especially as it acted to view and relate to her sexual development as “ungodly”.

(Hoxter's, 1964) description of the adolescent's solution to the internal dilemma in which their emerging adolescent feelings are felt to be too much for them to contain, is pertinent to Anita as Hoxter suggests that the adolescent can retreat from the task of negotiating their adolescence because of this. It suggests why Anita developed a tendency to rid herself of her adolescent feelings through excessive splitting and projection. (Meltzer's, 1973) suggestion that the re-emergence of the severe splitting of the self that is a characteristic of the adolescent's pre-oedipal and pre-genital stages occurs from the confusion that these, at times unwanted, feelings pose to the self, was also Anita's solution to the fear she had about adolescence.

The excessive splitting and projection of Anita's adolescent feelings in the way that (Hoxter, 1964) and (Meltzer, 1973) describe was informed by her internal religious object's relation with them. It resulted in a type of object-relating where Anita's emerging adolescent feelings could be split off and projected from her self so excessively that some of these projections became located literally in the external world. This resulted in the type of psychotic experience that (Bion, 1957) explains occurs from the internal world having a borderline quality to it due to its tendency to locate the internal quite literally in the external world through projection. Anita had a tendency to do this prior to the commencement of her treatment, which suggests why her experiences of jinn were felt by her at times to be literal.

Anita's relationship with her internal religious object was complicated, as at times it offered some containment and structure, albeit limited, particularly during the latent part of her development. However, it was an object that became incapable of containing her adolescent urges once they emerged, due to the object's incapacity to tolerate, let alone admit, adolescence, especially female sexual feelings and drives. The heavy weight that the internal religious object bore on Anita's internal world created a most powerful and unresolvable internal conflict.

(Bollas's, 1987) concept of how certain internal objects inform the sense of self and the other seems particularly salient in understanding Anita's relationship with her internal religious object. Bollas explains how the shadow of the object falls on the self without

the child being able to process this relationship within their self. Bollas explains how the “casting of the shadow” of the object starts in childhood and at a time when the child is not able to process the relationship it has on the self, due to the immaturity of the self at this stage of their development. It was important that Anita’s psychotherapy facilitated the process where she was able to “remember” incidents and occasions in her childhood where religious ideas were communicated to her in such a way that they clearly impinged on the formation of her self and, more often than not, in powerfully overwhelming ways. The space created for remembering in her psychotherapy enabled Anita to begin to retrace the trajectory of the movement of her internal religious object in relation to other objects (as well as how it cast a shadow over them), in order for this particular relationship to be understood. By helping Anita to explore her internal religious object in this way, I enabled her to have the “unthought” (the true nature of her internal object) known in the way that Bollas explains helps the patient to know something of the “character” of the object, to the extent that it does not impact on the self adversely.

Session 27 illustrates how Anita’s introjection of these and similar experiences of her father during her childhood contributed to her internal religious object falling on her self in the way that (Bollas, 1987) describes. It illustrates how this object cast itself on her internalised father in such a way that he was represented in her internal world as an instrument of Allah’s justice. Anita showed in Session 27 how religion, a complex constellation of thoughts, feelings and beliefs (Jones, 2002), was transmitted to her by her father, whilst he was in projective identification with the “word of Allah” and whilst he was perhaps embedded in a sense of self-righteousness. This caused Anita to internalise her father as an object that had a capacity to castrate (Freud, 1909a) and as an object that could not process oedipal and female sexual feelings

### **4.3 God made flesh**

*Session 59 - 1st year of treatment*

*Anita explained that she had a bad dream last night. She initially did not want to tell me about the dream when I enquired about it, and explained that she felt very*

*disturbed by the content of it. However, she mustered the courage to talk to me about this dream later on in the session. She explained that she dreamt about a creature appearing in front of her that insisted that she acknowledge that there is a God. Anita did not know what this creature was when I asked her about it. She explained that she did not have any associations to it, only that it worried her.*

*Later on in the appointment, Anita explained that the dream she had last night was similar to a dream she had before she started psychotherapy. She explained that it was a very vivid dream and in it she was with a friend at the top floor of a house. A woman appeared in front of her. This woman did not say anything to her, but Anita knew that the woman had lost her child. Anita said to the woman that she did not know where her child was. She went downstairs to the next floor of the house and was confronted by dozens of children she described as “poor Bangladeshi children”. These children asked Anita to kiss their feet. Anita explained that she refused to do so in the dream and explained that one should only allow people to kiss your feet if they deserved to do so. A man appeared in front of Anita dressed in Arabic robes and asked if she believed in God. Anita explained that she felt that this man was Jesus. Anita did not answer the man as she was terrified of him. She reported that she was also scared to say to this man that she didn’t believe in God because of the consequences of stating this. She explained that she felt that she associated this dream with the apocalypse as Islam asserts that Jesus would appear at the end of time.*

Anita’s first dream goes to show how religion shaped her internal world and the objects in it. The creature in this dream captures her experience of patriarchy in her family and her feeling that she has to submit to it. The creature is an object that held the family’s narrative that infidels (in the dream, Anita was the infidel) would be punished for not submitting to the family’s ideas, which further supports this idea.

The second dream that Anita reported seems to illustrate her experience of feeling dropped from her mother’s mind. The woman in this dream, a maternal figure who had lost her child, represented Anita’s experience of her mother losing Anita, or dropping her from her mind. The top floor of the house – where Anita met this woman –

represented the head / mind of the maternal object. Anita reported regularly how she felt dropped from her mother's mind, especially when she felt the pressures of family life became too much for her. Anita felt acutely that she had been dropped when her mother suffered a breakdown as Anita entered adolescence. Anita regularly projected the feelings of anger and resentment that she had for her mother about this situation into her father, in her attempts to preserve the "good" mother she had internalised.

Bangladeshi children being beneath Anita's feet in her second dream captured how her racialisation of her culture had caused her to now view it as inferior and beneath her. Anita was initially upstairs in the dream before moving downstairs to be confronted by "poor Bangladeshi children". Her "upstairs" position captured her belief that she was superior to (above) her own culture, which was below her literally in the dream (represented by the "poor Bangladeshi children").

#### **4.4 A religious retreat**

As Anita's psychotherapy progressed, she conveyed one of the events in her family that had caused her to view men in her culture in an inferior way. Anita reported that her maternal cousins (a boy aged seven and a girl aged nine) were referred to the clinic I worked in, in the second year of her treatment, after they had been sexually abused by a male relative whilst he was in England. Anita reported that the man who abused her cousins fled to Bangladesh soon after the abuse came to light. She felt that members of her family knew about the abuse but agreed that this man should return to Bangladesh. As well as illustrating why Anita had internalised men in her family in that she had, it was also an example of why Anita went to great lengths to subvert the religious beliefs her family espoused. Anita was outraged when she shared that she felt her family had colluded with her cousin's abuse by not reporting it to the authorities when it came to light. She felt that it was evidence of the religious hypocrisy in her family as their ideas of holiness and how one should conduct themselves in accordance with the Qur'an was acted upon selectively. Anita felt that the situation with her cousins showed how her family could "abuse" and manipulate religion in their attempts to preserve the family honour and culture.

Anita illustrated in her psychotherapy how she could retreat into her internal religious object as her way to avoid meaningful contact with me. For example, Anita was initially very resistant to exploring how her religious beliefs shaped her sense of self, in particular her views of her gender. She often attempted to draw me into a theological discussion about religion and used her knowledge about Islam to illustrate why she thought that it did not impact on her adversely, psychologically. Anita seemed to be inviting me to act out in the way that (Joseph, 1978) explains involves the therapist being drawn into supporting the patient's defensive positions. In these moments, Anita positioned herself as an expert on Islam and religion and attempted to view and relate to me as if I was an infidel, someone who was ignorant because they were non-Muslim. In these moments Anita seemed to be using religion, and her superior knowledge of Islam, to try to assert some control over the therapeutic relationship. On reflection, the impasses that occurred on these occasions was an expression of what Joseph describes as acting-in the transference, due to the anxiety that the transference caused her.

Anita's experience of me as an "infidel" (a code for the other) during my initial exploration of religion illustrates why the transference was anxiety-provoking for Anita at times. Anita often adhered to particular religious beliefs so deeply that my exploration of them often resulted in her viewing me as attacking her intrinsically in some way. It is important to note that I adopted a neutral position during my inquiry about Anita's religious beliefs and often did not comment on them. However, Anita persisted with her view that I was an "infidel" i.e. the other. It felt that Anita's resistance to me in these moments arose from the anxiety she felt from experiencing me as the "other", an aspect of her internalised father. It was integral developmentally for Anita to internalise me in this way, whilst also being anxiety-provoking for her. This was in part because her internalising me as a paternal object represented for her being extrapolated from the pleasurable fantasy of being in the psychic womb of her mother, due to the type of relationship she had with her. (Trowell and Etchegoyen, 2002) have described the child's resistance to internalising the father, as this process brings them in touch with the internal and external realities that being enmeshed with their mother protected them from.

My countertransference to Anita in these moments was a helpful indicator of what was informing the transference resistance at certain times. Holding this understanding of the transference for us, i.e. not interpreting it directly, provided Anita with an experience of an object that was not retaliatory. I was aware at this stage that Anita could experience me as retaliatory at certain times, when I enquired about her understanding of religion. On reflection, Anita experienced me in this way as a result of her transference to me as a father figure who was trying to indoctrinate her in “the religion of psychoanalysis”, in the way that she experienced her father indoctrinating her in religion when she was younger. As Anita began to experience me as a father figure who did not want to indoctrinate her, this provided us with the space to be able to tolerate and contain the thinking about her internal religious object. It resulted in her retreating to her internal religious object less when I explored with her how religion shaped her internal world (Steiner, 1993).

#### **4.5 The search for good objects**

##### *Session 122 - 2nd year of treatment*

*Anita reported that she was sitting in her room during the week and found herself feeling depressed by how cluttered and untidy it was. She noticed that she felt “disgusting” for letting her room get so untidy. She found herself turning to a copy of the Qur’an that was in her room and began reading from it. She found herself feeling a sense of great relief from reading certain passages from it. Anita explained that the passages she read were very spiritual and were not like how her family interpreted the Qur’an.*

The vignette shows how Anita’s relationship with religion provided her with comfort and support at times. The role of the father in religion was helpful for Anita in this way as it provided her with a link to a father, albeit an idealised one, and the containment that its paternal function gave her. This link to the father and the function it gave her was important, as Anita’s father was felt by her to be emotionally absent in her internal world. She reported regularly how disappointing she found him, and that he was someone that she felt she could not turn to as he did not approve the choices she

wanted to make in her life.

Anita's continuing relationship with Islam was complicated, as an aspect of it involved her responding to the object-hunger she felt. Kohut (1971) explains how "object-hunger" occurs from the individual's or group's search for objects that they can depend on in such a way that the loss of the idealised, depended-upon father can be tolerated.

In session 122, Anita showed how religion could act as a container and comfort for her at times of internal distress. On this occasion, she gained some comfort from the "disgusting" mess in her mind, that the state of her room reflected and brought her in touch with. She was also in a mess for the ambivalence she felt towards her religion. Her more spiritual and benign understanding of religion was comforting and undoubtedly provided some containment for her in the way that (Bollas, 1987) suggests that religion can be experienced as a transformational object that is sought as a way to transform the whole "environment". (Bollas, 1987) is using the term environment in the same way that (Winnicott, 1960) uses it to describe the mother being experienced by the infant as the holding environment; this arises from the mother being experienced as an object that has the capacity to change the infant's internal world and their experience of the external world.

For Anita, religion, or her belief that an object, such as atheism, has a transformative quality, came about from her experience of her earliest object, her mother, being associated with having this transformative quality as a result of being held within a mythic structure in her internal world. It suggests why a theme of Anita's psychotherapy involved her search for objects that could provide her with the transformational experience that she felt her mother gave her in infancy. It was also an aspect of Anita's transference to me as an object she hoped could transform her internal and external world quickly. It suggests why Anita often became frustrated and disillusioned with me and her psychotherapy as it did not give her the quick transformative experience in the way her religious object had done at times.

Anita's internalisation of religion did not provide her with the type of transformational experience that she craved, in part as she had internalised Islam as having a harsh,

punishing quality to it. Anita's internalising Islam in this way did not allow it to provide her with a more positive transformational experience that many religious people get from their religion. Anita internalised religion in a way that resulted in it being an object that was rigid (fundamental in nature because of its rigidity) and as an object that opposed many of the drives and wishes she held in her true self (Winnicott, 1960). (Bhatt, 2006) explains how a more fundamentalist interpretation of religion is not synonymous with Islam, although society has come to associate it in this way. However, Anita's internalisation of Islam throughout her life had contributed to her relating to it in the way that (Bhatt, 2006) suggests society views it.

I will show later in this chapter how Anita's internalisation of Islam was also undoubtedly shaped by the views of it held in society. However, Anita's descriptions of Islam suggested that her view of Islam was primarily informed by the dominant narrative about Islam held in her family. From her descriptions, Anita's family's narrative about Islam was posited to her as being an "absolute truth" in the way (Bhatt, 2006) suggests is a characteristic of fundamentalism. The rigidity that an "absolute truth" posits leads to the group becoming organised around what (Bion, 1961) describes as a paranoid-schizoid way of relating to difference, as if it was a threat to the preservation of the group. Bion describes this type of group (when viewing the family as a group) as having a fight / flight way of functioning that acts to keep objects felt to be dissimilar from the self, far apart from the self. Anita's descriptions of her family's relationship with wider society suggested how they related to the wider society in the paranoid-schizoid way that Bion describes. Anita elucidated this further when she described how her family believed that the wider society was not conducive to how a Muslim should live their life. She described how her family (including her mother) believed that she would lead a kind of unholy life when she went to university as a result of being in an environment that did not reflect their family's beliefs about how people should conduct themselves.

From Anita's descriptions of her family's relationship with Islam there seemed to be an element of Islam being an object that was depended on and idealised in the way that (Kohut, 1971) describes. By relating to religion in this way, her family was able to cope with the loss of their good object i.e. the country of origin that occurred as a result of

their emigration. The loss of this good object was something that affected all family members in varying ways. For Anita, her family seemed motivated to keep their lost object (culture) alive in Anita and the other children and young people in her family who were second generation immigrants. The father figure (Allah) took on an important leadership role in this process as it became a paternal figure that was used to sustain the family and bind them together in their attempt to keep their culture alive through their religion.

Anita's identification with atheism provided her with some relief from this process and the internal pressures it presented her with. A main source of these pressures occurred from the basic assumption in the family that she and others of her generational level were given the task of keeping the family's culture alive in them in some way (Bion, 1962b). The effect of this basic assumption contributed to her difficulty in knowing and tending to her true-self. Anita described how identification with objects other than religion, like atheism, provided her with a space of relative, temporary safety in the way that (Steiner, 1993) describes is the function of a psychic retreat. Retreating to these alternate objects in this way was Anita's attempt to preserve and foster her own needs and wishes within a family and emotional climate that opposed them.

One could also view Anita's identification with atheism as her way of expressing adolescent rebellion as it put her in direct opposition to her parents and other parental figures in her family. Anita reported during her psychotherapy that her family (in particular, the men in her family) deeply disapproved of the fact that she viewed herself as an atheist. Anita reported during her psychotherapy how describing herself as an atheist resulted in her being ostracised and verbally attacked by certain family members, mostly men. Anita's experience of her family in these moments was similar to her mother's experience of her family as she too was verbally attacked and ostracised by her family for choosing to lead the life of an "infidel". (This occurred shortly after Ms Khan had initiated divorce proceedings against Anita's father.)

Anita's being faced with the choice of whether to subscribe or not to her family's religiously informed views about the self illustrates how adolescents, regardless of their background, choose consciously and unconsciously to identify with objects that they

experience as a way to help them separate (in a psychic sense) from their families. It suggests why Anita may have taken refuge and retreated psychically into her religious object when the task of separating from her family in this way became too much. One could therefore view her identification with atheism as her way of making the transition from her family (in a religious sense) to a secular, wider society. Anita's identification with atheism was also driven by her desire to distance herself from Islam, because of what she associated with it.

## **4.6 Judgement**

### *Session 207 – 3rd year of treatment*

*Anita reported that some of her dreams have a recurring theme to them. She described one that had stayed with her. In it, she sees a woman dressed in a niqab with only her eyes being visible. Anita reported that she was quite disturbed by this woman's eyes, as they were fiery bright red. She thought that they represented "judgement". Anita thought that the dream represented something bad happening to her. I suggested that it was interesting that she presented this dream soon after we had talked about the worry she had about her emerging sexual feelings. (Anita had reported previously that she was becoming attracted to a boy at her school.) She looked a bit pensive as she said "bad things happen to you." When I wondered what she meant she explained that she was referring to bad things happening when you had lustful feelings.*

Anita's dream illustrated her fear of being judged for acting on her sexual feelings before being married. Her associating the fiery eyes of the woman in the niqab in this dream with judgement is an idea that is present in most religions. Throughout the scripture of Revelation in the Bible, fire is referred to as a symbol of judgement. In Revelation 1:14, Jesus's eyes are described to be like flames of fire as he returns from heaven to inflict his judgement on evildoers: *"His head and his hairs were white like wool, as white as snow, and his eyes were as a flame of fire."* Anita constantly worried that she would be judged for not following Islam, in part because she feared retaliation from her family for having a different view of religion to a majority of them. The woman in her dream captured Anita's experiences of her family's objection to her lifestyle. Bion

(1961) explains how a group relating in a fight / flight basic assumptions way comes together around the excited and violent idea of there being an “enemy within” (Anita), an object to be identified, judged and then either taken flight from or fought. The feeling of “judgement” Anita felt because of her family’s way of relating to her was akin to (Bion’s, 1962a) description of the nameless dread the infant experiences from feeling that their distress is not containable (by the mother). Bion explains how these anxieties fragment within the psyche because of this and are then felt to attack it. Bion’s concept of nameless dread suggests why Anita felt that a judgement, an attack, was inevitable.

The woman wearing the niqab in her dream represented the judgement and disapproval of Anita acting on her sexual feelings before marriage. Anita’s idea of the females in her family, which included her mother and aunts, was that they subscribed to the dominant narrative in the family that sex before marriage was forbidden. She experienced them as objects that were also worried about being judged for acting on their sexual feelings and felt that this is why they colluded with the dominant narrative in the family about what women should do with their sexual feelings.

Even though Anita enjoyed a close relationship with her mother, she believed that her attraction to boys and her emerging sexual feelings were things that she could not share with her. Anita alluded to her feeling of isolation about her adolescent development when she reported on one occasion that she had not talked to anyone in her family about menstrual cycles. I was both shocked and saddened when she reported this to me, whilst also viewing it as a helpful prognosis that Anita was slowly able to talk to me about an issue that was so personal and sensitive. It suggested that her psychotherapy was becoming a place where Anita could feel safe enough to explore the aspects of her that would ordinarily be retreated from or split off from her self in the way that (Meltzer, 1973) describes.

Anita’s worry about her emerging sexual feelings also stemmed from her knowledge of familial sexual abuse. Anita reported that she was aware that her mother and other female relatives had been sexually abused by male family members when they were younger and living in Bangladesh. Anita reported that she was worried that she would also be sexually abused, especially if she was seen as a sexual, mature woman by

certain men in her family. This issue showed itself in her psychotherapy, particularly when she expressed a worry about turning 18, as that birthday approached. When I explored with her why she felt so worried about turning 18, she explained that she believed that she would officially be seen as and referred to as a woman. She believed this in part because she knew that she could legally marry when she was 18 years of age. It led to her reporting that she was deeply worried about having a marriage arranged for her when she turned 18. It suggests why she repressed her sexual feelings and negated her adolescent development in the way that (Matte Blanco, 1975, 1988) describes. Matte Blanco explains that the adolescent attempts to negate their body as a source of new stimuli in order to manage the intense internal experience that adolescence presents them with. It suggests that Anita's tendency to view and relate to her emerging sexual feelings as if they were dangerous and unwanted was an expression of the negating process that Matte Blanco describes. The process of negating her sexual feelings was in part Anita's solution to the anxiety that she experienced from associating them with sexual abuse. It was somewhat easier for Anita to negate her sexual feelings, rather than viewing them as something frightening and dangerous.

#### **4.7 School as a container**

Anita was able to use her experiences of school and her relationships there to explore how she viewed and related to herself. She clearly felt a sense of belonging from these relationships and from the fact that she was exceptionally bright.

#### *Session 289 – 3rd year of treatment*

*Anita was pleased and relieved that her head of year, Ms Smith, had agreed that she could change one of her subjects. She explained how Ms Smith had spoken to the head of the department of the subject Anita wanted to change to. Anita explained that Ms Smith and the head of the department wouldn't ordinarily allow a student to change subjects once the term had started. She smiled and looked a bit proud when she reported that Ms Smith and the head of the department had accommodated her request because they felt she was "special". The head of the department spoke to*

*Anita after she had changed subject and told her not to tell anybody that they had done this for her. Anita explained that they viewed her as “special” because she was bright.*

Anita’s view of herself as “special” was something that was fostered during her childhood, primarily by her mother. She reported that her mother viewed her as a child prodigy and treated her specially because of this. Anita’s mother’s way of viewing her was the genesis of Anita developing an idea of herself as special and unique in her mother’s eyes. It suggests why the idea of being a prophet resonated so deeply for her.

Anita began to revisit and work through the traumas and difficulties that she had prior to and at the start of her treatment. This began shortly after her fourth and final year of psychoanalytic psychotherapy had commenced. It felt that she was doing this as a result of unconsciously realising that the end of her treatment was an opportunity to use me and her psychotherapy to work through certain difficulties a final time. Freud (1914) describes how the process involves the patient remembering, repeating and working through much of their difficulties that they worked on at the start of their analysis as they present more at the latter stages of treatment. Freud importantly draws our attention to the technique employed by the analyst in this type of working, which he describes as bringing the patient’s attention to the resistances when they present in the clinical setting – a technique he also describes as *“studying whatever is present for the time being on the surface of the patient’s mind”* (Freud, 1914 p147). Freud explains how the analyst uncovers resistances which are unknown to the patient through this technique. This way of working was particularly useful in my work with Anita as it involved me describing to her my countertransferential feelings to her resistances. As it involved me doing this in a spirit of curiosity, it prevented her from experiencing this way of working as an inquiry about her religious beliefs, especially as many of her initial resistances were conveyed through her interpretations of religion.

#### **4.8 “Visions”**

Anita began to report that some of her previous difficulties had returned during the

fourth year of her treatment. One of the main difficulties that deeply troubled her at the start of her treatment was the visual hallucinations she experienced. Anita reported that she began to experience them again, experiences she referred to as “visions”. The quality of these visual hallucinations had changed slightly, as she reported that she did not see jinn in the way that she had previously, but that she still saw parts of her body being cut or dismembered.

Anita reported on an occasion that she saw her hands being cut off at the wrist. Her hands being cut off in this way seemed to illustrate some of the psychotic thoughts and feelings she was presented with at this time, as many of the dreams she shared had more of a psychotic feel to them. A particular dream she shared with me further illustrated this. It involved her mother and her killing a baby. Anita was very disturbed by this dream and did not know what to make of it. I interpreted to Anita that her dream conveyed how at times she had colluded with her mother to kill off the infantile part of her. Anita was unsure whether she agreed with my interpretation of this dream but did acknowledge that she was worried about whether she would be able to tend to her infantile needs when she went to university. It led to Anita wanting to explore this issue more, as opposed to dismissing it in the way that she did when she first started psychotherapy.

Anita reported that she was both excited and worried about attending university. (Anita planned to live on campus.) She reported that she was worried about losing the support and the containment of her psychotherapy, her family and friends and the familiarity of the wider community she lived in. Her acknowledgement of the difficulties that she had to negotiate when she went to university illustrated the growing capacity in her to bear her psychic reality and the difficult external realities that she previously took flight from.

#### *Session 311 – 4th year of treatment*

*Anita explained that she did not go to school yesterday. She found it hard to get up when the alarm sounded, despite her best efforts. Anita looked very sad and upset when she explained that she felt she was a “failure” for not being able to get up and*

*go to school. When I enquired why she thought this, she replied: "Everybody else is able to go to school and do things but she wasn't able to." I said that I notice that she becomes very harsh with herself and does not view herself sympathetically in these moments. She became a little bit more thoughtful and nodded. She explained that her feeling that she was a failure resulted in her having what she described as a "vision". She described how she looked down at her wrists and imagined that they had deep lacerations on the underside of them. She attempted to play down this episode and said that it was "quite silly really".*

Anita's "visions" were religiously acceptable symptoms which expressed how intolerant her superego was of failures to master her presenting difficulties and infantile needs (Jones, 2002). The internal attacks on herself were experienced in a literal way by Anita and were projected externally, on to her body, in the way that (Briggs, 2008) explains has a borderline quality to it. Briggs suggests that the type of experiences that Anita was presented with had a borderline quality to them as they involved the internal being forcibly located into the external, as a result of the (Anita's) psychic skin not being robust enough to separate the unconscious from the conscious mind. The importance of symbolism in religion as a way of representing internal dilemmas and difficulties, as well as aspects of the self, is discussed by (Durkheim, 1995) in his theory of religion. Durkheim suggests that religion arose from the need for social adhesion and resulted in a banding together around "common" sets of symbols as one of the ways to attain social adhesion and maintain solidarity. In Anita's mind, the lacerations symbolised the fate of the infidel that did not subscribe to Islam, due to their parallels with the idea of dismemberment as a punishment for infidels. Anita viewed herself as an infidel as a result of her failure to attend school. She came to view this as a sign of something bad and punishable. However, there was very little differentiation between levels of punishment for Anita and even the slightest misdemeanour was viewed by Anita at times as something that could potentially be fatal.

We were able to talk about her belief that she was a failure later in the same session:

*Anita explained that she feels like a failure, especially in relation to a friend she has that attends the same school as her. She explained that this friend is doing really*

*well academically, regularly attends school and does not have a bad feeling for anybody. Anita explained that she had arranged to meet this friend outside of school but had forgotten about their arrangement. On the day of this arrangement, her friend called her after the time they had intended to meet and asked Anita where she was. Anita explained that she replied: "I had forgotten about you." Anita reported that she had blurted out her response and was taken back by what she said and the depth of feeling she had. She explained that she felt very guilty for saying what she did to her friend, despite what she said being the truth. She felt that she was "bad" for not caring that she had forgotten her friend. She felt that psychotherapy had caused her to be too open with the feelings she previously attempted to suppress. She referred to a passage in the Qur'an which she felt referred to her now being more open with her feelings. She said that this passage stated that people with wicked feelings would not progress in life. She also felt that she was bad as her friend often helped her own mother around the home and she didn't help hers. She referred to the Qur'an again and explained that it states that children who do not honour their parents, especially their mothers, would not prosper. Anita seemed much taken with this idea and looked very resigned to the fate this interpretation of the Qur'an referred to. I suggested that she knows that at some level she does take up what is written in the Qur'an in a particular way – that it usually involves her believing that she should be punished for having feelings that she previously viewed as not wanted, such as anger and jealousy. Anita thought for a little before she nodded in agreement.*

Anita showed how her internalised religious object acted to censor her adolescent feelings. For example, feeling jealous of her friend's attainments is an example of how adolescents can use their peers to understand aspects of themselves in the way that (Waddell, 2002) describes. Anita's jealousy of her friend was an expression of the jealousy and sibling rivalry she had towards her siblings, those she felt were attaining well in terms of their mental health and academic learning. Anita's more infantile self and the thoughts and feelings held in them, such as sibling rivalry and jealousy, were viewed as being signs that she was unholy, i.e. bad in some way. Anita was often contemptuous of her other infantile needs because of this and viewed them as initially impeding her psychological progress and development, instead of supporting them.

She showed how she could become very persecuted and anxious when she believed that she had behaved “wickedly” (from the viewpoint of her internal religious object). Her interpretations of the Qur’an mirrored her family’s own and added weight to her feeling that she had done something wrong because of this. Anita knew, on an intellectual level, that Islam and the Qur’an did not posit these ideas, as she reported on several occasions that she knew that Islam was a religion of love.

Anita was also showing a more maternal transference to me in the way that she viewed me similarly to how she experienced her mother. It involved her worry that I would also drop her from my mind from there not being enough space in it for her and the analytic siblings (my other patients), people that she worked hard not to acknowledge evidence of. At times Anita would encounter one of my younger patients when I returned them to the waiting-room where Anita was, having arrived to her appointment early. Anita’s contact with my other patients, although difficult, provided her with opportunities to explore her experience of feeling displaced by her siblings or how she viewed me as someone that did not have space in my mind for her.

The issue of helping Anita explore her feelings of sibling rivalry became more important and present for her as she began to make the transition to university. Anita was acutely aware that the university that she hoped to attend was populated with people that were equally or more academically bright than her. Anita was able to tolerate the reality that university would put her in touch with – that she would be with other “special” and gifted young people in university, something that she had not experienced previously. This idea was informed from the type of identification she had with her mother, which involved the phantasy of inhabiting her exclusively (Meltzer, 1993).

Anita also felt envious and rivalrous towards her mother, who at this point had begun a relationship with a man whom she would later go on to marry. She was conflicted about feeling this way as she deeply felt that it was “wicked” to have ambivalent feelings towards her mother, an object she once idealised. It helped that Anita began to feel drawn to Sufism<sup>4</sup> at this point, as she felt that it helped her to feel less guilty about the feelings and thoughts she had. It provided her with a more helpful container that could

<sup>4</sup> Sufism is defined as Islamic mysticism. It is a strand of Islam that is interested in developing a spiritual path to Allah through love and devotion as ways to moving towards truth.

contain and tolerate better the thoughts and feelings that she had invested with an unholy quality. It enabled Anita to bring together her more idealised views and thoughts for her mother with those she held in her true self, such as jealousy and envy. Anita's identification with Sufism also helped her to feel better about pursuing the type of adolescence she wanted for herself. For example, Anita reported that she did not feel as guilty for enjoying herself at parties. She reported that she drank alcohol very occasionally (something that she viewed as being prohibited in Islam) at these parties. She reported that she could feel worried afterwards about how drinking alcohol made her behave at these parties. She described how it made her act flirtatiously and that she felt more confident about her sexuality. She described that she was more in touch with her sexual feelings at these parties but did not act on them. Anita began to dress in a more grown-up way at these parties and when she was with her friends.

Anita being drawn to Sufism could be viewed as a sign of the part-formation of a more developmentally helpful object. This is because it provided her with mental space where she could explore the differing views of her religious object and herself. What seemed important for Anita is that Sufism was viewed by her as sufficiently removed from her family's view of Islam, whilst also holding onto its core values. It was an object that she experienced as bringing together the differing views she held about Islam in a more benign and developmentally helpful way. Relating to and inhabiting this type of object, as opposed to seeking refuge in an internal organisation which involved her religious and part-parental objects helped to relieve the sense of guilt she felt about her adolescent and sexual feelings. It also helped her to avoid the experience of feeling completely separate and abandoned by her family – her familial object – which she felt happened when she made the choice to be an atheist. Her self was strengthened as she no longer felt the need to split her familial object off from it. It therefore helped her to become more integrated internally.

The containment of Anita's psychotherapy supported the process of her negotiating her family's culture and the cultures she inhabited in wider society, whilst helping her to preserve the drives and wishes of her true self. She often had to negotiate and inhabit (often simultaneously) different structures and cultures, whilst being in identification with the different ideas of herself held in them. A feature of this dilemma was that Anita

felt that her familial self – in particularly the religious aspect of it – was not reflected in a positive light in wider society.

#### **4.9 Religion in the therapy room**

Anita's mother talked in her parenting work sessions about how she felt that her culture and Islam were depicted negatively in society (please refer to Grid 4). Anita began to talk about this following the incident when her mother felt that the Child and Adolescent Psychotherapist working with her shared the negative views about her culture and Islam held in society. The way that Anita talked about this issue and how she related to me during this session had a different quality to how she normally related. She was quite unreachable, despite my attempts to think with her about the issues she was presenting me with. In my countertransference to Anita it felt that I had become lost to her in some way. It also felt that we were both alone in our struggles to make sense of this issue, whilst paradoxically remaining connected by her psychotherapy and the process of psychoanalysis. Bion (1963) suggests that this type of contact is an element of psychoanalysis which involves painful feelings of loneliness, abandonment and isolation, as a result of aspects of the personality succeeding in detaching themselves in such a way that a psychoanalytic experience can be borne. (Caper, 1993) gives clinical examples of work with patients where moments of contact between him and his patient in this way are suggestive of a clinical fact, as it evidences that psychoanalysis is taking place. Anita's way of relating to me, quite literally, as a figure that was intrinsically unsympathetic and not understanding of her when thinking about this issue of how Islamophobia affected her, had parallels with how she had internalised her father as an infidel, (ignorant) object that was directly opposing her in some way. The nature of Anita's transference to me in these moments rendered me helpless, as it felt that for her, her therapist was not present, as a result of her experiencing me in the way she had internalised her father.

Anita and her mother's tracking of the rising Islamophobia in Britain, and their bringing their experience of it to the clinic in order for it to be understood, is an example of what (Jaques, 1953) means when he explains how individuals or groups use institutions to contain the persecutory anxiety they experience. It was clear that Anita and her mother

viewed me and the parent-worker who worked with Anita's mother as people that identified with the Islamophobic views that were being put forward in the media. It illustrates how...

*"...individuals may put their internal conflicts into persons in the external world, unconsciously follow the course of the conflict by means of projective identification and re-internalize the course and outcome of the externally perceived conflict by means of introjective identification (Jaques, 1953, p497).*

It felt that Anita and her mother were giving the clinic an experience of how they had been positioned in their family in a similar way to how Segal (2000) explains Muslims and Islam function to contain society's anxiety. Segal suggests that the impact of Islamophobia on Muslims is that society positions them as one of the latest external, hated objects that the West can project their anxiety into. Segal explains how the West has historically used an external, hated object to project their displeasure into in this way, as opposed to attending to the source of the displeasure in the countries in the West. Anita and her mother had been related to similarly by her family, a significant factor in their presenting psychological difficulties.

One of the internal conflicts that Anita and her mother were putting into the issue of Islamophobia in the way that (Jaques, 1953) has described individuals as doing, was their fantasy that the clinic would turn into an Islamophobic object if they talked openly about their cultural experiences and culturally informed views of Anita's psychological difficulties. Anita brought her fear that this would happen to me in her third psychotherapy session (please refer to Chapter 6 – Adolescence, session 3). Anita's mother bringing the newspaper to the clinic and Anita bringing her mother's experience of her parent-worker to her appointment with me was their way of testing the validity of their internal object (the clinic being Islamophobic). (Klein, 1946) suggests that projection is informed from the desire to make the invisible visible, something that the quality of Anita's mother's transference to the Child and Adolescent Psychotherapist working with her in this session suggested. Ms Khan's parent-worker clearly acted out in the transference in the way that (Joseph, 1978) describes, as she became entangled in Anita's mother's attempts to support her own defensive position. By doing

this in the way that she did, Anita's mother's parent-worker unintentionally validated Anita's mother's internalised object (an Islamophobic clinic) as the projections involved were not contained or understood adequately.

On hindsight the parent-worker was in an impossible position as it was almost inevitable that Anita's mother's phantasy of an Islamophobic object would be presented to her in some form. (Evans, 1985) explains how the type of racial prejudice that Anita and her mother showed respectively are often indications of a patient's defensive shift away from underlying internal conflicts. In terms of Anita's mother the newspaper article also touched upon things that she wanted to defend against and move away from, such as her own sexual abuse in childhood and the familial sexual abuse in her family that she was aware of. It was ultimately helpful in my work with Anita that this situation was presented to us in her work in such an overt way, via her mother's work with her parent-worker, as it helped me to understand more how Anita's tendency to intermittently retreat to her internal religious object (in the latter stages of her psychotherapy) were often indications of her attempts to move away from internal conflicts that were more often than not around her adolescence and gender development.

## **Chapter 5 Race, Culture and Difference and their Relationship to the Self**

### Introduction

I will now describe how issues of race, culture and difference were thought about and worked with in Anita's psychotherapy. I will show how Anita's self had undergone a process of racialising, and how this was worked with in her psychotherapy.

#### **5.1 Red**

The manner in which Anita reported and described her family, the beliefs they had, the attitudes they had towards difference, in particularly non-Muslims, and how they viewed life in general, suggested that she did not view her culture positively. She

objected to the fact that her family's culture was patriarchal, as she felt that it resulted in females' ideas of self being marginalised. Anita also did not like that religion was the element that seemed to bind her family's culture together in what she felt was not a helpful way, particularly as she felt that religion was used by her extended family to attack her mother and her. Her descriptions of how religion brought her family together in this way were similar to (Bion's, 1961) thoughts on a fight / flight basic assumption group which comes together around the excited and violent idea of there being an "enemy within".

Anita described how many of the beliefs and attitudes that her family had were influenced by the beliefs and attitudes that came from their country of origin, Bangladesh. Anita's descriptions of her family's culture suggested that she felt that it was static and would therefore not be able to take on the ideas about the type of life that she wanted for herself, in the way that (Moodley and Palmer, 2006) suggests is important to the development, longevity and appropriateness of any culture. Anita felt that her family's culture was at odds with her wish to develop an identity that was more synonymous with the identity of western, British children.

Anita reported that the issue of caste informed her family's view of themselves and the social status they occupy. Anita felt that they viewed themselves as inferior to those from other Asian ethnic backgrounds because their skin was darker than theirs. She described how an idea that the darkness of one's skin indicated what social status one was from, was verbalised to her throughout her childhood. Anita described how her parents often told her that Asians from a higher caste than them often viewed them as inferior and that they related to them as if they were superior to them. Anita's account of the beliefs and views held in her family, in particularly about caste, suggest how they, and introjecting post-colonial ideas from society about the self (western) and other (non-western), led to her over-identification with a western idea of her self (Davids, 1996). The numerous internal representations of Anita's self, family and others that were informed by caste-based beliefs and post-colonialism suggest how sociological phenomena such as these show themselves in the internal phenomenology of the individual and are communicated across generations and between family members verbally and non-verbally through the process of projective

identification (Meltzer and Harris, 1976).

### *Session 36 – 1st year of treatment*

*Anita explained that she doesn't like sleeping as she becomes preoccupied with difficult thoughts and feelings at this time. She explained that she often sleeps on the settee downstairs, as it is very close to her mother who sleeps on the floor close to the settee. Anita explained that her difficulty in sleeping is because a jinn (spirit) is trying to make contact with her about something. She felt that this spirit was also trying to make contact with her mother, as her mother senses it as well.*

*Anita explained that a jinn appeared at the foot of her bed recently but did not speak to her. After this had happened, her mother questioned her family to see whether they had sensed the jinn as well. Her mother then invited a friend of the family to their home who was very spiritual and knowledgeable about these kinds of matters. He explained to Anita that he thought that the spirit did not mean her any harm.*

*Anita explained that she did not fully believe what the family friend had said, because she believed that the spirit did not like that she had worn red clothing recently. She explained that she had gone to sleep wearing a red scarf and felt that this was why the spirit appeared. She then shared an account of her friends being attacked by jinn after they tied a red ribbon around a car that one of her friends was driving. Her friends heard banging on the car and found hand marks on the ribbon when they examined it. Anita added that she did not know why she was sharing this with me as she knew that I would not believe her.*

Anita explained that she associated the colour red with ungodliness, as her family had told her this. She reported that her friends and their families also believed this about the colour red. It illustrates how the primal myths held in culture for generations are internalised by individuals and maintained through the process of projective identification between family members, peers and significant people in her community such as imams and community leaders (Bion, 1962; Meltzer and Harris, 1976; Dalal, 2002; Foulkes, 1990).

Session 36 occurred at a time when Anita was beginning to tentatively explore her own sexuality by dressing more provocatively and flirting with boys her own age. A part of Anita believed that she and her friends were inviting punishment by exploring their sexuality in this way and especially by wearing the colour red, a sign of ungodliness. Anita confirmed this when she reported that she believed her friend's car was attacked by jinn because they were openly behaving in a way that opposed the teachings of Islam by going to a party and by tying the colour red to their car.

Anita exploring her potency and sexuality through certain items of clothing and behaving more sexually would ordinarily be part of the process of an adolescent exploring their sexual identity. However, Anita believed that her sexual feelings were not permitted by her religion and that the appearance of jinn was a sign that Allah disapproved of her having them. These phantasies were at times projected into the external world only to be reintrojected in such a way that she felt attacked by them in her internal world (Bion, 1957).

## **5.2 The racial other**

In her transference to me, there was a need for Anita at times to ostracise and exclude me from her cultural views and her subjective experiences as a female Muslim. It seemed to be a communication of her experience of her family ostracising her for having different views to theirs. Her comment in session 36 that "she knew that I would not believe her" expressed her view of me as someone that was too different to be able to know what it was like to be both "inside" her culture and her mind.

Anita's intolerance of the difference/s I presented her with seemed to be the driving force behind her attempt to make us the same by relating to me as if there were no generational or hierarchical differences between us, in the way that (Lombardi, 2009) explains is suggestive of the transference that is more symmetrical in nature. By

relating to me in this way, Anita attempted to create a way of relating to me that was similar to how she related to her mother i.e. as an object that she could omnipotently control (Tan, 2006). It was a theme in her transference to me, especially in the initial phases of her psychotherapy, and involved her resistance and hostility (intolerance) to the difference I presented her with.

One could view some of the themes in Anita's transference to me as a communication of her own experience of being "othered" in her family and in wider society. Anita related to me more in this way at this stage of her treatment and more overtly when our views differed or when she disagreed with certain interpretations I had of the material she presented.

A feature of Anita's transference resistance occurred in response to me presenting her with an experience of what (Gaddini, 1976) describes as the "second object". (Gaddini explains that the internalisation of this second object – the father – helps the child to be extricated from the tie they have to their mother; and that the second object helps to develop mental space in the mind of the child, as the acquisition of the second object to the self and mother creates the possibility of triangulation. To be separate from her object was something that Anita wanted, as she knew that this would be important in order for her to do well at university. She also feared being separate from her object and the protection it gave her from the external world by her inhabiting it in the way that (Meltzer, 1992) describes involves the claustrophobic inhabitation of the internal compartments of the mother.

Anita being drawn out of her object by being presented with another object (her therapist) was something that she found painful at times. The paternal function of this other object, a second object, had the effect of Anita being brought more in touch with some of the realities in the external world that she previously attempted to avoid. I was experienced as the "other" in these moments, an object so dissimilar to her mother that it was feared. (Freud's, 1915) concept of the other is pertinent in helping us to understand Anita's experience of me as an object that she experienced as being dissimilar to her self, as Freud asserts that the external different object is hated from it being dissimilar to the self and not known.

My external differences to Anita, in particularly our respective skin colours, was a constant reminder of me representing the “other” for her. Lowe (2008) explains how the skin can be related to in a part-object way and as if it were the whole person. For Anita, skin was internalised and related to in quite a literal sense in her internal world. Her associations with skin and what colour represented for her – in our case the degrees of darkness of our respective skins - were viewed by her in a hierarchical sense, i.e. the darker the skin, the more inferior you were.

This internal relationship was informed by her internalisation of caste and her introjections of post-colonialism and was thought about by her in quite a literal way. The literal quality to her view of skin seemed to mirror her black and white associations to them. A phantasy of me being beneath her in a hierarchical sense, because of the darkness of my skin, was formed because of this and was conveyed in her tendency to relate to me in a way that (Joseph, 1988) describes as involving anti-concern. In my countertransference to Anita in these moments, I felt that her “othering”, or racialising, of me in the transference was complicated, and at times anxiety-provoking as it brought her in touch with feelings of hate, something that she associated with ungodliness and would rather avoid.

Anita’s way of relating to me in the moments when she experienced me as the “other” illustrates the concept of the racial other that (Foulkes, 1990) explains is communicated in the social unconsciousness and shows itself in the internal phenomenology of the individual. Foulkes’ idea of the social unconsciousness seems to be informed by the concepts of groups that (Bion, 1961) has described extensively. Bion’s idea of the basic assumption of the group describes how the group is suffused with unspoken and unconscious assumptions that are shared by group members. Bion helpfully identifies the importance of the group leader’s function as an object that the group is in projective identification with, thus informing the basic assumptions of the group. The role of the leader in society takes the forms of heads of states such as monarchs, presidents etc, but is best captured in the leadership function of the state itself. (Baumann, 1999) argues that the state uses its power to determine who in society is viewed as a minority and how the idea of difference is constructed in the minds of the people. It illustrates

the role that society has in informing people's idea about who is the racial other and how difference is organised hierarchically so that skin, culture, gender etc are apportioned either as an idealised or denigrated quality.

Anita's difficulty in seeing me as a whole object is one that (Segal, 1957) explains occurs from a difficulty to symbolise. Segal describes how relationships to parts of the object take the form of a symbolic equation due to the individual's tendency to relate to the object literally, as opposed to symbolically. Segal (1957) explains:

*When there is a failure to distinguish between the thing symbolised and the symbol, it is part of a disturbance in the relation between the ego and the object. Parts of the ego and internal objects are projected into an [external] object and identified with it. The differentiation between the self and object is obscured. Since a part of the ego is then confused with the object the symbol becomes confused with the object which is symbolised (p53).*

My work with Anita would seem to show that her tendency to racialise her object(s) stems in part from her introjecting part-object ideas from society about race and difference, such as the post-colonial ideas that (Fanon, 1952) describes as informing society's ideas and phantasies about them. A product of colonialism and post-colonialism is the idea of caste, a part-object view of the person that is organised around race, and the phantasy and associations attached to it, and to concepts such as whiteness and blackness. (Roland, 1988) explains... *"...whenever the identity investment is more western, there is inevitably a subtle or open denigration of many things Indian"* (p22).

What emerged in my work with Anita was that race and differences proved to be barriers to her capacity to symbolise, but that she could symbolise regarding issues outside these areas. For example, Anita showed a capacity to symbolise when she described how she made links to the characters and themes in certain books that she became interested in as her psychotherapy progressed. One such book was *Regeneration*, a book whose themes and characters helped her make sense of her therapeutic journey. The book is about army officers being treated by psychotherapy for

the shock they experienced in the First World War. Anita related to the characters and themes in this book symbolically. An example of this was the associations she made from viewing her psychotherapy as being a treatment for the shock (trauma) experienced at the hands of her extended family.

Anita's use of symbolism in this way would suggest that her difficulty in symbolising was not intrinsic but was closely connected with the issue of her culture and, in particular, race. It suggested that her difficulty in symbolising arose whenever difference became something that could not be thought about, thus resulting in Anita wanting to understand it literally, in a similar way that she did with the caste system.

This conceptualisation of Anita's difficulty with symbolism seems important in terms of helping psychoanalysis to develop an understanding of it, particularly in relation to cross-cultural psychoanalytic psychotherapy. This finding in Anita's psychotherapy adds weight to (Tan's, 1993) idea of racism in the transference indicating the patient's defence against growth. I would add to Tan's idea slightly by suggesting that it is in fact the depth of feeling, the hate that comes from the fear of annihilation, that (Freud, 1915) explains is experienced when the object is felt to be too dissimilar to the self, that acts to prohibit growth and thinking in these moments.

(Bion's, 1962a) theory of thinking is important here, as he suggests that thinking cannot take place if the mating of preconception with a conception results in frustration that is felt to be too much to contain and is therefore avoided. I would suggest that the avoidance of thinking occurred in the way that Bion describes when Anita experienced thinking about race and difference in her psychotherapy as being too emotive and frustrating to think about and contain. Thinking was therefore avoided at these times through the racialising of me by means of splitting and projection.

### **5.3A wish for free will**

One of Anita's solutions to the question how she could inhabit the cultures and contexts outside of her family in a way that was congruent to her true self, was her attempt to divorce her familial self from her self through projection. It involved her

attempts to split her familial self off from her psyche – the part of her that held her ethnic essence, her culture, religion and race - through projection. She did so, in part as a means to rid herself of the persecution that came from internalising her family as critical of her, and as her way of ridding herself of the persecution she felt from her internal religious object.

Anita conveyed during her psychotherapy how her idealised self was greatly informed by the ideas of normality held in western society. She seemed to idealise adolescents from a white European background as a result of believing that they had the freedom to choose the lifestyle they wanted. One could view a dynamic in Anita's internal world, where opposing ideas on identity battled for dominance, due to the opposing representations of her self held in the various social and cultural contexts she inhabited. From a poststructuralist view, Anita's identity could be viewed as being continuously and dynamically informed from inhabiting contexts whose basic assumptions about adolescence and sexual development opposed each other. (Bhaba, 1994) explains how this process is inevitable, as interaction between cultures is a dynamic process resulting in new meanings of objects, customs and religious beliefs occurring within the different contexts being inhabited.

I would suggest that holding in mind that Anita's identity was being informed in the way that Bhaba describes is a helpful technique when working with a patient from Anita's background. Anita's second generation immigrant status meant that her identity, her sense of self, was constantly being informed by her family's (more) first-generational views of it interacting with the (more) second-generational views of her self that she was acquiring from inhabiting contexts outside the family home, such as her school and her wider community. Anita's desire to have a (more) "second generation" identity was helped by her identifications with friends and peers who were second generation immigrants and who, like her, were also negotiating a (more) second generation identity for themselves. It also helped that second generation immigrants made up a large proportion of the population of the school Anita attended.

Anita described the lengths that her peers and friends went to so that they could have the second generation identity and lifestyle they wanted. She reported that they often

hid behaviours they felt would be frowned upon by their families and community. For example, they would try to hide from their family that they were sexually active, they would hide that they drank alcohol and they hid that they dressed in sexually provocative ways outside the home. Anita engaged in some of these behaviours, such as drinking and going to parties, things she knew her family would disapprove of. She reported that she took a change of clothing with her to school so that she could fit in better with her peers' fashion sense.

Anita viewed a second generation immigrant identity more favourably because it gave her a chance to express the rebellious side of her that she worked hard to curtail. She also felt that it was an identity that gave her the female autonomy she craved and an escape from the oppressiveness that the type of patriarchy that operated in her family presented her with. The idea of herself as a second generation immigrant was given the opportunity to develop from viewing the interactions between her social and cultural structures as potentially developmental spaces which could be explored in the relative safety of the clinical setting.

On reflection, Anita's request for psychoanalytic psychotherapy, a treatment she viewed and described as being "more autobiographical than other treatments" (as opposed to her previous treatment of CBT), could be seen as arising from the tension between simultaneously inhabiting Islamic (home) and secularist (wider society) structures; and her need to develop an identity which was not restricted and defined in a psychologically and developmentally limiting way by the basic assumptions of these structures. Anita's experience of jinn and what they represented for her captured her wish to attain the free will she desired in order to attain the identity she wanted. She associated jinn with free will as they existed without having to serve Allah in a subservient way (according to Islamic theology). Anita wanted this existence for herself, one where her true self was not subverted by having to adhere to religiously informed ideas about how she should live her life.

Anita's belief regarding what psychoanalytic psychotherapy could offer her was apt. It captured the task of adolescence that Waddell (2002) describes as involving "*the negotiation of the relationship between adult and infantile structures: the transition*

*from life in the family to life in the world; the finding and establishing of an identity, especially in sexual terms” (p140). Waddell seems to be suggesting that adolescence involves a negotiation and understanding of how the development of one’s self is informed from the social structures they inhabit, in particular from leaving a family structure culture for the wider society. One can see how the task for adolescents who are second generation immigrants is complicated by this and from inhabiting numerous social and cultural structures, sometimes simultaneously. They also have to contend with the pull of the unconscious suggestion of the family to preserve their family culture and reject the culture posited within the wider society.*

#### **5.4 “Typical Bengali men”**

Anita initially approached the idea of negotiating her identity in an either / or way. She seemed to do this in part because she felt torn by inhabiting contexts that at times opposed the wishes and needs held in her true self. She seemed to idealise western culture and society, viewing it as having more in common with the thoughts, feelings and wishes held in her true self. Her viewing western culture in this way resulted in her rejecting and denigrating her own culture.

Anita’s rejection of her father’s help and support and viewing him in a denigrating way were informed by her hierarchical view of western and eastern culture and from viewing him as epitomising her family’s culture. Anita often described her father as being inferior because he worked in a low-paid job, because in her view he was ignorant and rejecting of western society, and for his apparent lack of interest in her aspiration to go to university. A particular session in Anita’s second year of treatment illustrated how the racialisation of her culture showed itself in the clinical setting and in the transference relationship.

#### *Session 99 – 2nd year of treatment*

*Anita asked if I wanted to know the joke that she wanted to share with me in her previous session. She said the word “therapist” and that the joke refers to this word*

*being divided into two separate words to make the words “The Rapist”. She said that she thought that I must know this joke*

This led Anita to talk about her thoughts about boys and her worry about having contact with them in the same session.

*Anita explained that she attended a party with her friends. She became a bit critical of her friends who, she explained, drank alcohol at this party. She also drank alcohol at this party and described how vulnerable she felt to be intoxicated in front of the boys at this party. She said that being intoxicated made her think of the time that she had heard about a girl at her school getting drunk at another party. A boy at that party took this girl to a bedroom, dropped his trousers and was about to force himself on the girl when he was interrupted by a person who came into the bedroom by mistake. I suggested that she is, on some level, is waiting for me to drop my trousers in a metaphorical sense and that she may view my conduct with her so far as pretence. Anita looked slightly taken aback by my suggestion. She smiled knowingly before asserting that she views me in the same way she views all men - as being “typical Bengali men”. She explained how Bengali men often pretend to be one thing but are secretly different – like pretending to come to England to be with their wives, when they only come to England for the money. She explained that her father only married her mother to stay in England and that there was no love involved on his part, as the marriage was arranged for him by his own family.*

Anita showed in this vignette a feature of the type of paternal transference that she had to me. It involves her experiencing me similarly to how she had internalised her father, an object that she felt was duplicitous and machiavellian and that only pretended to have a caring side. She conveyed another layer to this transference from experiencing me as a man with similar attributes and qualities to those she viewed in Bengali men. Anita referring to me as “The Rapist”, instead of her “Therapist”, was a communication of her phantasy of Bengali men having a brutal and raping quality to them. Her phantasy of Bengali men was undoubtedly informed by her awareness of familial sexual abuse and the part that men in her family played in this. Anita’s idea of men and women coming together in loveless, brutal ways was deeply informed by this phantasy.

In my countertransference to Anita I felt that she secretly feared what coming together with me would involve, as a result of associating me with the men from her culture. It also felt that Anita was communicating an idea held in her culture about whether it was appropriate for a girl to be alone with a man, in any way. In hindsight, it felt that Ms Khan's reservation about Anita working with me, when I first met Anita and her together, seemed linked to this idea.

Anita conveyed this fear in her identification with the vulnerable girl in the vignette, someone who was nearly raped by a boy (me) who looked to exploit her vulnerable state. It was an expression of her phantasy of me exploiting her drunken state that came from the feelings evoked in her in the transference and her worry about what intimacy with a man entailed.

The power dynamic that existed between us by virtue of the therapist / patient relationship was experienced by her as "foreign", as a result of her lack of experience of intimacy other than with her mother. Her difficulty with intimacy was therefore viewed by her as a problem that was inherent in males, because of the qualities she viewed them as having. Intimacy was viewed by Anita as unwanted, racialised and projected into men, resulting in her complicated projective identification with males. Anita's projective identification to me was complicated because of this and because of viewing me as an object whose self was greatly dissimilar to her own, primarily because of her associations with our external differences of race and gender. Our external differences, in particularly our skins, seemed to have the effect of Anita relating to me in a part-object way. It involved her ideas of "caste" and colonialism coming together to create a view of me in her mind where the darkness of my skin represented for her an object that was beneath her in a "caste" system sense. It involved her attempting to dominate and degrade me on occasions in a way (Joseph, 1988) refers to as involving the earliest forms of projective identification, where there is no concern for the object being related to. Anita's attempts to relate to me in this way could be viewed as her attempt to control and dominate the object she viewed as being beneath her from a social viewpoint. It was also a communication of her projecting the unwanted aspects of her self into me, as a consequence of seeing me as an object that is synonymous with the projected parts.

From exploring Anita's particular transference to me, it became clear that her attempts to dominate and control me were her ways of controlling the vulnerable feelings evoked in her from the intimate nature of the transference, by projecting them into me and relating to them as if they were outside of her. It was her way of preventing the intercourse she feared by controlling me and creating a distance between us. Her response to intimacy between herself and men had the effect of keeping her male and female objects far apart in her psyche and involved her denigrating and idealising them respectively. (Klein, 1946) explains how idealised objects, those which the self views and experiences as benign, are introjected and welcomed, but those viewed as malignant are distanced from the self and placed in the superego. The denigration (racialising) of her objects gives an indication of why Anita's superego had a harsh, critical quality to it as the denigrated, malignant (male) objects were split off from her self and located deeply in her psyche. Anita's internal world seemed to mirror the distance between the views of gender that were held in the social structures she inhabited. It also reflected her experience in childhood of boys and girls being kept physically apart for religious reasons when children approached adolescence.

### **5.5 A symbolic ghost**

Anita showed that her objects were becoming more integrated as her psychotherapy progressed.

#### *Session 341-4th year of treatment*

*Anita explained that she can find it really hard at home. I felt that she was very much in touch with this difficulty and I felt very paternal towards her and sympathetic of her plight. She stated that "her mother is like a ghost". I was slightly taken aback by Anita describing her mother in this way, as it was unusual for her to do this. I wondered what she meant. Anita explained that her mother doesn't seem to exist – that no -one seems to listen to the boundaries and guidance she gives. Anita*

*described how her siblings have ways to manipulate her mother so that her attempts at implementing boundaries and guidance do not work.*

Anita was illustrating how she was beginning to experience her mother as a whole object and in a more depressive way. She was able to accept and tolerate that her actual mother was dissimilar to her idealised internal mother. Anita's more depressive view of her object suggests that she had the capacity to symbolise and recognise that her view of her mother as a "ghost" was a symbol that captured an aspect of her mother but did not replace her with it. (Segal, 1957) describes this as having the capacity to make symbolic representations, as the symbol is recognised as having its own characteristics that are separate from what it symbolises. Anita was also able to use her mother symbolically in this appointment, as she projected an unconscious phantasy on to her which involved her recognising that she needed to develop and understand her own internal boundaries better, before she went to university.

My work with Anita showed that she was able to convey the literal nature of her view of race and difference in her transference to me, in part through her projective identification to me involving the projection of the racialised aspects of her self. The metabolising of these projections became even more important for Anita on the issue of her racial identity, due to her confusion about her projections and her therapist – her external object (Segal, 1957). Doing this provided Anita with an opportunity for her to project what she could not be in touch with, particularly the aspects of her self she had racialised such as her sexualised feelings and ambivalent feelings for her parental objects. Anita adopted a more reasoned and depressive view of her culture as a result of my metabolising these projections in the way that I have described.

### **5.6 Blue eyes, blonde hair**

By the third year of Anita's psychotherapy she had begun to develop a sense of solidarity and belonging from relating to her family's culture in a positive and accepting way. She especially felt a sense of belonging with her peer group, who were predominantly from a similar ethnic and cultural background to her. Anita became more tolerant and sympathetic to her familial self as a result and her internal world had less

of a paranoid-schizoid feel to it from her synthesising the parts of her self that she had previously attempted to keep apart. It helped her to view her adolescence as a process that involved the coming together of her familial and ideal self.

Anita felt able to undertake some of the psychological tasks involved in adolescence, such as reworking the oedipal complex, as a result of this change and her experience of bringing together objects that she had previously kept apart in her mind. She displaced some of her oedipal feelings on to an English teacher in her school who had taken an interest in her, mainly because of her academic prowess. Anita could not bring herself to think about her developing feelings for this man as possibly being sexual in nature and adhered to an idea that her feelings for him were based on their shared literary interests. However, she reported that she clearly viewed this man as a father figure because of his supporting and encouraging her to go to university, in a way that she felt her father had not.

Anita reported that she felt hugely rejected by her English teacher when she met his wife – a white British woman - at the school's prom. She reported that she felt intrinsically rejected as a result of viewing herself as being inferior to this man's wife because of her Bangladeshi background. She explained that she "never stood a chance" and described how her teacher's wife was more beautiful than her, because of this woman's long blonde hair and blue eyes. When I explored this with Anita, she described how she viewed these as signs of beauty and her own features as signs of ugliness.

Anita's view of and relationship to her external features is common in many ethnic minority groups. An individual bleaching their skin in order to lighten it is viewed as a normal response to this issue in some cultures, due to the negative associations of darker skin. The widespread practice and acceptance of skin bleaching, straightening of hair and plastic surgery on lips and nose with an aim of looking more European, further suggest how internalised racism greatly informs the internal world and the social unconscious of certain cultures.

Anita believed that this teacher could never be in a relationship with someone from her

race and culture. She could not evidence why she believed this so strongly. This was interesting, insofar as she was aware that Britain has an ever-increasing number of people in relationships and marriages between people who are from different races and cultures. Anita seemed to be showing how she had introjected colonial ideas and related to them internally in a literal way. It involved her associating an idea of beauty with whiteness and ugliness with blackness. From this one could see why Anita continued to view herself as intrinsically inferior and how this issue informed the racialising of her self. She developed an internal racist psychic structure as a result, which was likely to have begun to develop quite early on in her life due to how the idea of race was communicated to her by her parents. The introjection of colonial ideas, added to this process, along with her internalisation of race at an early age, had the effect of creating an internalised racist structure where destructive and gang-like objects regularly attacked the aspects of her self they viewed as foreign. Her familial self – her cultural essence – was one such part that was readily attacked in this way.

The situation with her teacher (please refer to Grid 5) enabled us to think about her phantasy of what university life would entail for her. She explained that she deeply believed that she would be rejected by teachers and her peers in a similar way to how she felt rejected by her English teacher. Anita explained that she believed that this would happen from being an ethnic minority student in a university that was predominantly populated by white British students and lecturers. Anita explained that she deeply believed that the features that defined her ethnicity - her hair, eyes and skin – would be viewed by others as a sign of inferiority. She imagined that people in her university would wonder “what was a person from an ethnic minority background doing at this university?” when they encountered her. Anita was also referring to her belief that she would be attacked by her university because of her race and culture. In this way, Anita was transferring her experience of being rejected by her family onto her university. It also felt that she was expressing a fear of receiving an Islamophobic response from whatever university she went to.

Anita also worried that she would not cope psychologically when she went to university. Her fear of being “infected” by university life was informed by the basic assumption in her family that western society would in some way infect and corrupt

their eastern culture. Anita was referring to her fantasy of being infected in this way by imagining that this would happen from “corrupt” people at university inviting her to use drugs, from attending parties at university and from the sex culture she imagined that a university life entailed. Anita’s fantasy of being infected by university in this way was born out of an acknowledgement that leaving home would result in the loss of the containment of psychotherapy and her family, objects that she experienced as protective factors.

In my countertransference to Anita in these moments, it felt that she was talking to the part of me that would empathise with her belief about what university life would be like. She seemed to view me in this way from seeing us as having a shared experience of racism because of our ethnic minority backgrounds. Because of this, I felt an urge to join with the side of Anita that deeply believed that she would experience racism in university. One could view my countertransference experience as a communication of Anita’s need for her objects to be the same as her. However, it also felt that it was a communication of Anita’s desire to have an object that she could identify with which she viewed as experiencing the wider society in a similar way to how she did.

Anita shared early on in her psychotherapy that she imagined that I went to a similar university as the one she aspired to attend, when I studied to become a Child and Adolescent Psychotherapist. In this way, she believed that I could help her with her worry about being an ethnic minority student in university and the absence of objects she could use to help her with being a second generation immigrant in a social structure that was predominantly made up of people from a white European background. In this way I was internalised by Anita as an object that could provide her with a link to the world outside her family, as well as supporting her in developing her identity as a second generation immigrant.

Although Anita had made good psychological progress by the last stages of her psychotherapy, she distrusted her own capacities to manage without psychotherapy. Anita also doubted her capacity to manage the world outside her family. Anita had a tendency to relate to me in her psychotherapy as someone who should rid her completely of her internal difficulties by transforming them in a total way, in the manner

that (Bollas, 1987) describes as being a belief that underpins many religious people. It was helpful to hold (Bollas's, 1987) idea of this particular object-relating. It offered a different understanding as to why Anita became frustrated when she felt that I had not transformed her internal experience in such a way that she was rid of her internal difficulties in the way that she had hoped. It was an example of how Anita's object-relating was informed by the shadow of her religious object being cast over her self (Bollas, 1987) I became an object that fell from grace, from an idealised position to a denigrated one. It was similar to her experience of her father, once idealised in childhood, only to become denigrated. This more cultural understanding of the interplay between race and culture (in particular, religion) and how it informed Anita's internal world and the objects in it enabled a better understanding of the transference relationship and how it could be used by me to tend to Anita during her psychotherapy.

## **Chapter 6 Adolescence**

### Introduction

I will describe in this chapter how Anita's fusion with her object informed her adolescent development. I will show how this issue was thought about and tended to in Anita's psychotherapy. I will also describe how Anita's gender development was informed by the views of it held in her family; how it informed her adolescent development; and how the Oedipus complex was thought about and worked with in Anita's psychotherapy.

#### **6.1 Anita the prophet**

Quite early in Anita's assessment for psychoanalytic psychotherapy, she touched upon

what was a salient internal difficulty for her. It was her difficulty in differentiating the view she had of herself and her presenting psychological difficulties, from the views that others had of them. It was a difficulty that seemed particularly acute in relation to her mother, as many of the views Anita had of herself often seemed to mirror those that her mother had of them. This difficulty seemed to be a symptom of the type of fusion that Anita had with her object, as well as being one of the factors which underpinned why it was difficult for Anita to attain individuation.

### *Session 3 – 3rd assessment for psychoanalytic psychotherapy*

*Anita talked about the worries she had about returning to school. She froze slightly as she said: "I'm not supposed to tell you about the things that I see at night." She explained that her mother did not want her to talk to me about them as she was worried that professionals would view Anita and her as mad if they talked about their "spiritual experiences" with professionals. Anita gave an example of one of these spiritual experiences when she explained that a jinn had first appeared at the end of her bed approximately three years ago. She added that she had had several similar experiences of jinn, following this incident. Anita explained how the jinn that first appeared to her asked her to turn on her right side when she was lying down. She explained that she felt that this jinn had ordered her to do this as sleeping on her left side was viewed as a sign of not being holy in Islam. She explained that she shared what had happened with her mother the following morning. Anita paused as she explained that her mother was delighted by this and explained to her that only prophets were visited by jinn. Anita paused again and explained that she wasn't sure whether her mother's view of what she experienced fully explained it.*

It was both helpful and hopeful that Anita was able, quite quickly, to identify this occasion as one of the incidents when her mother's views of her experiences and difficulties differed from hers. It suggested that there would be possible opportunities, during Anita's treatment, when we could revisit past experiences and current ones with a view to exploring different meanings to them. Anita showed here how her mother and she understood her presenting psychological difficulties from within a religious paradigm at this stage. It also illustrated how religion acted to maintain a particular way

for Anita and her mother of viewing and relating to each other. An example of this was Anita's mother viewing and relating to Anita in a special and prophet-like way. Anita related to herself similarly, in part as it provided her a lens to understand her experiences of her family.

Similarly to the prophets that have been written about in the Holy Scriptures, Anita was also someone who felt that she had been punished and rebuked for what she represented and for standing up to the injustices she felt were happening in her family. Her experience of her family and the parallels it had with some of the prophets is captured in a passage in the Bible "*A prophet is without honour only in his hometown, among his relatives, and in his own household*" (Mark 6:4, King James Version). It suggests why Anita's identification with the role of the prophet was in part a consequence of her trying to make sense of her family's hostile response to her views on adolescence and gender.

(Meltzer and Harris's, 1976) model of the child-in-the-family-and-the-community invites us to consider the metapsychology of the individual, such as Anita, as being dynamically informed by the contextual influences in the family and the community. This model seems particularly pertinent in helping us understand how some of the internal tensions Anita experienced arose from the tensions (differences) from the external contexts that she inhabited. Meltzer and Harris describe how the relationship between the three contexts (individual, family and community) is not linear i.e. starting from the internal world outwards, but is a dynamic, recursive, circular relationship between the individual (internal world) and the outer contexts (family and community) they inhabit. Meltzer and Harris situate this idea of metapsychology alongside the more traditional psychoanalytic views of how the self is formed. Their idea is helpful in understanding the bearing that the contexts that Anita inhabited had on her internal world and presenting psychological difficulties. Meltzer and Harris (1976) explain: "*The opposite influence is equally important - that is, the character of the community influencing the structure of the family and thus contributing formative influences for the shaping of the characters of its members*" (p. 413-414).

In this vignette, Anita was drawing my attention to the fear that she had about the clinic

and me pathologising her more religious and spiritual views of her self. She drew my attention to this fear when she reported that her mother (and she) was worried that professionals would view their spiritual experiences as a sign that they were mad. . Anita's statement seemed to have two particular meanings. First, it alluded to the "circle of fear", that (Keating et al., 2002) explains originates from BAME people's fear of mental health services, following their negative experience of psychiatry. Keating et al. explain how these experiences of psychiatry now act to deter BAME people from accessing mental health services. The research of Keating et al. identify that this fear is, in part, grounded in reality, as BAME people continue to be disproportionately sectioned under the Mental Health Act in this country.

The second meaning of Anita's statement alluded to an aspect of the transference that emerged quite quickly in her psychotherapy. It involved Anita relating to me as an object that she was suspicious of because of its potential to pathologise her presenting difficulties in the way that Keating et al. describe. Anita's transference to me in this way was surprising as one would assume that my visible ethnicity as a black Caribbean male (i.e. someone that is also part of the BAME community) would have the effect of Anita not experiencing me this way. One would also assume that I would at least have been viewed by Anita as someone that would be sympathetic to her concern and fear of mental health services, from belonging to the BAME community.

Anita's transference to me in this way was therefore interesting and seemed to indicate the potential that the transference relationship had in facilitating exploration of what internal difficulties her fear about mental health services was expressing. It also indicated the possibility of Anita having differing types of transference to me during her treatment, which suggested that the cross-cultural aspect of Anita's therapy had the potential to facilitate the transference relationship, and the more regressed states of it, in the way that has been shown in research by (Goldberg et al, 1974) and (Evans, 1985) into this phenomenon.

Anita was also illustrating how the more delusional ideas and beliefs about her presenting psychological difficulties were passed from her mother (and her family) to her. These types of beliefs and ideas were communicated to Anita throughout her life

*(for examples, please refer to Chapter 4, session 27 (page 62), as well as session 3 in this chapter), both verbally and through the process of projective identification. It suggests why Anita was initially very wedded to the idea of her presenting psychological difficulties being spiritual or supernatural in origin.*

Anita showed in this vignette how her mother's frame of reference, often used by Anita as the lens to view her own presenting difficulties at this stage of her treatment, was suggestive of a more folie à deux quality to her relationship with her mother. This is because it was an example of the continual transference of delusional ideas from a person who is psychically ill to another who is physically healthy, through projective identification, which (Deutsch, 1937) suggests is a feature of the folie à deux relationship. Although it could not be substantiated during Anita's assessment for psychotherapy whether Anita's relationship with her mother was indeed a folie à deux, it was clear that her mother's religious and spiritual views of her had a significant bearing on how Anita viewed herself, and how she came to understand her presenting psychological difficulties.

The striking similarities between Anita's view of her presenting psychological difficulties and the view her mother had of them was also suggestive of Anita having what (Gaddini, 1976) describes as an imitative identity. Gaddini's idea of the imitative identity developing as a result of a fusion between self and object is an idea that (Deutsch's, 1937) suggests is an aspect of the folie à deux relationship. (Gaddini, 1976) and also (Wisdom, 1976) suggest that the father / child relationship, as opposed to the mother / child relationship, is crucial to the child separating psychologically and psychically from their mother, a process necessary for the child to attain individuation.

The role of father that (Gaddini, 1976) and (Wisdom, 1976) describe is particularly pertinent to Anita's presenting difficulties, as her descriptions of the type of relationship she had with her father, during her assessment and throughout most of her psychotherapy, seemed to indicate that it was a relationship that she felt was not significant, and therefore not one that provided her with the functions that (Gaddini, 1976) and (Wisdom, 1976) describe. *(Please refer to Grid 1, row 19 for an example of one of Anita's descriptions of her father.)*

## 6.2 How gender was constructed in Anita's family

### *Session 19 - 1st year of treatment*

*Anita talked about her aunt's (who was three years older than her) desire to attend a youth group for young Muslims. (Anita referred to this group as the YM group.) She explained that her aunt's motivation for attending this group was that she wanted to spend time with a boy there called Neo, someone that she was attracted to. Anita thought that it was wrong for her aunt and slightly deceitful of her to want to go to this group for this reason. However, I noticed that Anita did not seem totally convinced by her own assertion about this. She looked embarrassed as she attempted to dismiss my suggestion that she seemed to think that it was bad, and not normal, for her aunt to go to the group for this reason. Anita replied that it wasn't bad per se, but that she did think that one of the leaders of the group would think that it was bad, if he knew her aunt's motivation for attending the group.*

Anita showed how objects, such as her aunt, became vehicles for the projections of her own unwanted sexual feelings. Her projective identification with her aunt involved her believing that her aunt would also be punished for thinking about, or acting on, her sexual feelings, in the way that Anita believed would happen if she was to do so. It also suggested that Anita's aunt's capacity to act on her sexual feelings was something that Anita seemed to envy and was something that she wanted to be able to do herself. Anita conveyed this through her conflicting thoughts about her aunt's motivation for attending the YM group, as Anita was similarly conflicted about acting on her own sexual feelings. Anita showed that a solution to this internal dilemma was to condemn and criticise those, such as her aunt, whom she felt were sexual or planning to act on their sexual feelings. Again, it illustrated the effect that Anita's internal religious object had on the views she had about her gender and sexuality, as they were often condemned and criticised by this internal object, being viewed by it as unholy.

Because of the difficulty Anita had with owning her "true" feelings, such as her sexual ones, she often found the task of thinking about them and exploring them in her

psychotherapy anxiety-provoking. Anita had a tendency to withdraw from me in her sessions or absent herself from her sessions when she experienced talking about and being in contact with her sexual feelings as overwhelming. Her attendance at her psychotherapy was erratic in the first year because of this issue, as her solution to the anxiety, frustration and psychic pain she felt from thinking about her gender and sexual feelings was to retreat psychically from them. It was a further illustration of how Anita used safe areas in her mind and certain objects (such as her home and religious object) to retreat psychically into, in the way that (Steiner, 1993) explains results in the patient avoiding contact with the realities that the analyst puts them in touch with.

Anita reported that she felt unable to talk to her family about her true thoughts, feelings and wishes for herself, especially those she had about her adolescence. Anita's reporting of this was her way of bringing to my attention the difficulty that her family had in thinking with adolescents, especially female ones, about their gender, sexuality and sexual feelings. Anita described in her psychotherapy how these issues were viewed as taboo subjects by her family. The way in which she described her family as often dismissing, avoiding and / or censoring conversations around gender and sexuality further illustrated her family's fight / flight way of relating to objects they experienced as being too different from theirs. In this instance, the ideas of adolescent gender and sexuality were objects that Anita's family experienced as being too different and dangerous. For Anita's family, talking and thinking about gender and sexuality becoming associated with danger, was undoubtedly informed by their experience and knowledge of familial sexual abuse. It suggests why the issue of adolescent gender and sexuality became taboo subjects for Anita's family, and why they were initially taboo for Anita in her psychotherapy.

Anita's ideas on her own gender were also informed from the views on it held in her internal religious object. Her internal religious object held mostly conservative views on how a woman should be from their physical appearance (attire) to how their personality should be constructed around ideas of patriarchy held in the family. Anita's adolescent development, in particularly her gender development, was complicated by the fact that the views on gender held in her internal religious object were at times diametrically opposed to those held in her true self. Her true self held the views on her gender that

could be viewed as being more secular and western in nature. It suggests why Anita was so conflicted internally about her adolescent and sexual development and why her solution to this was to unconsciously arrest her development in these areas to gain some respite from the internal dilemmas it presented her with.

#### *Session 117 – 2nd year of treatment*

*Anita explained that she had felt from a very early age that her parents did not approve of her having relationships with boys. She explained that she had a crush on a white, British boy called Johnny, who lived next door to her at the time. Johnny and she were both ten years of age at this time. Anita smiled as she reminisced about how much she enjoyed hanging out with this boy. “I was a bit of a tomboy at this time”, she recalled. Anita explained that she liked playing football with Johnny and his friends, and that she enjoyed being around him and his friends in general. Anita explained that she thought that the things that Johnny and she did together were “harmless”. She explained that her parents and her extended family did not share this view and began to disapprove of her spending time with Johnny and the other boys. Anita seemed sad and slightly aggrieved when she reported that her family began to actively discourage her from spending time with Johnny. She explained that they then began to encourage her to spend more time with female family members. Anita explained that her family also actively discouraged her from having contact with male relatives, like her cousins, around this time. She remembered boys and girls being kept physically apart by her parents, aunts and uncles, whenever their families came together.*

Anita illustrated one of the events in her family that contributed to her viewing gender in the way that she did: as something that was dangerous and anxiety-provoking, because it could not be thought about. Anita's family's insistence on keeping boys and girls apart from an early age shaped the idea for Anita that contact between a man and woman was forbidden and was something that should be avoided. It was also an event that contributed to the process of Anita's male and female objects being kept apart in her internal world, in the way that mirrored how genders were kept apart in her family. It suggests why Anita associated any type of intercourse between a man and a woman

as an activity that should be avoided and feared. Her knowledge of familial sexual abuse undoubtedly contributed to this idea becoming so formidable in her mind.

Anita's ideas of intercourse, and associations with it, had parallels with what (Klein, 1929) describes as the infant's unconscious phantasy of a part-object sexual union between parents. Klein describes how this phantasy has... "*...a special intensity imparted to this dangerous situation by the fact that a union of the two parents are extremely cruel and much dreaded assailants*" (Klein, 1929 p13). The characteristics of the sexual union between parents that Klein describes were similar to the characteristics of Anita's belief of what intercourse entailed. It suggests why Anita's female objects – those felt by her to be more similar to her - were viewed as safe, whilst her male objects were viewed by her as dangerous. This idea of gender lent itself to the process whereby Anita idealised her female objects and denigrated her male ones, and is suggestive of why Anita's male and female objects seemed to be internalised by her as part-objects; objects that were without holistic or depressive qualities to them. It also suggests why Anita initially directed her libidinal feelings mostly towards female objects such as her friend Alison (please refer to the vignette below, session 136) before and in the initial stages of her psychotherapy, as it was felt by her to be safer to do this.

Anita showed in this vignette how her family's religiously informed views about sex, sexuality and gender resulted in her internalising a religious object that acted to harshly censor her emerging sexual feelings in adolescence. Anita gave an example of this when she reported that she believed that her sexual feelings were forbidden and were punishable by Allah, if she was to act on them before she was married. Anita initially often described feeling guilt (of a persecutory nature), because of the effect that her internal religious object had on her, whenever she was in touch with her sexual feelings. It illustrates how the shadow of Anita's internal religious object fell over her self in such a way that her true thoughts and feelings, regarding her sexuality and gender, became unthinkable. (Bollas, 1987) explains how the relationship between this type of object and self is usually not processed, despite some knowledge of it being known to the child. This was the case for Anita, who conveyed that she was aware on some level how her internal religious object informed her sexual development.

However, Anita felt unable to respond to the effects that this internal object had on her sexual development initially, despite knowing some of the nature of it.

*Session 136 – 2nd year of treatment*

*Anita became quite anxious as the appointment progressed. She took a deep breath before explaining that she had something to tell me. She explained that her friendship with a girl, Alison (not her real name) had been developing, and that she now felt very close to her. She seemed full of admiration for Alison, whom she described as being as gifted and as ambitious as she was. Anita became a bit childlike and looked sheepish as she explained that Alison had started to text her regularly late at nights, usually to ask her how she was. She explained that the texts had increased over time and had become more intimate and flirtatious. Anita explained that one of Alison's texts alluded to her having a secret that she wanted to share with Anita. She reported that Alison had texted her later to let her know that she was becoming attracted to her.*

*I wondered what she thought about Alison's text. Anita thought for a while before replying "I don't know how I feel about it" (Alison's text). She looked a bit unsure and quizzical and I suspected that she was flattered, on some level, by Alison's attraction to her. I shared this thought when I wondered with Anita whether she was attracted to Alison in a similar way. "I don't know", Anita replied, looking a bit more puzzled. She explained that she did like Alison but wasn't sure whether she was attracted to her sexually. Anita stated that she did not feel that she was a lesbian.*

*There was stillness in the session and it felt that Anita was deep in thought. She looked at me before stating "I haven't really explored my sexual feelings." In my countertransference to Anita I felt very sad and an urge to address this issue for her. Anita thought a little bit more before saying that she didn't think that she had sexual feelings towards men because she "hates men." Anita seemed quite animated at this point, which felt in contrast to the sadder, thoughtful Anita of a moment ago. She explained that she believed that men were incapable of caring and that she felt that women were.*

*I suggested that maybe she was trying to simplify her very complicated thoughts and experiences of the men and women in her family, as she has shared with me, on numerous occasions that both the men and women in her family have at times acted in uncaring ways. Anita became angry at this point. It felt that she was angry with me for bringing her in touch with the anger that she had attempted to deny having towards certain family members for treating her harshly and in uncaring ways. Anita then said: "I've not been able to speak to anybody in my family about any of this stuff (her sexual feelings); I haven't even spoken to anyone in my family about having periods." Again, I felt sad and felt the pain that her words conveyed about the lack of support she has had around her adolescence. Anita agreed when I suggested that she was showing me that she seemed to feel safe enough here in her psychotherapy to begin talking to me about these important issues.*

The vignette illustrates some of the reasons why Anita felt unable to turn to people in her family for support with her adolescent development. It was poignant and moving that she had shared this issue with me. I was also very surprised that Anita had not felt helped in her adolescent development by any members in her family. I felt that she was also illustrating how her experience of her family not helping her with adolescence had informed the difficulty she had with her growing feelings of intimacy with and dependency on me, as her transference to me developed. It suggested that an aspect of the transference resistance was her worry about being disloyal to some of her attachment figures, even those that had caused her suffering, by acknowledging with me some of their deficits (Lowe, 2010).

Anita's agreement with my suggestion that she was beginning to view her psychotherapy as a safe place also referred to her internalising psychotherapy and me as objects where her gender and other aspects of her adolescence could be talked about and explored safely. Anita's experiencing me in this way helped her to begin to foster the idea that I was an object that she could depend on: one that was distinctively different from her mother and her internalisation of males and father figures, and an object that could potentially provide her with a link to relationships and the world outside of the mother / child dyad.

Anita was also illustrating how the relationships and friendships that she had at school afforded her objects that parts of her personality could be projected into, in order for them to be understood by her through re-introjective identification. (Waddell, 2002) describes these types of unconscious processes and how they occur between adolescents in her book *Inside lives – Psychoanalysis and the growth of the personality*. Waddell perfectly illustrates the particular stages of development throughout the life cycle in this book and describes, in detail, the adolescent group providing the adolescent with objects that can contain the more complicated aspects of their personality, as a result of the type of projective identification that takes place between group members. Session 136 shows how Anita's friendship with Alison, and the peer group they belonged to, provided her with a group where aspects of her self could be better understood through the projective identification processes with other group members that Waddell describes. Anita's projective identification with peers, such as Alison, initially involved her "warehousing" the unwanted parts of her personality in them through projection. (Please also refer to session 19 in this chapter for an example.) This type of projective identification occurred as a result of Anita's initially finding it difficult to own the unwanted aspects of her personality. Projecting these unwanted parts of her in a "warehousing" way was easier for her, as she could distance herself from them by means of viewing them as being completely located in others. Her experience and internalisation of a family culture where condemning as opposed to taking personal responsibility was the norm, seemed to inform her projective identification into others in these ways.

Anita's projective identification with Alison was helped by the fact that she viewed Alison's self as being similar to her own self. She felt this way in part because she viewed Alison as being gifted, talented and ambitious in the way that she was. Anita's projective identification with Alison also helped her to explore a more ordinary way of relating to her peers that was in contrast to the way of relating to her mother, which was characterised by omnipotent thinking and a fusion between self and object. It suggests that Alison and other peers were objects, and opportunities for Anita to discover her true self, as well as a way to begin dis-identifying from her primary object. (Waddell, 2002) explains: *"Thus groups can become safe places in which different*

*parts of the personality may be played out, especially the parts which, for some reason, are felt either to be difficult to experience as belonging to the known-self or to reinforce the known-self” (p151).*

Anita’s having the types of contacts with other adolescents that Waddell describes was hugely beneficial in terms of her adolescent development. It was particularly beneficial in helping Anita to develop the capacity to learn about herself and others, through the experiences that contact with her peers gave her. By using the term learning in this way, I am referring to (Bion’s, 1962b) concept of learning, which he describes as involving the acquiring of knowledge (k) through one’s capacity (alpha-function) to tolerate and contain the frustration that learning from experience(s) involves. (Bion’s, 1962b) concept of learning feels important in understanding the totality of Anita’s presenting difficulty. This is because an aspect of it was informed by her inability to contain the psychic pain she experienced from learning from experience in the way that Bion describes. Anita’s difficulty in this regard remained hidden for long periods of her life, as she was practiced at hiding this difficulty behind her prowess in learning in more cognitive, academic ways, and from her tendency to take refuge in the more academic parts of her when faced with the task of learning in the way that Bion describes. Anita’s difficulty in “learning” became more apparent as a consequence of her inability to manage the more social and emotional demands presented to her in her previous school.

What emerged in Anita’s psychotherapy was that her view of her family as unavailable and not able to support her in her internal dilemmas and adolescent development, helped to maintain her experience of “oneness” with her mother. It was an experience that is similar to the one that (Tustin, 1994) describes as the infant’s desire for psychic merger with their primary object. Tustin’s concept of “oneness” feels salient when using it to understand the motivation for some of Anita’s attacks on me during the initial stages of her psychotherapy. These attacks felt to be in response to her feeling dislodged from the “oneness” that Tustin refers to, as a result of her experience of me in these moments as an object that was uniquely different to her mother, a “second object”: an object whose main function is to extricate the child from the psychological and psychic fusion with their primary object (Gaddini, 1976).

Anita initially found it hard to own and think about her own attacking qualities when they occurred in the clinical setting. She regularly projected her attacking parts into her family: an object that she experienced as having a similar quality to these parts of her, from her experiencing her family as attacking her. It suggests why Anita's re-introjection from her family of her projected attacks had the effect of maintaining her constant fear of being attacked by her family and the "nameless dread" she experienced Bion(1962b).

Anita felt that one of the things that her family attacked was her choice of a more western way of life for herself. It was initially difficult for Anita to understand how the disavowal of her own aggression informed her experience of constantly feeling attacked by her family. Anita made sense of feeling constantly attacked by adhering to the idea that her family was attacking her for giving voice to her adolescent needs and those of the family members on her generational level. It felt that Anita identified with her role as the prophet in her family in these moments, someone that was attacked for speaking Allah's words (the fate of the prophet). This type of identification impeded Anita from exploring her role in these attacks and from finding alternative ways to understand and respond to them.

Anita's experience of feeling attacked by her family for her adolescent choices illustrates a particular internal conflict that is presented to adolescents from a second generation immigrant background. This conflict occurs when the second generation immigrant's view of themselves is felt to be incompatible with the family's way of life. Anita's experience of her family illustrates this conflict, as she was someone who was punished by her family who believed that her choice of identity would result in their own culture being threatened and lost in some way. Anita's difficulties in her family illustrate how the second generation immigrant child is imparted with the task, both consciously and through unconscious means, of keeping the first generation's culture alive in them in some way. This occurs in response to the first generation's experience of its culture being lost as a consequence of its being left behind in the country of origin. It suggests why second generation immigrants, such as Anita, can be met with such hostility in their own families and are responded to in a fundamentalist-type way, as a result of

wanting to follow their adolescent needs (Fanon, 1963). It also illustrates the importance of the therapist providing a space for this conflict to be thought about and kept alive, due to the bearing it has on their internal world, by making it conscious for the patient from this type of background when it shows itself in the transference.

### **6.3A father awakens**

#### *Session 144 – 2nd year of treatment*

*Anita looked very angry and upset when she reported that she was “disgusted” to learn that her father planned to marry a woman who was approximately 20 years younger than him. She grimaced to reiterate her disgust at the thought of her father marrying this woman. She then wondered how any woman could marry her father.*

Anita seemed to have projected her oedipal feelings for her father into his fiancée. She viewed this woman and these feelings as “disgusting”, a similar quality she had apportioned to her oedipal and emerging sexual feelings at times. Anita reported that she imagined that her father’s fiancée had seduced him so that she could live in England. (Anita reported that her father’s fiancée resided in Bangladesh when he met her there.) Her belief about how her father had met his fiancée conveyed how inappropriate she felt the oedipal nature of this relationship was. Anita was clearly jealously angry about her father’s engagement. Her jealousy expressed the sibling rivalry she had towards her father’s fiancée, a person she viewed as a rival to her father’s affections. It was an important external development as it provided us with an opportunity to make the oedipal complex more visible in the clinical setting by thinking about the nature of Anita’s identification with her father’s fiancée.

This development in Anita’s father’s life led to her talking more about her thoughts and feelings for him, for what felt like the first time in her psychotherapy:

#### *Session 153 – 2nd year of treatment*

*Anita stated that her father is “ignorant”. She went on to describe him as someone*

*that would not understand why she wanted to go to university. Anita explained that she believed that her father would not want her to attend university, if she were to talk to him about her wish to go there. She suggested that her father might have this view because she thought that he did not believe that women should pursue academic careers. (I was reminded that this was one of Anita's mother's complaints about Anita's father, and was one of the reasons that she cited for why they separated.) Anita paused for a while and said: "He's just not the father I wanted him to be." I was taken aback by her statement and the disappointment conveyed in her words. When I wondered what she meant by her statement, she explained that she wanted a father that she could talk to openly about things, such as her wish to go to university. She looked quite contemptuous as she explained that she felt that her father was "a typical Bangladeshi man".*

Anita's view of her father as someone who opposed her ambitions and academic interests was similar to the view that her mother had of him. Anita's descriptions of her father in this vignette, and her descriptions of him during her psychotherapy, illustrated that her internalised father was "coloured", in the almost identical way that her mother's view of him was. (Main and Hesse, 1990) suggest that the idea of a father is often communicated to the child by the mother through projective identification, and explain how the mother's more "pathogenic" behaviour and attitude towards the father can create an emotional environment where the child's attachment needs are met by the frightening behaviour of the primary attachment figure – the mother. It suggests why Anita regularly felt that she wasn't safe and contained, as her attachment to her mother was not secure as a result of Anita internalising the type of emotional environment and attitudes about her father, and others, that (Main and Hesse, 1990) describe.

(Campbell, 1995) and (Mitchell, 1974) assert that the father, when kept alive in the mind of the mother in a positive way, is sufficient to compensate for the father's absence from the child's life. However, Anita's descriptions of her father suggest that her father's physical absences, especially in her early childhood, were made sense of by her from the negative unconscious and conscious communications from her mother about him. The parallels between Anita and her mother's views and attitudes towards Anita's father seemed to show how her projective identification with her internal "imitative

mother” had a bearing on her developing the view that she had of her father (Gaddini, 1976). This type of projective identification between Anita and her mother acted to impede Anita in developing a more positive view of and relationship with her father, as it maintained the idea of her father as someone that was not needed by her, in part because of the negative associations she had in relation to him, arising from her view of him as a “typical Bengali man”.

Anita’s descriptions of and attitude towards her father in the above vignette and during the initial phases of her psychotherapy show that he was viewed as, and related to by her, as a bad, third figure. (Segal, 1989) explains that the father’s penis can become an ideal container for the child’s unwanted negative projections, as well as acting to maintain the idealised relationship with her breast / mother, as a result of being viewed as this bad, third figure. Segal explains that the creation of a bad, third figure occurs as a result of the infant splitting off the bad aspects from both the breast and themselves. In the case of Anita, her father acted as this bad, third figure since he was a container for many of her projections of her “bad” mother and the father-type “bad” figures in her family.

Anita showed how “badly” she viewed her father when she stated in session 153 that “he’s just not the father [she] wanted him to be”. It suggests that Anita was disappointed by what she felt were her father’s limitations and by his inability to meet her expectations. Anita’s disappointment with her father, and her feeling that she could talk to me in the way that she could not with him, illustrated a feature of her transference to me at this stage of her treatment. It involved Anita idealising me, in part from feeling that she could talk to me in the way that she could not with her father. Anita became increasingly able to talk to me in her psychotherapy about the types of things that a daughter might do with their father, such as her hopes and aspirations of going to university and her experiences of boys at school. She often sought my opinion on these things and what she presented to me in her psychotherapy. Her particular way of relating and viewing me suggested that her transference to me was less symmetrical in the way that (Lombardi, 2009) describes at this stage, and had developed a strong paternal quality to it. Anita’s transference at this stage suggested that a different idea of a father was coming alive in her mind, as I was beginning to be

experienced by her as an object whose paternal functions could act to keep her safe and support her in the way that she hoped a father would.

#### **6.4 Emerging from the cocoon**

Session 164 – 2nd year of treatment

*Anita reported that she did not go to school on the day she did not attend her session with me. I suggested that one of the reasons why she does not come to her sessions at times involves a part of her convincing herself that she can get what she needs at home. I suggested that it seems to involve her saying to herself: “things are too difficult outside of the home; stay under the duvet where it is safe and cosy.” Anita giggled at my suggestion, which seemed to clearly resonate with her. She nodded in agreement and said that she finds herself “retreating into her cocoon” in these moments. I wondered what it was like for her to be in her “cocoon”. Anita thought about this for a moment and explained that “it [her cocoon] made her feel safe” and that she liked being in it on her own in these moments. I suggested that she was describing an “only child” experience where she, in this instance, had her mother all to herself. I suggested that she seemed to be saying that she enjoyed not having to share her home, her mother, with anybody or anything else on these occasions. Anita nodded in agreement before I suggested to her that she retreats to this “cocoon” place and this type of thinking when she imagines that going to school or coming to meet with me will be too much for her. Anita looked a little bit upset. I imagined that she would be more upset than she was as she has not liked when I talked about this issue previously with her. Instead, Anita nodded a little and seemed to reflect on what I had just suggested to her.*

One of the main functions of Anita retreating to her “cocoon” was that it maintained her phantasy of being in the womb of her mother and having her exclusively. The phantasy of Anita being in a hardened shell of a physical cocoon in these moments undoubtedly added to her phantasy of being in a place that was impervious to reality. Anita also used her “cocoon” to avoid the anxiety that came from her contact with me, with certain male peers and certain male teachers at her school. She initially found it hard to be in a

school structure where males and females were together, as it was in stark contrast to the structure of her family, which she experienced as actively working to keep boys and girls apart. Anita's psychotherapy made it difficult for her to avoid the idea of a man and woman coming together, by virtue of our respective genders. Her retreating from this "reality" was also her way to negate the meaning of intercourse (of an emotional nature) between a man and a woman. I suspected that the anxiety-provoking nature of contact between a man and a woman, through the medium virtue of the therapeutic relationship, meant that the transference relationship was at times confusing, and experienced by her as being dangerous. Anita seemed to feel confused, as a result of this type of transference, about what her feelings of dependency meant. Her more loving feelings for me, as a result of her growing dependency on me and her psychotherapy, seemed at times to become confused with her more sexual feelings. By this, the more erotic nature of her transference could be experienced by her as being sexual in nature (Gabbard, 1994).

Anita also retreated to her cocoon as her way of avoiding contact with me and as her attempt to negate my capacity to link one object for her to another. At times she seemed to experience me making these links for her as being prematurely ejected from the womb-like experience of the "cocoon" of her mind and pushed into a harsh external world that she felt ill-equipped to cope with. However, Anita was becoming more able to bear the "links" and the realities that I put her in touch with as her psychotherapy progressed, as opposed to retreating to omnipotence and delusional thinking (Bion, 1967).

What else was clear from early on in Anita's treatment (see session 3) was the importance that Anita and her family paid to religion and spirituality as a way of understanding and defining themselves. It was important to understand how Anita's religion and spirituality informed her sense of self, so that I could better understand how they were used by her at times to retreat to, when contact with me or with the external world was felt to be too much for her. One of the findings of (Millar's, 2015) research (a single case study) was the importance of tending to the whole patient, i.e. all representations of the patient's self that they may have, whilst maintaining a space in psychotherapy for what psychoanalysis may have to say about them. (Millar, 2015)

explains: “*My research has highlighted the importance of holding firm to psychoanalytic technique and boundaries, while being open and not dismissive of factors such as difference, similarity, race, sex and gender*” (p149) . Millar, by stating this, seems to be drawing attention to the importance of creating a space in the patient’s psychotherapy for all understandings of difference to be tended to in the patient’s transference. Millar’s assertion has parallels with what (Joseph, 1985) says about the “total transference”, as she describes working with the transference in a way that recognises all aspects of the patient’s self, from considering the transference alongside their emotions, defences and object-relations. The approaches that (Millar, 2015) and (Joseph, 1985) are describing are similar to the approach I used in my work with Anita, as I was interested in understanding the true meanings of the transference resistance when it occurred alongside the religious and spiritual ideas she had about her self.

By using the transference in this way, Anita became more able to entertain and explore alternative views and understandings of her self and her presenting difficulties. She was more able to work in this way during the times she emerged from her psychic retreats and her claustrophobic inhabitation of her mother (Steiner, 1993; Meltzer, 1992). Anita’s increasing emergences from her psychic retreats were reflected in her increasing attendance at her psychotherapy and her school. It suggests that working in the periods when Anita emerged from her psychic retreats helped her to develop a capacity better to bear the difficulties presented to her in the external world and in her psychotherapy.

## **6.5 Being in the third position**

A significant life event occurred for Anita in the third year of her psychotherapy. It involved her mother starting a relationship with a man to whom she became engaged soon after starting a relationship with him. Anita’s mother would later go on to marry this man.

After Anita and her siblings had met this man a few times, she reported to me that she thought that this man had fundamentalist views on Islam. Anita reported that she was worried that her mother was becoming more drawn to these views herself, as a result

of her relationship to this man. She described how her mother had begun to try to implement some of these views in her parenting of her and her siblings. Anita gave an example of this when she explained that her mother had begun to discourage her from wearing certain western clothing, especially the types of clothing that she felt made Anita look sexually available. Anita resisted her mother's view of her clothing, in part because she strongly believed that they did not make her look sexual in the way that her mother thought they did. However, Anita reported how she often felt resigned to wearing the hijab whenever she went to visit her relatives at their home as a result of her mother's assertions, and from being aware that some of her relatives, especially those on her mother's generational level, also shared her mother's view about the type of clothing young Muslim women should wear.

### *Session 293 – 3rd year of treatment*

*Anita explained that she was made aware that one of her aunts had said to her brother that one of the skirts that she had seen her (Anita) wearing made her look "slaggy". She sighed after recalling this, before looking quite fired up and defiant. Anita explained that she was fed up with her family talking so disparagingly about her. She explained that she was also very angry that her mother was now agreeing with this aunt and the other family members that shared these types of views. She explained that her mother was a "hypocrite" for doing this. Anita felt that her mother was now agreeing with these types of views as she had to prove to their family that she was now a "good Muslim". Anita thought that her mother being stricter with her and trying to use religious ideas to inform her parenting and approach with Anita were signs of this.*

Anita seemed to be showing how she was now moving from a previous idealised view of her mother to a more depressive and realistic view of her. When I explored with Anita why she referred to her mother as a "hypocrite", she explained that she did this as she was discovering that her mother had many sides to her that she had not acknowledged previously. Here, Anita was referring to the aspects of her mother that she had previously split off from her own self in order to preserve her idealised view of her and the mother she had internalised. It was a significant movement for Anita to

view her mother more depressively, as it supported the process of Anita beginning to accept the true nature of her objects and her relationships to them.

Anita's mother's relationship with her fiancée, who later became Anita's stepfather, provided her with irrefutable proof that she did not have the type of exclusive relationship with her mother that she imagined that she did in phantasy. It occurred from her mother's fiancée acting to function as a "second object" in the way that (Gaddini, 1976) describes and from Anita gradually internalising him so that he was added to her internal representation of her mother and her in such a way that eventually leads to the child's individuation (Trowell and Etchegoyen, 2002). It was likely that the idea of a father (Ms Khan's fiancée) developing in Ms Khan's mind, also added to the process of Anita internalising a second object, as this father was likely communicated by virtue of her projective identification with her mother as well as through conscious means (Main and Hesse, 1990).

(Wisdom, 1976) suggests that the process of the father being added to the internal representation of the infant and their mother helps to create psychological and psychic distance for them. Anita's turning towards other objects, in the way that she did following her mother's relationship with her fiancée developing, was suggestive of her beginning to separate from her mother in the way that (Wisdom, 1976) describes. For example, Anita began to direct her libidinal urges more towards her peers, friends and teachers, and towards me and her psychotherapy. The object-loss (the loss of her idealised internal mother) that Anita experienced, being made conscious to her through the external reality of her mother's relationship with her fiancée, and through some of the unconscious processes that took place in her psychotherapy which led to her understanding the nature of her objects better, seemed to drive her to seek alternative meanings of her self outside the mother-child dyad (Freud, 1914).

Anita's developing relationship with a male teacher who taught her English at her school is another example of her turning to other objects following the developments with her mother. She reported in the third year of psychotherapy that she was becoming attracted to this teacher. Anita substantiated her claim when she explained that she was attracted to this man's mind as opposed to being attracted to him

sexually, as they shared the same interests in books, authors and philosophy. On reflection, Anita describing her attraction for her English teacher in this way was a safer way for her to think about her emerging sexual feelings for him.

*Session 312 – 4th year of treatment*

*Anita explained that the lecturer who interviewed her at university was very interested in the types of books that she enjoyed reading. He suggested to Anita that he would like her to see one of the libraries in the university and explained that only his colleagues were allowed to use this library. Anita reported that this lecturer explained that she should visit this library as he felt that there would be books there that she would be interested in. Anita went to the library and was amazed by the vast range of books that was there. She told a teacher at her school what had happened after the interview. The teacher pointed out to Anita that it was rare for a lecturer to do this with an applicant to the university. I wondered what she made of her teacher's comments. Anita explained that she thought that she had "seduced him (the lecturer) intellectually" and that was why he let her go to this library.*

Anita was presented with an oedipal situation which had parallels with the phantasy she had about her father and his fiancée. It involved her believing that she had seduced a father figure in the way she imagined that her father's fiancée had seduced her father. Anita being allowed into the library which only lecturers could use was experienced by her as her crossing the incest boundary. She felt this way because the library was viewed by her as a place to which only people of the lecturer's generation, i.e. parental figures, had access. The library was also felt by Anita to be similar to her psychotherapy room, a space where she imagined she had crossed the boundary by imagining she had seduced me in some way. Anita felt this way in part because she recognised by the fourth year of her treatment that she had crossed the boundary of being treated in CAMHS. (Anita was over 18 years of age at this time; the maximum age for treatment at CAMHS.) This realisation compounded her idea that she had seduced me in some way because she was special and that that was the reason why I was treating her after the age when it was not technically permissible to do so in CAMHS.

Session 317 – 4th year of treatment

*Anita explained that she desperately wanted to say something to me but felt embarrassed to do so. She explained that she had seen her English teacher yesterday and had become very embarrassed in his presence. She laughed a little as she explained that she could hardly get the words out to reply to him when he asked her how she was.*

*Anita shared that she had a dream following this. She was in her school in this dream when her English teacher approached her. He said to Anita that he wanted to see her in his office at 10am the next day. I wondered what she thought her English teacher's request was about. Anita explained that she thought that they were in a sexual relationship in the dream and that her English teacher was inviting her to his office to have sex with her. Anita looked a bit upset when she added that the teacher walked away laughing after he said what he said to her. Anita thought that the English teacher was mocking her and that she believed that he would never find her attractive in this way.*

Anita's relationship with her English teacher provided her with a safer object at this stage that she could use to explore and work through her emerging oedipal feelings for me. It illustrates one of the ways that the Oedipus complex became more visible in the clinical setting, as thinking about her oedipal feelings outside of our relationship was felt by her to be a safer way to think about them initially. Anita was showing, through her preference to work with her oedipal feelings in this way at this stage, her fear that the Oedipus complex was unnegotiable. Her fusion between self and object informed Anita having this idea, as (O'Shaughnessy, 1989) suggests that the patient's inability to differentiate the true nature of their parental objects leads to their attempts to make the Oedipus complex invisible in the clinical setting. Anita's mother's relationship with her stepfather, and her father's relationship to his fiancée, presented her with irrefutable proof of the true nature of her parental objects (please refer to Chapter 6.3). These realisations provided Anita with an opportunity to begin to understand the oedipal nature of her relationship with her parents, which, in turn, gave her the platform to

explore and tolerate better her oedipal feelings in relation to me.

The dream that Anita reported in this vignette suggested that this process had already begun. Her dream occurred shortly after she had reported to me that she was worried that she was physically attracted to me. Her admission showed itself in the dream where I was in fact her teacher in it. My (this teacher) inviting Anita to my office conveyed her phantasy about having seduced me into crossing the boundary with her (Anita being seen in CAMHS after she was 18 years of age). The time (10am) that Anita's English teacher requested for her to meet with him was significant, as the number correlated to the age she was when she felt that her family had implemented a prohibition on her sexual feelings i.e. keeping boys and girls apart (please refer to session 117 in this chapter.) It also stood for the incest boundary in Anita's internal world.

Anita had shown in the transference, during her psychotherapy, that she was unsure, at times, about my motivation for working and meeting with her. This was apparent very early on in Anita's psychotherapy where a feature of the transference was her experiencing me as if I was one of the male relatives that she feared would take advantage of her sexually. Anita showed this worry in the dream as I was someone that would take advantage (the mocking teacher in her dream) of her growing dependency on me.

## **Chapter 7 – Methodology**

### **Introduction**

I will now give an overview of the methodology I used for this research.

#### **7.1 Introduction to this single case study**

The research presented in this thesis is a study of the phenomenon of cross-cultural psychoanalytic psychotherapy and its usefulness (or not) in helping adolescent patients, particularly those from a BAME background, to negotiate their identity. It is a single case study. The data from this study comes from the clinical session notes of my intensive clinical case. The clinical work with the patient (Anita) took place over four

years. Anita's psychoanalytic psychotherapy began at a frequency of twice a week for the first six months, before increasing to three times a week for the remainder of her treatment.

## **7.2 Psychoanalytic research**

Psychoanalytic theory and technique has been discovered and revised through the examination of single case studies. In a review of research of psychoanalysis, (Wallerstein and Sampson, 1971) argue that psychoanalysis's use of the single case study has contributed to research in a far greater way than other contributions from more formal research. Wallerstein and Sampson (1971) argue that the method of inquiry used in psychoanalytic research through the medium of the single case study results in... *"...a truly extraordinary range of insights into the structure of the mind, the organisation of mental illness, the forces at work in the treatment situation, the process of change and the requirements of technique* (p12). Byrne (2009) elucidates this further when he states that social sciences are often in favour of quantitative research methods as they are mostly interested in "cause", whilst qualitative research is mostly interested with "meaning".

Psychoanalytic research is interested in deriving knowledge from clinical experience rather than formal research. It uses an inductive method of inquiry similar to the one developed by (Bion, 1970), who suggests that the acquirement of "k" (knowledge) requires the analyst's suspension of memory and desire in their clinical work. (Harre, 1979) has described how intensive research methods are interested in understanding a single entity, or phenomenon, in depth. He explains how extensive research methods study common variables in populations and that their interest is in collecting data on a large number of occurrences of a phenomenon within populations. Harre explains how the intensive case study was designed to illustrate the existence of the studied phenomenon and that its in-depth analysis of a particular occurrence cannot be done statistically.

As a method of research, psychoanalysis is not without its detractors. Popper (1963) has described psychoanalysis as a "pseudo-science", whilst Grunbaum (1984) has

added to the voices of those who criticise psychoanalytic research by calling it a “failed science”. The basis for (Popper’s, 1963) and (Grunbaum’s, 1984) criticisms was that they viewed psychoanalysis as being unable to challenge or “disprove” the hypothesis developed from the research undertaken in its single case studies. Grunbaum, argues that the evidence produced by analysts working psychoanalytically is “contaminated” by the process that involves the patient’s unconscious appearing in forms that are subject to the influence and interpretation of the analyst. Grunbaum argues here that the analyst is generating their findings as a result of bias, as they lean towards understanding the data from within a certain paradigm.

(Popper’s, 1963) criticism of psychoanalysis is that it generates hypotheses that cannot be falsified i.e. that cannot be disproved as well as being proved. Rustin (2003) suggests that research undertaken in more conventional scientific approaches, such as attachment theory, has given rise to findings that are consistent with findings in psychoanalysis. (Jaffe et al.’s, 2001) and (Emde and Spicer’s, 2000) systematic review of the research undertaken by (Gergely, 2000; Tyson and Tyson, 1990) further illustrates this. As a result of this and other similar reviews, there has been a shift from viewing psychoanalysis’s view of the “psychoanalytic child” as a hypothetical figure based on the speculative reconstructions from adult narratives to a concept that has been substantiated by actual systematic observations of children. Psychoanalysis has also begun to recognise that certain theories developed in attachment theory evidence that the child’s internal world is informed by their external world and social environment, and therefore needed to be incorporated in clinical work (Downey, 2000). (Masson, 1984) and (Person and Klar, 1994) are examples of psychoanalysts who have embraced the idea of recognising both the external world and social environment in the treatment of trauma.

(Fonagy et al., 2002) have shown how a significant rise in attachment-theory-oriented randomised controlled trials (RCTs) has evidenced the general effectiveness of psychoanalysis in recent years. (Toth et al.’s, 2006) RCT in relation to parent-child psychoanalytic psychotherapy is one such example of how RCTs have evidenced the effectiveness of psychoanalysis. This particular research evidenced how this treatment reduced the rate of insecure attachment in three-year old children of chronically

depressed mothers.

### **7.3 Clinical research in child psychotherapy**

The work of Gianna Williams shows how the qualitative methods and approaches that are more synonymous with psychoanalysis and child psychotherapy informed later research undertaken in child psychotherapy. (Williams', 1974) clinical work with Martin, detailed in her seminal paper 'Doubly Deprived', showed child psychotherapy's effectiveness in treating a child from a particular population of children who were viewed untreatable prior to this. Williams's clinical work with Martin, a looked after child, whom many in his care network thought was beyond help, showed in this paper that one of the emergent theories from her work with Martin was how external reparations, i.e. responding to the child's external circumstances such as being in foster care, were limited unless the child's "internal parents" were tended to in psychoanalytic psychotherapy. Williams's work has undoubtedly informed child psychotherapy's approach and treatment of this population of children.

Comprehensive reviews into child and adolescent psychoanalytic psychotherapy have evidenced its effectiveness in treating depression, anxiety, eating disorders, disruptive disorders and working with looked after children (Midgely and Kennedy, 2011). (Shedler's, 2010) article 'The efficacy of psychodynamic psychotherapy' brought together findings from several empirical literatures that showed strong empirical evidence for the effectiveness of psychodynamic psychotherapy with adults. (Shedler, 2010) states that the empirical research he reviewed showed that... *"Finally, the evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission"* (p107). Shedler brings to our attention the phenomenon of the "sleeper effect", which is the concept that the patient continues to make progress once their treatment has ended. This phenomenon was explored in the IMPACT study (Improving Mood; Promoting Access to Collaborative Treatment), a largescale extensive study that aimed to establish the outcome of both cognitive behavioural psychotherapy and time-limited psychoanalytic psychotherapy with adolescents with depression (Trowell et al., 2007). This study has recently resulted in short-term psychoanalytic psychotherapy (STPP) being

implemented in NICE (National Institute for Health and Clinical Excellence)'s guidelines for the treatment of adolescent depression. The IMPACT study is a more recent example of Child and Adolescent Psychotherapy's movement towards using extensive research methods as a way to evidence the efficacy of this treatment.

Child and Adolescent Psychotherapy has been criticised for not being able to provide more extensive researches, such as the IMPACT studies. One of the reasons for this is that Child and Adolescent Psychotherapy research has relatively limited sample sizes in comparison to other disciplines, such as clinical psychology and psychiatry. However, there are clear benefits to more intensive types of treatment as (Williams's, 1974) and (Midgely and Kennedy's, 2011) work has shown. (Midgely, 2006) explains that Freud recognised the importance of induction as a line of inquiry in his work and explains that Freud argued that each patient's treatment allowed the analyst (as a researcher) to learn and develop theory and clinical understanding of the phenomena that the patient presented them with. By using this method and philosophy (Alvarez, 1992; Alvarez and Reid, 1999; Rhode, 1994; Williams, 1992) have mapped out aspects of behaviours in relation to autistic children that were previously inaccessible to study. Their close observations of autistic children enabled them to develop a fuller understanding of the autistic world whilst also allowing them to develop theories of working with this particular client group.

#### **7.4 The single case study**

As the title implies, single case studies are interested in what can be learnt from studying in depth the data from a single case. Stake (1994) suggests that the case study is not a methodology of choice but is in fact a choice of object to be studied. Stake makes an important distinction when he explains that the single case study is defined by individual cases, not by the methods of inquiry used. By this Stake draws attention to the role of the psychotherapist who is interested in researching the subject i.e. the patient, and that they should ensure that they do not become unnecessarily preoccupied with the psychoanalytic theories and / or psychoanalytic approaches used in the treatment of the subject.

Psychoanalysis's development is intrinsically linked to the single case study. For example, Sigmund Freud's contribution to the development of psychoanalysis largely stems from the theory and methods derived from his case studies of patients such as 'Dora', 'The Rat Man', 'The Wolf man' to name a few (Freud, 1905, 1909b, 1918b). (Fonagy and Moran, 1993) have emphasised the important contribution that the single case study brings to the field of research. They explain that the design of the single case study can advance understanding of what takes place within the clinical setting of psychoanalytic psychotherapy. (Rustin, 1997) has described how psychoanalytic psychotherapy and the methodology it draws upon in research have made important contributions to the field of research. Rustin explains that the research undertaken in parent-child psychotherapy has similarities with the research undertaken in infant observation. Rustin explains that the regularity and boundaries involved in both parent-child psychotherapy and infant observation can enable the generation of data and gathering of important findings about the emotional relationship between the mother / parent and their child.

(Fonagy and Moran, 1993) have stressed the importance of using objective sources to measure the data collected in qualitative research. (Moran and Fonagy's, 1987) research gives an example of how an objective source can be used to measure data in their paper 'Psychoanalysis and diabetic control: A single case study'. Their study used medical evidence to objectively measure the effectiveness of psychoanalytic psychotherapy in the management of diabetes in a teenage girl. The design of Moran and Fonagy's research involved measuring the glucose levels in the patient to ascertain what psychoanalytic theories and psychoanalytic approaches helped this teenager to manage her diabetes. (The measuring of this data involved twice daily urine testing over the 3.5 years of the teenage patient's five-times-a-week psychoanalytic psychotherapy.) The research identified how two particular themes of psychic conflict were found to predict short-term changes in diabetic control. The first psychic conflict stemmed from the patient's anger in response to feeling unloved by her father and how it led to her poor diabetic management. The second was the psychic conflict that arose as a result of the oedipal situation and the oedipal feelings evoked in the patient from this. Moran and Fonagy identified how using the Freudian model of therapeutic change helped the patient work through these psychic conflicts, which led

to short- and long-term improvement in the patient's diabetic control.

(Anderson, 2006) has also stressed the importance of using independent and objective sources as a means to verify qualitative psychoanalytic research. Anderson asserts the importance of “triangulating” the data that is gathered by subjecting them to impartial and objective sources as a way of testing them. Anderson identifies sources such as clinical supervision, work discussion and multi-disciplinary meetings as forums where the data can be gathered and therefore triangulated.

The single case study has been criticised (as well as other qualitative research methods) from the perspective that findings in this type of research are intrinsically linked to the subjectivity of the researcher. (Kuhn, 2000) showed that the theory generated in qualitative research was not necessarily always abandoned when falsified in the way that (Popper, 1966) has asserted, as he argued that there was a relationship between deduction “normal science” and “revolutionary science” that took place when a phenomenon was observed.

The strength of the single case study is the systematic exploration of one case through the identification of incidents and the patterns between these incidents, and understanding the recurrence of them as well as the other patterns and themes that emerge. The success of the single case study is largely to do with the unique quality of every single case, as each case will bring something different to be observed and understood due to each single case differing from all others. It is likely that there will be significant similarities between single case studies which will provide opportunities to be explored and researched more extensively. The researcher using a comparative method tool (such as Grounded Theory) can be helped to explore the nature of these similarities, using this method.

## **7.5 Grounded theory**

(Charmaz, 2006) explains that grounded theory, from its beginnings as a social science to the present, has a long qualitative tradition of ethnographic fieldwork and case studies. The grounded theory method was developed and established in the mid-1960s

by American sociologists Barney Glaser and Anselm Strauss. It emerged from their collaboration on their study ('An awareness of dying') in Californian hospitals (Glaser and Strauss, 1967). Glaser and Strauss's study of this subject focused on the effect on patients who were seriously ill and dying in hospitals and when the true nature of their conditions was not acknowledged by the hospital staff who were treating them. During their investigation, Glaser and Strauss found that US physicians were reluctant to disclose to their patients that their death was imminent and that the nurses were not allowed to do so either. It led to the physicians and nurses focusing on the technical aspects of these patients' care in opposition to the patient's psychological and emotional needs. Glaser and Strauss found that these "awareness contexts" (that were defined as closed awareness, mutual pretence awareness, suspected awareness and open awareness) led to relationships between patients and staff being fostered around suspicion, due to the lack of transparency about the nature of patients' conditions. Glaser and Strauss found that both patients and staff preferred working in a context of "open awareness". Within this more authentic context, patients were able to choose how their life ended, whilst members of staff were able to respond to their patients in a way that was more congruent to their true feelings about the situation. What emerged from this study (the emergent theory) was that acknowledging these patients' conditions was an integral function of the nurse-patient relationships and the efficacy of associated treatment regimes.

The researcher using grounded theory refrains from formulating hypotheses in advance, as preconceived or premature hypotheses can result in the collected data being "ungrounded". The researcher using this method should be constantly inquisitive and curious, open to new understandings of the data, with a hope that existing theory could possibly be altered. It is a form of inquiry that has parallels with (Bion's, 1970) assertion that the attainment of knowledge (k) requires the analyst to suspend memory and desire in their clinical work.

Grounded theory uses comparative analysis as a way to discover knowledge and theory. The researcher employing this approach is constantly comparing data with other segments of data, as well as analysing other segments of new data alongside this. (Anderson, 2003) suggests that the comparative analysis involved in grounded theory, and its being a method that requires both inductive and deductive thinking,

makes it a “well-suited partner” to psychoanalysis. Anderson describes how grounded theory is a methodology that lends itself to better understanding the type of material produced in psychotherapy sessions. Anderson explains how the line-by-line approach used in grounded theory as a way of understanding data has parallels to the process used in clinical supervision. This is because the clinical supervisor in clinical supervision aims to help their supervisee to reflect and better understand the material from the clinical session from a line-by-line exploration of the clinical note. The “microscopic” attention to detail involved in the line-by-line approach in grounded theory has been argued by Fonagy (2005) as being important in the “*elucidation of pathogenic mechanisms*” (p14).

### **7.6 Grounded theory in relation to this single case study**

Grounded theory method was used for the purpose of this single case study. The data used was gathered from the 370 clinical notes (approximately) taken from my work with my patient (Anita). I initially re-analysed the clinical notes by rereading them all. I then reread them whilst paying attention to the observations and the hypotheses that the clinical supervisor who supervised my work with the patient had made. When rereading the clinical notes in this way, I held in mind my original line of inquiries as I wanted to use these as hypotheses to partially structure the data I was observing, whilst ensuring that I left opportunities for new possible understandings of the data to emerge. My intention in doing this was to map the patient’s therapeutic journey as well as my own. Mapping my own journey involved taking account of the notes I had made about my countertransference to the patient at different times during the clinical sessions. Grounding the data in this way led to the generation of several hypotheses that facilitated further inquiry of the data.

From re-analysing the data in this way, I identified 22 clinical sessions that I felt clearly illustrated incidents of the recurring themes and hypotheses from my work with the patient. One of the recurring themes that could be observed was how the patient’s internalisation of religion informed her sense of self, her object relations and the transference relationship. One of the hypotheses that seemed to show itself in relation to this theme was the patient’s use of psychic retreats as her way to alleviate the

psychic conflict that occurred from her being in touch with the true nature of her psychic reality and the difficulties presented to her in the external world. It felt therefore important that the 22 clinical sessions reflected these themes and hypotheses. Another theme that I identified from re-analysing the data was the patient's tendency to bring her experiences of the external world (i.e. society) to her psychotherapy and the views in it that informed her sense of self. This felt particularly salient to capture in the research as it was an issue that the patient verbalised in her first appointment and throughout her treatment. As this issue was also conveyed by the patient to me in the transference, it felt important that the sessions selected reflected how it was thought about by me and us in her treatment and how psychoanalytic psychotherapy responded to it in the patient's treatment.

These 22 sessions were investigated further during doctorate supervision as a means to triangulate the data from them and to test the hypotheses and theories that I felt they generated. Following this, I selected six sessions that had been subjected to this testing (Grids 1 to 6). Two sessions were chosen that took place near the start of the patient's treatment, two near the middle phase of the patient's treatment and two near the end of treatment. This was done so that the development and undertaking of the transference and countertransference relationships could be mapped. Sessions that were from the start, middle and end of the patient's treatment were also chosen with a view to determining whether the themes and hypotheses remained consistent throughout the patient's treatment. The grounded theory analysis of these six sessions is shown in grounded analysis sessions (Grids 1 to 6). I have also used "vignettes" in the chapters that further illustrate and expand on the theories and hypotheses contained in the appendices.

By using grounded theory analysis as a method of inquiry, I am able to show the main theory that emerged in my work with Anita: how the transference relationship was used to respond to the effect that Anita's internal religious object had on her psychological and emotional development. I identified this as the main theory in my work with the patient as the effect that Anita's internal religious object had on her object relations showed itself in differing ways in the transference relationship. This research will attempt to show how the patient can over identify with this and certain other internal

objects had the effect of arresting her adolescent development. For example, grid 6 (and in particular row 28 of grid 6) illustrates how Anita's internal religious object acted to impede her emerging sexual feelings in relation to her adolescence. Grid 6 illustrates how Anita's internal religious object caused her to view her sexual feelings as "disgusting", as opposed to viewing them as a normal part of adolescence. Although the effect of Anita's internal object had lessened by this stage of her treatment, she still had to work hard to ensure that it did not imprison her adolescent development in the way that it had prior to, and at the start of, her treatment.

It was important to record how my countertransference to Anita evolved alongside Anita's transference to me, in particular as they captured the key elements of the cross-cultural nature of the therapeutic relationship. My countertransference to Anita was helpful in identifying the phenomena that emerged as a result of the cross-cultural nature of the therapeutic relationship - one of the phenomena being Anita's colonial way of relating to me as the "other" in the transference. This colonial way of relating captured how Anita's internal racism was projected on to others as a result of her initial difficulty in understanding how her self had been racialised. Anita's father was ripe for these types of projections until they could be contained in the transference relationship and worked through by her in her psychotherapy (for example, please refer to Chapter 5.3, session 99.) It also goes to show how the countertransference was used to register the changes in the patient's internal world which illustrated the growth and development that occurred for her during the treatment. I have therefore included in the grid a column (column b) that details my countertransferential experiences in relation to Anita.

Column d in the grounded theory grids reflects the observations of my clinical supervisor. This column shows the theories and themes that partially structured my analysis of the data, as well as showing how the data first began to be triangulated. The triangulation of this data went through further triangulation as a result of the doctorate supervision I received. I have included this in the column "Thoughts that arise from re-analysing Anita's clinical session notes".

By using grounded theory method, I have been able to highlight areas of importance in

the patient's psychotherapy that would not have been ordinarily identified. It enabled me also to develop a better understanding of the patient's racialisation of the self and how it organised her internal world and informed her adolescent development. Grounded theory's capacity to identify differences and patterns of relating made it an excellent tool for examining this type of data as well as the other types of data generated from my clinical work with the patient. The inductive nature of this research helps to ensure that the research is built as it ensues, as opposed to the research being set before the beginning of data collection (Charmaz, 1996). My research shows that grounded theory was particularly relevant when researching the phenomenon of cross-cultural psychotherapy, as it is a phenomenon which requires a more qualitative method of inquiry due to the lack of research previously undertaken on this phenomenon in this country.

## **Chapter 8 - Findings**

### Introduction

There are five areas that illustrate the main findings in this thesis. They are as follows:

- ⌘ The impact on the development of an adolescent from a BAME background when society does not act as a container for the development of their personality
- ⌘ The transference and countertransference
- ⌘ The effectiveness of cross-cultural psychoanalytic psychotherapy.
- ⌘ Anita's use of psychic retreats
- ⌘ The effect on Anita's development of internalising a paternal function from

her therapist

### **8.1 The impact on the development of the adolescent from a BAME background when society does not function as a container for their personality development**

I initially thought that Anita's refusal to attend school, and her experience of her family as not being able to support her development, were key factors in why she struggled in her adolescent development. However, a theme emerged in Anita's psychotherapy that challenged my initial hypothesis about Anita's school refusal, due to the significant bearing it had on her emotional life and capacity to manage the external world. This theme was the effect that Anita's belief – i.e. that she had no one to turn to who could help her with her adolescence, either inside or outside her family – had on her capacity to internalise potentially alternative objects that could help her with her adolescent development. This theme raised the question why Anita, in the absence of peers and family as objects to identify with in the way that (Waddell, 2002) suggests supports the adolescent's development, did not turn to alternative objects outside her family, such as those in wider society, to help her with her identity?

(Jaques, 1953) describes the role that society has in helping the individual's identity development by explaining that society provides the individual(s) with a container where parts of their personality and their depressive anxiety can be projected into. Jaques here seems to be suggesting that society has an important role in providing a maternal function for aspects of the self in the way that he describes. The importance of society functioning in the way that Jaques suggests poses the question: what is the impact on an individual's personality and identity when society does not provide them with a maternal function? Anita showed during her psychotherapy that what was often reflected back to her when she looked into the "eyes" and "face" of society was what (Winnicott, 1960) would describe as a "not-me" experience of her. By using the terms "eyes" and "face" of society in this context, I am referring to (Winnicott's, 1971) theory of how the mother's eyes and face act to provide the infant with an emotional environment that facilitates the development of the infant's self. Winnicott goes on to explain that the infant's self develops in relation to the ongoing mirroring process with which the mother provides them and explains how the mother's eyes and face act to

help the infant to differentiate what is them (“me”) and what is the other (“not-me”).

Winnicott’s theory of the mirroring process that the mother provides to the infant seems to capture why Anita, and other adolescents from a BAME background, may turn away from using society as an object that could potentially contain parts of their personality in the way that (Jaques, 1953) describes. This is because Winnicott’s description of how the infant turns away from their mother in their attempt to avoid the feeling of internal disintegration that occurs from their mother reflecting back to them their own mood and / or the rigidity of her own defences, i.e. a “not-me” experience, is similar to adolescents from BAME backgrounds turning similarly away from society as a result of experiencing it non-maternally, i.e. their experience of society as a “not-me” object. I would suggest that phenomena such as racism, Islamophobia and Brexit are expressions of society’s mood and / or rigidity of defence that go towards creating an anti-maternal environment, a “not-me” experience for Muslims and other BAME people. This type of environment would then act to reflect back to the person(s) from this background that they are viewed in society as “not-me” and the “other”. If we are to follow (Winnicott’s, 1960) thoughts on the infant’s experience of a mother that mirrors to them a “not-me” experience of them, it would suggest why somebody like Anita became reliant on “false-selves” - objects and personas that she could retreat into when presented with internal and external difficulties.

Anita and her mother brought the issue of Islamophobia to their respective psychotherapy sessions (please refer to Grid 4) and how it informed their beliefs that they were viewed and related to by society as “not-me”. This was one of the clearer ways that Anita conveyed her experience of society as being anti-maternal.

Anita’s tendency to idealise western culture and denigrate her own during her psychotherapy suggests that she did this, in part, as a consequence of her continual introjections of “not-me” from society. It further reiterates (David’s, 2011), (Lowe’s, 2008) and (Timimi’s, 1996) assertions that western culture becomes idealised and non-western cultures denigrated as a result of introjecting post-colonial ideas about these cultures from society and from introjecting centuries-old ideas of a way of relating to them. The effect of introjecting post-colonial ideas of the self and other in the way that

they describe further illustrates society's role in Anita's racialising aspects of her self in the way that she did. It was an important factor in why Anita's self was so fragile when she was referred for psychotherapy, as her self was weakened by her employing excessive splitting and projection in response to the racialising process (Klein, 1946).

The differing nature of Anita's transference to me provided her with an object on which she could try out the "not-me" ideas that she had about herself and others. For example, her experience of me as "not-me", particularly in the initial stages of her psychotherapy, provided her with an object where the "not-me" parts of her could be contained by me so that she could understand them better by re-introjecting them. The transference relationship therefore gave Anita the experience of the socialising function of the "village"<sup>5</sup> (from the point of African proverb) and a sense of belonging from her experiencing the "village" as a container and as an object that accepted the differing aspects of her. Anita's experience of the transference as containing her in these ways went some way to mitigating her experience of the psychic isolation she felt from not feeling that she belonged in her family and in society. Her experience of psychic isolation, when combined with the intensity of this experience, resulting in her breaking it down to more concrete bodily symptoms (Brady, 2015). It suggests why many of Anita's difficulties were conveyed bodily. An example of this was the hysterical reaction she suffered as she came to the end of her psychotherapy (please refer to Chapter 2.13).

By using the transference in this way, I am referring to it as functioning to act as a "mirror", from (Winnicott's, 1971) perspective and as a "village" for the differing parts of her to be contained by me. The transference in this way gave Anita the important experience of having an object(s) that had both "me" and "not-me" qualities to it. Anita's being contained in psychotherapy helped her to explore sameness and difference, within the safety of the clinical setting, from the "me" and "not-me" experiences that the transference gave her. My role in containing and reflecting these experiences of Anita back to her meant that I inadvertently adopted a way of working with Anita that helped her to respond to the effects on her self of the racialising process. It was a way of working that had similar values to Winnicott (1971), who explains:

<sup>5</sup> According to African proverb the 'village' refers to the role that it has in raising and socialising the child that belongs to the village

*“Psychotherapy is not making clever and apt interpretations: by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face and reflects what is there to be seen” (p5).*

## **8.2 Transference and countertransference**

My countertransference to Anita initially involved me feeling a need to assert my authority as her therapist at times. I found myself feeling angry towards Anita at these times when this happened. I mostly related to Anita in this way when she presented her more culturally informed ideas of her self and her presenting psychological difficulties to me in her psychotherapy. What was at play at an unconscious level in these moments was my efforts to impart on to Anita a more western and psychoanalytic view of her self. My response to Anita in these moments could be explained by (Dalal, 2002), who suggests that a colonising way of relating in the clinical setting is inevitable when the therapist and patient experience each other's culture and / or race as being significantly different. I would add to what Dalal says about this by suggesting that my work with Anita has shown that this way of relating is not necessarily dependent on the therapist and patient viewing each other's culture and race as being significantly different, and that even minor differences, when not thought about or understood between therapist and patient, can evoke this way of relating.

Dalal importantly identifies that this colonising way of relating occurs when the therapist and patient try to deny these differences. My work with Anita illustrates this, as I initially denied the differences between Anita and me by adopting a type of “colour-blind” approach in Anita's psychotherapy in the way that Dalal explains ultimately leads to a colonising way of relating. On reflection, adopting a “colour-blind” approach with Anita occurred in part because my training did not provide me with the tools (conceptual and theoretical frameworks) to support thinking about the type of dynamics that could occur during cross-cultural psychoanalytic psychotherapy. (Kirmayer, 2007) states (wrongly in my opinion) that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism. I think my work with Anita has shown that

psychoanalytic psychotherapy is well-suited to responding to all aspects of the person's self, regardless of their background. However, Kirmayer may be highlighting how the absence of research undertaken in this country on cross-cultural psychoanalytic psychotherapy can lead people to make the type of assertion that she did.

The inevitability of adopting a colonising way of relating in cross-cultural psychotherapy, especially if differences are not thought about or understood in the way that (Dalal, 2002) asserts, seems quite gloomy. However, my work with Anita showed that the transference and countertransference can be used to make sense of the regressed aspects of the self that are being communicated by the patient during a more colonised way of relating. (Hamer, 2006) has talked about this extensively and has shown how the racial prejudice that emerges in the context of the transference relationship can be thought of as the patient's communication of the polarised aspects of their self.

Understanding the colonising process from my own perspective – through use of the countertransference - was integral in helping Anita to understand what polarised aspects of her self she might have been communicating when she related to me in this way. (Timimi, 1996) reminds us how I, someone from a minority ethnic background, -who has experience of being related to in a colonial-type way, would go on to relate to others in this way myself, when he states that this type of relating is to be expected as it arises from an introjection from society of centuries-old relations between whites as colonisers and blacks as colonised. (Timimi's, 1996) statement suggests why both Anita's and my way of relating to one another was initially organised around an attempt to dominate one another, and why the anti-concern that (Joseph, 1988) has described was a feature of it, as a colonial-type way of relating is unconsciously sanctioned by society's construction, treatment and way of relating to the other.

Through grounded theory analysis of Anita's psychotherapy sessions, what can now be observed was that impasses in her psychotherapy occurred when the differences between us were not understood between us or explored fully (a kind of colour-blind

approach to psychotherapy). What was present in Anita's transference and my countertransference to Anita in these moments of impasse was a shared feeling of what (Joseph,1988) describes as anti-concern for the welfare of the object. A more subtle example of this type of relating was the lack of regard I had at times for Anita's cultural understanding and interpretation of her self. It was a way of relating that was initially difficult for me to respond to because of how subtly it presented itself in the clinical setting.

It feels important to consider what other factors had a bearing on my relating to Anita initially in this way. (Rustin's, 1991) idea of race as being devoid of objective meaning, from its being an empty category ripe for filling up with projective content, is useful when understanding why tending to (or not tending to) issues of race and difference in Anita's psychotherapy resulted in impasses. I would suggest that thinking was unable to take place around race and difference during these impasses as they became empty (meaningless) categories that became filled with projective content by both of us. It rendered issues of race and difference devoid of objective meaning (from Rustin's perspective) because of this and impeded thinking from taking place in the way that (Bion, 1962a) conceptualises it. Bion's theory of thinking is pertinent when understanding why thinking was unattainable in these moments of impasse. I would suggest that our inability to think in these moments was related to our difficulty in containing the depth of frustration that came from race and difference being experienced by us as "empty", i.e. devoid of objective meaning. I would suggest that impasses in the transference were at times expressions of resistance and difficulty in thinking and containing race and difference, resulting in incidents of anti-thinking or (-k).

I would suggest that the way of relating between Anita and me that I am describing has parallels with the findings from the research undertaken by (Millar, 2015). Millar's research explored how issues of race (both internal and external) showed themselves in the transference relationship. Millar (2015) explains... "*...I believe my research has shown both unconscious racist communications from the patient and pre-existing hypersensitivity and preoccupation from the therapist can cohabit the same therapeutic moment*" (p142).

My own countertransference to Anita in moments when she related to me in colonising ways were not characterised by the hypersensitivity that Millar describes. However, it was characterised by my preoccupation with making sense of my experience of being experienced by Anita as “not-me” during these incidents. This led to racialised ideas of the other cohabiting the same therapeutic moment when issues of race and difference were not understood between Anita and me.

However, my work with Anita shows that thinking about issues of race and difference could take place in the transference and countertransference, once they had been contained and understood by me initially, so that Anita could then understand them better. It suggests that the initial impasses in Anita psychotherapy occurred as a result of us not having our preconceptions about talking and thinking about race, culture and difference realised. The frustration that led to “anti-thinking”, from not having the satisfying, envisaged emotional experience about thinking about race and difference, is captured by (Bion, 1962b), who suggests that there is an idea that... “...*conception therefore will be expected to be constantly conjoined with an emotional experience of satisfaction*” (p111).

### **8.3 The effectiveness of cross-cultural psychoanalytic psychotherapy**

I have shown in 8.2 and in previous chapters how the initial resistance in Anita’s transference arose from the colonial-type positions Anita and I became entrenched in, particularly when thinking about issues of race and difference could not take place in the way (Bion, 1962a) describes. Another reason why Anita related to me in a colonising way was as a result of the fear she and her mother had about mental health services. Anita reported in her third assessment appointment (please refer to Chapter 6.2) that she and her mother were worried that I (and thereby CAMHS) would view them as mad because of their cultural ideas and interpretations about Anita’s presenting difficulties. Anita’s reporting this fear to me is an expression of a type of transference that people from BAME communities have to mental health services such as CAMHS. This fear developed, in part, because of the fantasies (grounded in reality) about BAME people’s negative experience of mental health services.

(Keating et al., 2002) expand on these experiences by describing how BAME people's negative experience of feeling mistreated and pathologised by psychiatry led to a "circle of fear" developing for this group of people (in relation to how they view mental health services in this country). Anita showed very early on how much this "circle of fear" organised her view and transference to CAMHS through the content of her dreams and the type of characters she identified with in books and certain films (please refer to Chapter 2.11).

(Lowe, 2010) importantly identifies a theme for BAME people that is relevant to my work with Anita when he suggests that BAME patients' ambivalence towards accessing mental health services, when explored, can be understood as an expression of a difficulty in relinquishing familiar defences and a fear of betraying attachment figures, even those that may have caused them pain and suffering. My initial colonial way of relating to Anita undoubtedly augmented her "circle of fear" belief about mental health services, as in these moments she would have likely experienced my way of relating to her as me pushing her to betray her attachment figures, in particular her mother. What emerged in Anita's psychotherapy was that part of the resistance in Anita's transference to me arose from her viewing me as an object that represented the thoughts, beliefs and views within the circle of fear that (Keating et al., 2002) describe, whilst another part of the transference resistance was underpinned by her worry about betraying attachment figures, even those that have posed her harm (Lowe, 2010).

Anita showed initially how her worry about betraying attachment figures was anxiety-provoking for her. For example, Anita initially responded defensively and ambivalently when I made direct transference interpretations, as in these moments she experienced my invitation to work in the transference as being akin to betraying her parents or other attachment figures in some way. Another aspect of Anita's transference resistance resulted from her deep fear that I would be damaged by her more ambivalent thoughts and feeling in the same way that she fantasised that she had damaged her mother.

Helping Anita to explore her attachment figures in her psychotherapy involved us understanding her experience of them in alternative transference objects. It involved

using what (Havenaar, 1990) describes as culturally acceptable transference objects, such as her transference to school (an object with both maternal and paternal functions), and her transference to CAMHS, to think about her attachment figures and the transference relationship. By using Anita's transference to institutions initially in her psychotherapy in this way, until she was able to think about it more in relation to me, enabled her to develop a capacity to contain and permit the thoughts and feelings she previously felt were not acceptable to have about her attachment figures.

Anita's return to school provided her with a number of alternative transference objects that supported this way of working with her. An important transference figure for her oedipal feelings was her English teacher. Much of her sexual feelings and experience of being in the third position (by virtue of this teacher's marriage) enabled us to respond to the issue of Anita wanting to make her oedipal feelings invisible in the clinical setting (O'Shaughnessy, 1989). The process of thinking about Anita's oedipal and sexual feelings outside of us, and reintroducing them through how they were being shown in her transference to me, helped Anita to understand why she was driven to make them invisible in the clinical setting. This way of working with Anita proved useful when exploring her relationship with her mother and with religion. For example, Anita found it easier to think about her relationship with her mother in the transference she had with female teachers whom she experienced maternally.

#### **8.4 Anita's use of psychic retreats**

A theme of Anita's internal world was the way she used psychic retreats to take refuge from the difficulties that certain realities presented her with (Steiner, 1993). For example, Anita's school refusal can now be viewed as a symptom of her retreating psychically from her experience of school becoming a "not-me" object, (Winnicott, 1971). A consistent theme in Anita's psychotherapy was how driven she could be to identify with objects, often in intrusive ways, in her attempts to take refuge from internal and external difficulties. An example of this was Anita's over identifying with atheism - her attempt to mitigate the adverse effects on her psyche that her internal religious object caused.

The effect that Anita's internal religious object had on her internal world was often conveyed in the dreams she presented. Her dreams contained examples of the phantasies and beliefs about the fate that she believed would befall her if she did not follow Islam in the way she felt her family asserted. Anita's dreams regularly conveyed punishments such as dismemberment and beheading and her fantasy of her paternal figures implementing them. How Anita presented her family, in particular the men in it, showed that they had what could be described as a shared fundamentalist state of mind. Describing Anita's family in this way captured their tendency to relate aggressively to those they experienced as posing a threat to their religious identity (Fanon, 1963). Anita's family relating to her as if she was an enemy and a threat to family life illustrates a symptom that developed from the family's wish for her to develop a lifestyle that was more synonymous with the values and beliefs held from their country of origin. Anita's identification with atheism and her maternal object illustrates the attempts she made to take refuge from her family relating to her as if she was a threat to them. These identifications were also Anita's way to take refuge from the dominance that her internal religious object previously had on her internal world (Bollas, 1987).

I have come to view that Anita's experience of Jinn arose from how the shadow of her internal religious object shaped the objects (especially her paternal objects) in her internal world. The Jinn came to embody Anita's experience of the men in her family in her parent's generational level, as well as the patriarchal nature of her extended family (informed by how the men in her family took on imam-type roles). In Anita's mind the Jinn represented Allah, the father, objects that captured the phantasies and beliefs about her own internalised father. They became a link to a father (Freud, 1962), albeit one that was angry with her for wanting to adopt a western and secular life. Anita's internalisation and phantasy of her father was undoubtedly informed by his absence, resulting in him being internalised by her as a 'demonised father representation' in the way that Mitscherlich (1969) describes. It suggests why Anita could experience Jinns as demons and not benignly in the way that Islam describes them. Her solution to her experiences of feeling terrorised internally by these demonized, paternal objects (Jinns) was to attempt to split them from her psyche and evacuate them forcibly into the external world, (Bion, 1957). The force and quality of this type of projection gave

these objects (experienced as Jinn) a literal feel, thus resulting in visual hallucinations that a part of her viewed as being real.

The grounded theory analysis sessions (in particularly Grid a) give several examples of how Anita retreated into her internal religious object during her psychotherapy. At times, it involved Anita retreating to an omniscient part of her where my authority and expertise as her therapist could be avoided, especially when the issue of religion and culture was talked about. It was an aspect of the transference that involved Anita in attempts to abolish the links I made for her at times, as retreating psychically to her maternal and religious objects was her attempt to avoid being reminded of the differences that existed between us, such as the power differentiation in the therapeutic relationship (Lombardi, 2009). Anita's way of understanding her transference to me in these moments involved her viewing it as her response to me as an "infidel" (please refer to Grid 4), a figure who was unable to grasp the complexities of her culture and religion.

### **8.5 The effect on Anita's development from internalising a paternal function from her therapist**

Anita's more colonial-type way of relating to me seemed to be informed by her racialising of me in the transference. I have previously described how (Davids, 2011) describes the racialising of the other as occurring as a result of the individual's racialised aspects of their self being located in the other through the process of projective identification. Anita's projective identification with me, during incidents of her relating to me in a colonial-type way, was helped by times she experienced me as a "typical Bengali man" in the transference. The incidents when she experienced me in this way were coded in the grounded analysis sessions under the code (REL). I decided on coding these incidents as (REL) as much of her views of men, and her father figures, were informed by the effect that her internal religious object had on her internalisation of her male and paternal objects.

The type of projective identification that came from this particular type of transference

captured how much Anita's paternal object had been racialised. It suggests why much of Anita's initial way of relating to me was from a position of contempt and anti-concern that (Joseph, 1988) describes. However, it proved ultimately helpful to understand the content of this "anti-concern", from the containment of it in Anita's psychotherapy, as it proved to hold much of the ambivalence she had towards her father. My work with Anita would seem to illustrate that she found it difficult to be in touch with the ambivalent feelings she had for her parental objects, until she felt safe enough in the transference relationship and the clinical setting to be helped in the containment of them. It suggests that the transference relationship provided her with an object with which she could work through the relationship difficulties she had with her parental objects, particularly the ones she had with her father, as a result of the types of containment I have described. (Wineburgh, 2000) explains:

*"The child often unconsciously enacts his/her psychic experience with the father onto the father substitute, perhaps behaving in provocative and angry ways and thus unknowingly ensuring that the new man responds in a way not dissimilar to the father, i.e. rejecting" (p256).*

I hope to have illustrated in this thesis how Anita often enacted her relationship with her father in her transference to me. An example of this enactment involved Anita retreating to her "Good Muslim girl" (GMG) persona and object in the transference, in particularly in the moments she experienced me as a father figure that she felt needed to be placated. (Please refer to grounded theory analysis, Grid 2 in particular, for examples of this). Anita often retreated to her GMG object in her attempt not to be in touch with her ambivalent feelings, such as her hatred and sexual feelings in relation to me. Retreating to this object in this way involved her phantasy of feeling incapable of having ambivalent feelings, such as her sexual ones, as these feelings were not associated with being a GMG. Anita retreating to this object in particular was also used by her to make the oedipal situation invisible in the clinical setting (O'Shaughnessy, 1989).

The grounded theory analysis of Anita's sessions showed how her use of psychic retreats (coded by the term COCOON) began to decrease as her psychotherapy

progressed. It suggests that Anita had developed a capacity to bear the demands from her external realities better whilst also showing how she became more able to use the transference relationship in this regard. Anita's being more able to use the transference relationship as her psychotherapy progressed is supported by incidents of her true self (TRUE) and incidents where she was contained in her psychotherapy (CONTAIN) increasing as her psychotherapy progressed. These developments had the effect of Anita's attendance at school and at her psychotherapy improving.

My work with Anita illustrates how she became increasingly able to use the transference relationship to explore the nature of her parental objects - something that she was previously extremely reluctant to do as a result of believing that it was "disloyal" to do so (Lowe, 2010). The more colonial aspect of the transference relationship was used by me to help Anita explore all aspects of her parental objects. This is because it enabled me to "feel" all the aspects and characteristics of Anita's parental objects, in particular her paternal object, in the way that (Bollas, 1987) describes leads to the patient understanding how the shadow of these objects inform their object relations and sense of self. An outcome of Anita's psychotherapy was her realising how the "shadows" of her object(s), in particular the shadows of her internalised father and internal religious object, informed her sense of self, in particular her view of her gender.

My countertransference to Anita enabled me to "feel" and understand the differing aspects of Anita's internalised father. It initially involved a type of transference that oscillated between her relating to me as the father she had denigrated in her mind to relating to me as the idealised father she had internalised. These ways of relating are coded in the grounded theory analysis where (COL) represents a more denigrating way of relating which resulted from her projecting her racialised object (her internalised father) into me. This way of relating would then change as a result of Anita's identification with her GMG object. Anita identified with this particular object, at times, in her attempt to have an experience of me as her internalised idealised father. Anita's identification with her GMG object was complicated as it was informed, in part, from her at times feeling the need to placate me. However, what developed from helping Anita to understand fully why she identified with this object was that she did so, partly

as her attempt to elicit from me (or her response to) an experience of a father that provided her protection, containment and safety. Grid 2, rows 26 to 27, column c captures how this type of transference is elicited from Anita's experiencing me as an object that she experiences as providing her with safety and protection.

The Good Muslim Girl type of transference seemed to be elicited more at times when Anita experienced me as being similar to her experience of her father in her childhood, when she experienced him as instructive, whilst also being thoughtful and caring towards her. This type of transference involves what I would describe as Anita's experience of me as a father-Imam object - her transference to a paternal object that she wanted to learn from. Anita experiencing me as this father-Imam object in the transference went some way towards her internalising an idea of men as being useful in terms of her development and not redundant in the way that she previously believed. Her experiences of the more creative and loving elements involved in the emotional intercourse we engaged in during her psychotherapy seemed to go towards her developing this idea. Grid 5 illustrates how Anita had begun to develop the idea that intercourse between a man and woman could be creative, loving and safe, in the latter stages of Anita's psychotherapy.

## **Chapter 9 - Conclusion**

The findings from this study would go to show how the transference relationship that occurs within cross-cultural psychoanalytic psychotherapy, when understood within the frames of reference that capture the total experience of the adolescent patient from a BAME background, can help this patient to negotiate and develop an identity that is congruent with the drives held in their “true-self”. The ways of working with this client group, in the way that I have described in the Findings section of this thesis (Chapter 8), would seem to show how psychoanalytic psychotherapy has the potential to help patients from this background to develop selves that can inhabit the differing cultural and social contexts without compromising the integrity of their “true-selves” (Winnicott, 1960).

My work with Anita illustrates the importance of initially tending to the issue of how society, and the external contexts that the patient from this background inhabits, informs their self and the presentation that informed their referral to psychoanalytic

psychotherapy. (Dalal, 2006) seems to also assert the importance of the analyst, in the first instance, working with the patient from this background to understand how their internal world is informed by the social and cultural contexts they inhabit by suggesting that *“any single individual ‘simultaneously’ inhabits not just one but a great range and variety of contexts and overlapping cultural frames – each with their own demands and claims on the individual”* (p40). Anita showed how difficult it was for her to use the transference relationship effectively until all aspects of herself (in particularly her cultural self) were understood intersubjectively.

An important finding from this study came from illustrating the processes and events in Anita’s life that informed the racialising of her self and others. Anita constantly brought to my attention, in the transference, how the more polarised (part-object) parts of the self were informed by her introjecting society’s view of her as the “racial other” (Foulkes, 1990; Davids, 2011). It seems to add further credence to (Bhugra and Bhui’s, 2006) and (Dalal’s, 2006) assertions that identity formation for the person from a minority ethnic background is racialised as a result of their having internalised idealised and denigrated racial images from society.

I hope to have shown in this thesis how the transference relationship is an important tool in understanding how the patient’s self becomes racialised and how it can be used to “deracialise” the self of the patient from this background. (Hamer’s, 2006) idea of racial prejudice in the transference being thought about as a regressed state of the transference, characterised by the polarised representations of the self and other, was helpful when conceptualising Anita’s transference, as much of the more racialised and split-off aspects of her self were indeed conveyed in the transference. Anita’s use of her psychotherapy to work through this issue suggests that cross-cultural psychotherapy is indeed a facilitator of the type of transference relationship that lends itself to work around “deracialising” the self in the way that (Hamer, 2006) asserted.

The clinical supervision I was offered on my work with Anita as well as my own analysis helped me to fully understand the relationship between Anita’s internal and external world, and how it informed her presenting difficulties. They helped me to develop a way of working that tended to the “total situation” (Joseph, 1985) in the

transference that the racialised and non-racialised aspects of Anita's self informed, whilst maintaining my psychoanalytic stance. A technique developed where initially working with Anita involved us thinking about the transference in alternative transference objects until she was able to think about the transference in relation to me. This helped to preserve Anita's loyalty to her attachment figures until the therapeutic relationship was felt by her to be suitably secure enough to explore the more non-cultural understanding of her attachment figures (Lowe, 2010).

(Dalal, 2002) proposes something quite radical for the discipline of psychoanalysis when he suggests that work with BAME patients could potentially be more helpful when starting from the point of understanding the patient from this background's external reality, before moving to tend to their internal world. Dalal explains why he proposes this approach when he suggests that an acceptance and understanding of this patient's external world and experiences of it invariably inform the work of tending to their internal world. (Kirmayer, 2007) and (Jones, 1985) have asserted similar views, by suggesting that an understanding of the patient's relationship to the external world results in the therapist developing a comprehensive view of the patient's self and their object relations. I would suggest that my work with Anita would concur with the approach that (Dalal, 2002) proposes for work with a patient from a BAME background, as a similar approach was paramount to the efficacy of Anita's treatment. Working in this way with Anita enabled me to fully understand how the shadow of religion came to be and how it informed Anita's internal world and her object relations. It also proved helpful in work with second generation immigrants, whose presenting symptomology is informed by the differing, and at times opposing, views held about their self in their family and in the wider community.

The request that Anita made to the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy – i.e. that she wanted a psychotherapy that was “autobiographical in nature” - has stayed with me when writing this thesis. The nature of Anita's request, and the story of Anita's psychotherapy, has reiterated what I think is the strength of psychoanalytic psychotherapy. My work with Anita goes to illustrate that one of the strengths of psychoanalytic psychotherapy is its potential to enable the patient to rewrite their autobiography about their identity, in a way that is more

synonymous with their true feelings, drives and wishes.

I truly doubt that Anita, and the story of her psychotherapy, could have been understood in the way that I have come to understand them (and hopefully conveyed in this thesis), except by capturing them through the single case study. The methodology used in the single case study has allowed me to elucidate the nuances that occur within cross-cultural psychoanalytic psychotherapy and some of the phenomena in it. I am conscious that I have not answered all of the questions that I posed in this thesis about these phenomena and have, perhaps, inadvertently raised further questions that I and others can hopefully explore through further research. However, I feel that I have shown some of the ways that cross-cultural psychotherapy, when thought of and applied in the ways that I have described in this thesis, has the potential to help patients, such as Anita, in their journey to negotiate their identities.

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**A summary of the Grounded theory codes**

<b>Code</b>	<b>Meaning</b>	<b>Description of code</b>
PT	Paternal transference	Incidents where the paternal transference involves the subject's experience of me oscillate between idealisation and denigration.
MT	Maternal transference	Incidents where the subject experiences me as a maternal containing object. Also where the patient experiences me as her internalised mother, fragile, unable to hold her in mind, symbiotic.
CONTAIN	Containment	Incidents where the patient experiences and shows signs of being contained.
REL	Internalised religious object	Incidents where the influence of her internalised religious object shows itself in the clinical setting, how she describes herself and others.
COL	Colonial object relations	Incidents where a more colonialising way of relating shows itself in the clinical setting. Also where there are incidents of a racialising of the self and other.

FOLIE	'Folie à deux'	Incidents where more delusional ideas of the self and other have been communicated to the subject and incorporated by her.
TRUE	"True self"	Incidents where Anita shows and conveys that she is in touch with the "true" thoughts, feelings and beliefs held in her self.
COCOON	Psychic retreat	Incidents where the subject retreats psychically.
OED	Oedipal thoughts and feelings	Incidents where the subject's oedipal thoughts and feelings are conveyed in the clinical setting.
GMG	"Good Muslim girl"	Incidents where the subject is in identification with a persona whose characteristics are deferential, coquettish, placating and child-like.
INFIDEL	Anita's experience of me as a non-Muslim	Incidents where the subject experiences me as being completely outside of her experience and her experience of me as someone who harbours Islamophobic views and attitudes

**An Investigation of the Transference to Determine the Usefulness of Cross-cultural Child Psychotherapy in the Development of the Patient's Self**

**Sean Junor-Sheppard**

A thesis submitted in partial fulfilment of the requirements of the University of East London, in collaboration with the Tavistock and Portman NHS Foundation Trust  
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## **Abstract**

This thesis is a single case-study of a Child and Adolescent Psychotherapist working with a patient who is a teenage, female, adolescent from a Bangladeshi, Muslim background. The patient being categorised as a second generation immigrant by society is pertinent to this thesis. The thesis presents the completed four years intensive psychotherapy (three times a week) of the patient's treatment. The patient commenced this treatment when she was 17 years of age.

The patient's struggles to negotiate her adolescence can be tracked back to her difficulty in separating from her primary object, her internalisation of religion in her early years, and her introjection of an 'Islamophobic' society in her adolescence.

The patient withdrew psychically and physically from the demands of the external world in mid-adolescence and suffered with psychotic-type symptoms, depression and anxiety. The effectiveness of the patient's treatment involved the Child and Adolescent Psychotherapist helping the patient negotiate her adolescent identity by bringing together the views that she had of their self with those held in the patient's family and wider community. Issues of gender, race, ethnicity and culture were consistent themes in the patient's treatment and the use of the Child and Adolescent's countertransference to the patient was integral to understanding the patient's relationship to them.

The primary research method used to analyse processed clinical sessions notes was Grounded Theory Method.

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## **Chapter 1 - Introduction to Thesis**

### **1.1 Synopsis**

The subject of this single case study is Anita, a Muslim adolescent female who is a second generation immigrant. Anita was 17 years of age when she was referred to me for psychoanalytic psychotherapy. Anita was offered three-times-a-week psychoanalytic psychotherapy by me throughout the four years of my training to become a Child and Adolescent Psychotherapist.

My assessment of Anita identified that she was deeply depressed and that she had responded to the demands of negotiating her adolescence and some of the demands presented to her in the external world by retreating psychically from them. Anita experienced psychotic-type symptoms which had a borderline quality to them. These symptoms showed themselves mostly through the visual hallucinations that she frequently experienced before she was referred for psychoanalytic psychotherapy.

I am using the term psychotic in this instance in a similar way to (Bion, 1957) does.

Bion, (Ibid, 1957) views psychosis as the unconscious process where the individual's internal world is forcibly projected into, and located in the external world, as a result of the individual having a 'contact barrier' (between the experience of the inner experience and the external reality) that is not able to keep apart the totality of their conscious and unconscious mind sufficiently. At the start of Anita's treatment the visual hallucinations she experienced (in particularly Jinns) prior to her psychotherapy commencing were a result of this process and a result of the psychotic part of her personality being more prevalent at this time. A part of Anita was able to recognise that her visual hallucinations were not real prior to treatment. However, she felt compelled to view them as if they were as it was more acceptable in her family to view them as spiritual and religious experiences. This thesis will illustrate how the visual hallucinations (mostly shown through the subject's experience of Jinn) was a consequence of her internalisation of religion and primary objects, in particularly her paternal objects, being split off and located into the external world, through projection.

Crawley's (2009) paper for UNICEF, 'The situation among children in immigrant families in the United Kingdom', reported that the foreign-born population in the UK in 2001 represented 8.3 per cent of the total population. In this paper Crawley defines a second generation immigrant as an individual born in the United Kingdom to at least one immigrant parent who was born abroad. I feel that it is important to draw attention to Crawley's definition of a second generation immigrant for two reasons. The first reason is that this thesis intends to explore how the identity and personality development of the adolescent from this background is informed by the views held in society about this group of people. The second reason for drawing attention to Anita's being defined in this way is that this thesis is also interested in exploring the effect on the personality development of the adolescent from this background from having internalised transgenerational ideas of the self from within their family. The role of immigration, and the influence that it has on the identity development of the adolescent from this background, is therefore pertinent when exploring this question.

## **1.2 My interest in writing about Anita**

I became interested in writing about my work with Anita during the third year of her psychotherapy. I was becoming increasingly aware at this time of the bearing that religion and her culture had had on Anita's personality development and how they had informed the views she had of herself and others. When I attempted to find out what had been written about race, culture (religion being part of culture) and difference, with a view to better understanding why they informed Anita in the way that they seemed to, I found that very little had been written about them in psychoanalysis. I felt from this that writing about my work with Anita could contribute to what has already been written about race, culture and difference in psychoanalysis. I also felt that my work with Anita was an opportunity to explore how issues of race, culture and difference are communicated and worked with in the transference and within cross-cultural psychoanalytic psychotherapy. (I am using the term cross-cultural psychoanalytic psychotherapy to refer to psychoanalytic psychotherapy that takes place between a therapist and a patient whose ethnicity and culture may be explicitly or implicitly different from each other.) Anita's psychotherapy was explicitly "cross-cultural" as her ethnic and cultural background visibly differed from mine (a black, British male child

and adolescent psychotherapist who is a second generation immigrant from a Christian, Caribbean background).

Although Anita and I are similar by virtue of our both belonging to the Black and Minority Ethnic (BAME) group and from our both being second generation immigrants, my work with Anita has shown me that my experience of negotiating my own adolescent identity was more different from (and somewhat less complicated than) Anita's than I had initially envisaged. This was in part because of the eras we were born into and the beliefs about adolescent identity held in these respective eras. Much of my sense of self was informed by the culture of the area I grew up in. I was born in East London in the '70s and my adolescence took place there during the '80s. A large proportion of my friends were second generation immigrants, although we did not define ourselves in this way at this time. What seemed to bind us together was that we had a shared, secular view of ourselves and that our parents were immigrants, albeit from the West Indies, Africa, India or Pakistan. We were also bound together by the fact that the BAME group made up the majority demographic in the primary and secondary schools we attended.

Negotiating our identity in this era seemed to be far simpler then than it is now, for young people such as Anita. Our shared "black" culture was what defined my identity and the identities of my friends. Black culture clearly informed the identities of my white British friends. It became a shared identity for young people growing up in East London, due to the influence black culture had on our interests in music, political views, sport, clothes and (simply) way of being and relating to ourselves and others. Unlike adolescents now, the political and societal context seemed to have little bearing on defining who we were. In hindsight, my friends and I did not have to develop our adolescent identities whilst also being bombarded by social media's ideas about it. My work with Anita will go to show how her identity and sense of self were shaped by an introjection of ideas about them from society and from her internalising ideas about herself from her family, a group whose ideas about Anita often differed from the ideas that Anita had about herself.

### **1.3 The study's relevance to Child and Adolescent Psychotherapy**

Race, ethnicity, culture and gender were once clearly visible differences that could be acknowledged and thought about in the therapeutic relationship when (or if) they were recognised. They have become less clear, as have issues of “sameness” and “difference” in the therapist / patient relationship, as a result of populations becoming more fluid than ever before. Working “cross-culturally” has therefore become increasingly common, as a result of mental health services, such as CAMHS, beginning to reflect more of the diverse populations they are situated in. This has certainly been the case for me as a child and adolescent psychotherapist working in an inner-city CAMHS.

I feel that there is a need to clarify how psychoanalysis engages with the phenomena arising from cross-cultural psychoanalytic psychotherapy because of this. This thesis will attempt to answer this question as well as the question posed in the study - a study of the transference relationship to determine its efficacy in working cross-culturally with adolescents from a BAME background.

I am (and will always be) indebted to the “spaces” that helped me to explore the questions posed in this thesis. My personal analysis, the clinical supervision I received during my work with Anita and my Doctoral supervision have been invaluable spaces in helping me to explore and understand the cross-cultural psychoanalytic psychotherapy phenomenon in more detail and in helping me to collate and structure the vast amount of data generated from my work with Anita. These spaces helped me to explore and better understand how my work with Anita illustrates the impact on the personality development of the adolescent from a BAME background of inhabiting social and cultural contexts that may hold very different views of their self to the ones that they themselves hold. This concept was particularly relevant to Anita, as her presenting symptomology and difficulties in her adolescent development were informed by this issue.

This thesis acknowledges that all adolescents, regardless of their respective backgrounds, are tasked with having to negotiate their identity within an internal

climate of re-emerging infantile sexuality and a drive to develop more mature object relations whilst also, at times, simultaneously making the psychological and physical transition to the wider community. I will go on to show how the task of BAME adolescents negotiating their adolescence can be complicated from having to do so within contexts that often do not reflect their “true-self” and that are often hostile to their “true-self”.

At the time of writing this thesis, it seems particularly pertinent to be thinking about these issues when adolescents from BAME and immigrant backgrounds are having to negotiate their identities in social and political contexts that they often experience as being hostile to their “true self”. Brexit is an example of a political context and climate that is looming at the time of writing this thesis, and this is arguably creating a hostile social and political environment for BAME adolescents. The rise of Islamophobia would suggest that this is the case and this could be viewed as a symptom of this country’s struggle to renegotiate a national identity.

The task of adolescents from BAME and immigrant backgrounds negotiating their adolescent identities within these types of societal and political contexts becomes even more complicated because of this, especially as a consequence of Brexit is that the word “immigrant” has now become a coded term for referring to the “other” from a Lacanian perspective. These political and societal changes posit a particular challenge to the psychoanalytic profession as one is now tasked with trying to make sense of how Brexit, and a climate of growing anti-immigrant sentiment, informs our psychoanalytic work with adolescents whose sense of self is inevitably shaped by these changes. It therefore seems an apt time to be exploring the efficacy of cross-cultural psychoanalytic psychotherapy with adolescents from BAME backgrounds, with a view to determining how it can help them with the task of negotiating their identities.

## **Chapter 2 - A Single Case Study (The Story of Anita's Psychotherapy)**

### Introduction

I will now give a summary of the work I undertook with the subject of this thesis, Anita. I will illustrate the salient themes that emerged and the theories that helped me to make sense of them. I will expand on these themes and theories in detail in later chapters. I will illustrate how the transference relationship was thought about by me initially and will refer to the particular incidents and events that took place in Anita's psychotherapy and in the external world as "turning points". I will show why I have come to view these incidents and events in this way and will describe how they made a positive contribution to Anita negotiating her adolescent development.

### **2.1 Anita's background history**

Anita is the oldest of four siblings. She has two sisters and a brother. Anita's parents, Mr and Ms Khan, entered into an arranged marriage in Bangladesh before they emigrated to England. They settled in an area that has a large Bangladeshi population. Ms Khan worked as a social worker whilst Mr Khan worked with an extended family member in a local butcher's.

Anita was born several years after the couple had settled in England. Her birth was unremarkable and she attained her developmental milestones on time. Ms Khan gave birth to Anita's sister when Anita was two years of age, before going on to give birth to Anita's brother and younger sister.

Ms Khan and Mr Khan separated when Anita was 11 years of age. Both parents cited each other's opposing views on how they should conduct themselves as the main reason for their marriage ending. Mr Khan cited Ms Khan's objection to adopting a more traditional, Islamic lifestyle, which would have involved her not working, as one of their differences. Ms Khan objected to Mr Khan regularly instructing the children from an early age on how they should follow Islam.

## **2.2 Anita's first contact with CAMHS**

Anita was 12 years of age when she was first referred to CAMHS. The difficulties in her family were a precipitator for her being referred, as her extended family had continued to blame Ms Khan for the end of her marriage to Mr Khan. They asserted in various ways that they strongly believed that Ms Khan's adherence to a "Western" way of life had made married life intolerable for Mr Khan. Anita's extended family also felt that Ms Khan had brought shame on them and her immediate family by choosing not to wear the hijab. They felt that her decision to do this had influenced Anita's decision to stop wearing the hijab shortly after her parents had separated.

Anita's extended family conveyed their disapproval to Ms Khan and her children (Anita particularly) in an aggressive and at times threatening way. Anita and her family were deeply affected by how their extended family treated them. A consequence of this treatment was that Ms Khan suffered a psychotic breakdown and was hospitalised for a short period before Anita was referred.

Anita's GP referral described how Anita was suffering with low mood at this time and that she was very fearful of her extended family following her parents' separation. Anita and her family (her mother and three siblings) were offered family therapy for over a year after this referral. Her mood improved following this treatment and she was discharged from the clinic.

Anita was referred back to the same CAMHS clinic (the clinic that I was placed in during my Child and Adolescent Psychotherapy training) by her GP when she was 16 years of age. Anita had not attended school for just over a year at the time of this referral. Her absence from school resulted from the internal dilemma she was presented with from her school limiting the subjects she could study at A level. Choosing subjects to study is of course very difficult and complicated for many adolescents. However, it was even more complicated and internally challenging for Anita, a young person who had continually struggled with the internal experiences relating to loss. Anita responded to loss in this way in part because she did not have the experience of forgoing her primary object in childhood in the way that Klein (1952)

explains provides the basis for the individual to develop the capacity to manage losses during their lifetime. This thesis will refer to the clinical material from my work with Anita and will show how her failure to forgo her idealised, desired primary object fully in childhood resulted in her difficulty in managing losses of objects she viewed as desirable (such as the A levels she wanted to study). The thesis will also show how Anita's experience of her school acting to prohibit the A levels she wanted to study was, for her, akin to the infant's experience of their father's paternal function - acting to separate them from their mother (desired primary object). It will show that Anita's solution to this experience - brought on by her experiencing her school paternally in the way that I described – was to retreat psychically from the paternal experience presented to her and to study specific subjects independently in opposed to remaining in school and being restricted in the subjects she could study.

The CAMHS clinic's Child and Adolescent Psychiatrist's assessment of Anita concluded that she was not clinically depressed and recommended that she should be offered CBT in the first instance. Anita was referred for this treatment to a clinician in the clinic. Her low mood alleviated following this treatment and she attained very good GCSE results, despite not being in school at this time. This wasn't surprising: throughout Anita's contact with the clinic, her mother described how academically gifted Anita was and reported that she was a child who had always made excellent academic progress, from the moment she started primary school. Her parents, her mother in particular, viewed and referred to Anita as a child prodigy because of this. Ms Khan initially wanted Anita to attend a private school from a primary school age because of her view of Anita, but Anita's father objected to this.

Five months after Anita's CBT treatment had finished, Ms Khan contacted the Child and Adolescent Psychiatrist who had assessed Anita to request for her to have psychoanalytic psychotherapy. Anita had still not returned to school at this time and had reported to her mother that she was very anxious, that she felt depressed and that she was disillusioned with her life. Anita reported to the Child and Adolescent Psychiatrist who re-assessed her that she was having difficulty sleeping at this time. Anita regularly reported to her mother that her sleep was disturbed because Jinn<sup>1</sup>

<sup>1</sup> 1 The jinn are spiritual creatures in Islam and Arabic folklore. They are mentioned in the Qur'an and other Islamic texts and inhabit an unseen world in dimensions beyond the visible universe of humans. Together, the jinn,

appeared in her bedroom at night, but she did not report this at this assessment. Anita did report to the Child and Adolescent Psychiatrist that there were incidents when she would see her hands and feet being severed when she looked at these areas of her body. Anita reported that she was unsure whether she should pursue a career in academia or pursue a career in music. She did not socialise much at this time, other than to occasionally tutor children known to her family.

Anita reported at this assessment that she was very worried about what would happen to her after she had stated to her family, prior to this referral, that she no longer followed Islam. The consultant Child and Adolescent Psychiatrist's assessment identified that Anita's presenting difficulties seemed to have the effect of creating some sort of reconciliation with her extended family following their dispute with Anita and her mother. His assessment stated that: "...Anita had begun to offer the appearance of religious observance in response to the support of her extended family". Anita's extended family had continued to blame Anita's mother for her marriage to Anita's father ending, but were less blaming and angry with Anita as a result of feeling that she was trying to follow Islam again. They felt that the fact that Anita was wearing more traditional clothes in their presence was evidence of this.

Anita reported to the Child and Adolescent Psychiatrist that she was interested in psychoanalytic psychotherapy as she wanted a treatment that was more "autobiographical in nature". The Child and Adolescent Psychiatrist referred Anita to me to be assessed for psychoanalytic psychotherapy.

### **2.3 My first contact with Anita**

I first met Anita when the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy arranged for me to meet her to discuss this referral.

humans and angels make up the three sapient creations of God. The Qur'an mentions that the jinn are made of a smokeless and "scorching fire", but are also physical in nature, being able to interact physically with people and objects and likewise be acted upon. Like human beings, the jinn can also be good, evil or neutrally benevolent and hence have free will like humans and unlike angels, and so are able to follow any religion they choose.

The jinn abused their free will in front of Allah by refusing to bow to Adam when Allah ordered angels and jinn to do so. For disobeying Allah, the jinn were expelled from Paradise and called "Shayṭān" (Satan). Jinn are frequently mentioned in the Qur'an because the prophet Muhammad met them several times.

Anita attended this appointment with both of her parents. Ms Khan explained at this appointment that she had also referred Anita privately for psychotherapy as she wanted her to have a Child and Adolescent Psychotherapist who was Asian and female. Ms Khan reported that she thought that this person would be able to understand Anita's needs better and that she was unsure whether I, a male, non-Muslim Child and Adolescent Psychotherapist would be able to grasp how the religious and cultural beliefs in their family informed Anita's presenting difficulties. I was able to assure Ms Khan that all aspects of Anita would be considered during her assessment and that an informed decision would be made about whether psychoanalytic psychotherapy with me would be helpful for her. Both parents reported that they were happy for me to assess Anita for psychoanalytic psychotherapy.

It was noticeable that Anita did not contribute much initially at this appointment. She occasionally nodded to signify that she agreed with certain things that her mother said about her. I was struck by how young Anita looked for her age. She presented as childlike and behaved very deferentially towards her mother, the Child and Adolescent Psychiatrist and me. Anita became more engaged when her mother talked about her difficulty with sleeping. Anita reported that her difficulty sleeping was one of the things she would like to talk to me about in her assessment appointments. I explained to Anita what her assessment for psychotherapy would entail and she agreed to attend the three individual assessment appointments I offered her.

#### **2.4 Anita's assessment for psychotherapy**

When I met Anita for the first of her assessment appointments, I was struck by how differently she presented from when I first met her. When I first met her, Anita had spent a lot of the time facing down or away from me or using her fringe to conceal her face and eyes. She did this much less at this appointment, which allowed me to notice how pretty she was. Anita was lively and engaging in a way that was in contrast to how she was when we first met. Her eye contact was better than previously and conveyed a passion and interest that her words mirrored when she spoke. Despite Anita's more lively and engaging way of relating, I felt that she was also quite suspicious of me, which gave me the impression that she was assessing me whilst I was assessing her

for psychotherapy.

I found myself being interested in what Anita had to say and how she spoke and presented. I felt that Anita's more lively way of being and relating was as a result of her parents not being present. I found myself liking Anita from the start.

Anita was keen to talk to me about the issues she felt contributed to her being referred for psychoanalytic psychotherapy. She explained that her disillusionment with Islam was an example of one such issue and how the different views that her family had about Islam made it difficult for her to be herself. Anita explained that her extended family did not like the fact that she continually disagreed with their more traditional views and interpretations of Islam. Anita reported that her family's view of Islam was opposed to many of the things that she believed in. She gave as an example that her extended family disapproved of her view that women should be equal to men. Anita also felt that her extended family did not like women to be outspoken in the way that her mother and she herself were. Anita explained how angry her extended family were with her when they found out that she viewed herself as being an atheist, and described how upset and disturbed she was by the contempt they showed her for having this view of herself.

What emerged from exploring with Anita why she viewed herself as an atheist was that she seemed to identify with atheism as her way to distance herself from the influence that religion, in particularly her family's understanding and interpretation of it, was having on her psychologically. It did seem (although not explicitly stated by Anita at this time) that Anita still believed in a God, but that she had now come to believe in a very different God from the one in whom her family believed. Despite Anita's attempts to distance herself from her family's take on Islam, she showed how it continued to impact on her psychologically and inform her sense of self. For example, Anita described her attempts to appease her more religious-minded extended family members by wearing the hijab, whenever she knew she was going to have contact with them.

In Anita's third assessment appointment she reported that she had had several episodes where jinn appeared to her. She explained that a jinn appeared at the end of

her bed a few months after she stopped attending school and that it ordered her to sleep on the right side of her body. Anita felt that the jinn ordered her to do this as her left side would then be facing towards Allah and this would show Allah that she was subservient to him. Anita clarified to me that the left side was viewed in Islam as a sign of holiness and that she believed that the jinn's appearance was a sign that Allah was angry with her for not following Islam. Anita explained that she believed that Allah had sent the jinn to show her that she would be punished if she did not return to Islam. She described how very persecuted and fearful she felt whenever these jinn appeared, but felt comforted by her mother who she thought understood what she was experiencing. Anita reported that her mother had said to her that she was a prophet, as only prophets were visited by jinn.

The idea of being a prophet seemed to resonate with Anita. She was thoughtful and effervescent when she talked about this and it seemed that she identified with this idea of her as her way of making sense of her more difficult experiences with her extended family. Anita explained that she only truly felt safe from these difficulties when she was at home, on her own, wrapped up tightly in her duvet in her bed. She referred to this as being wrapped up in her "cocoon". Anita was in touch with what felt like feelings of loss and disappointment when she acknowledged that she realised that her reliance on her "cocoon" had stopped her attending school, due to the comforting feeling it gave her.

Anita seemed to be identifying, quite early on in her treatment, how her not attending school and her tendency to take refuge in her "cocoon" were expressions of her retreating psychically to areas of safety, as her way to avoid difficult realities. Steiner(1993) termed this particular defensive mechanism an example of a "psychicretreat" and has described how the fusion between self and object supports the individual's phantasy of retreating into the object(s) that they are using to avoid difficult realities. Meltzer's (1992) theory of the claustrum describes how the claustrophobic type inhabitancy of the primary object is a feature of this type of defensive mechanism. Meltzer explains that the type of object-relating that comes from this sort of defensive mechanism lends itself to the phantasy of inhabiting the internal compartments of the internalised mother. Anita's "cocoon" seemed to give her the claustrum-type experience that Meltzer is describing and suggests why her inhabiting

the family home (in the absence of her siblings) during her absence from school, was experienced by her as her inhabiting the compartments of her internalised mother.

Anita seemed visibly frightened when she recounted her experience of jinn visiting her. I also found myself feeling anxious, though also intrigued, by what Anita had to say about this. Anita reiterated to me on several occasions during the assessment period that jinn were real. I felt that her conveying this belief to me was one of her ways of ascertaining whether I was someone that would understand her more religiously informed beliefs and experiences, or whether I would be dismissive of them. A part of me did feel dismissive of what Anita reported in these moments and I found myself having to work hard to suspend judgement on what she reported. I did feel that Anita's experience of me in the transference as someone who did not believe her was a communication of how alone and abandoned she felt in relation to her difficulties. She seemed to be describing feeling "cast out" of the minds of others and by her extended family in a similar way to how jinn were "cast out of paradise" for having free will (according to Islamic theology).

During one of her assessment appointments, Anita explained that she had found out about psychoanalytic psychotherapy from reading about it on the internet. She described how she had found out about lots of treatments for depression and anxiety whilst she had not been attending school. Anita explained that she was drawn to psychoanalytic psychotherapy as she liked the fact that it was interested in understanding how a person's history and the contexts that they live in shapes them.

Following Anita's assessment, I met Anita and her mother to explain that Anita had showed during the assessment period that psychoanalytic psychotherapy had the potential to help her with the difficulties she was presented with. I explained that I recommended that Anita should begin with twice-a-week psychoanalytic psychotherapy, with a view to her treatment being increased to three times a week. I explained that Anita's complex psychological and emotional difficulties would have the best chance of being responded to in three-times-a-week, intensive psychoanalytic psychotherapy. I also explained that intensive psychoanalytic psychotherapy and what it entailed would likely give Anita the emotional foundation and containment necessary

to support her in returning to school. Anita and Ms Khan agreed with my recommendations and Ms Khan agreed to fortnightly parent work sessions with a Child and Adolescent Psychotherapist from the clinic.

## **2.5 Post-colonialism in the clinical setting**

Anita had not returned to school when her psychoanalytic psychotherapy started. What quickly emerged was that she seemed to find it difficult to attend her appointments, or come to them on time when she did attend. This pattern continued despite the fact that Anita was not attending school or engaging in other activities at the start of her psychotherapy. Anita was often anxious and extremely apologetic when she arrived late for her appointment or when she attended after missing an appointment. As the transference began to take shape it often felt that she expected me to be very disapproving, critical and perhaps angry with her about her attendance and punctuality at her appointments. I was curious to understand why Anita seemed to experience me in this way as my overarching feeling towards her at this stage was one of sympathy from being aware of how much her psychological difficulties informed this issue.

As Anita's psychotherapy progressed, she reported that her mother was trying to find a grammar school for her to go to. She was clearly anxious about returning to any school, but seemed to want to convey otherwise when I enquired how she felt about the prospect of going to this grammar school. In a subsequent appointment, Anita explained that her mother had in fact identified a grammar school for her to go to that was several boroughs away from where they lived. Anita reported that her mother had begun to make plans for her to reside, during term-time, with what felt like distant friends of her family that lived in the same borough as this school.

Anita explained that her mother had said to her that she thought that this grammar school's prestigious reputation would help her to get into the university of her choosing. She acknowledged that she also liked the idea of attending a prestigious school but was able to say that she was also worried about the prospect of living away from her family with people that she did not know well. Anita reported that she had not told her mother that she would prefer to study A-levels at her local school, which her sister and

brother attended. She explained that she liked the idea of going to this school as it was close to where she lived and that she knew that some of her friends also went there. Anita reported that she also liked the fact that a large proportion of the pupils who went to this school were from a similar ethnic and cultural background to her.

As we explored this issue together, Anita became more and more torn about which school to attend. She seemed to respond to this situation in a similar way to how she responded to the previous situation when she had to choose her A-levels. It did seem that Anita found the idea of choice, and the losses that occurred as a result of making choices, very difficult. This difficulty seemed to link to her not having experienced the loss of the type of relationship that she enjoyed with her mother. At this point in Anita's psychotherapy, it was clear that she was very tied to her mother in a psychological sense. This issue showed itself in my counter-transference to Anita, as I often found it extremely difficult to differentiate whether she was reporting her own views or beliefs or whether she was reporting the views and beliefs of her mother.

Anita was also torn about which school to choose, as a result of the appeal of attending a prestigious grammar acting to override her more infantile and adolescent needs. Anita's recognition that she would feel more comfortable (and contained) in her siblings' school often became lost and denigrated by her because of this appeal and how it resonated with the more elitist part of her. Anita illustrated how this part of her organised other aspects of her thinking when she reported that she imagined that there would not be any pupils as intelligent and as motivated as her in the secondary school her siblings attended. Anita illustrated this further when she reported that she feared that her academic needs would not be met in this school as she felt that the Bangladeshi young people who attended it were generally more interested in the social aspect of school. She noticeably became a bit contemptuous when she shared that she felt that girls from her culture often did not think that they needed a professional career as they would have marriages arranged for them. Anita reported that she believed that professional careers for women from her culture would not be encouraged by their husbands. She explained that she believed that she would find it different in the grammar school her mother wanted her to go to as she imagined that it would be populated mostly by white British pupils who were naturally bright, keen to

attain and motivated to develop careers in the way that she believed Bangladeshi girls were not.

Anita's descriptions of her siblings' school and the Bangladeshi children that attended it suggested that a part of her viewed her culture and ethnicity negatively. On reflection, Anita was illustrating what Fanon (1952) describes as the "inescapable psychic problem" for black people, which he explains involves black, or "non-white", being associated negatively, as a result of introjecting colonial ideas about them from society.

I felt that (Fanon's, 1952) idea of the "inescapable psychic problem" for black people was part of the reason why Anita viewed her culture and ethnicity in the way that she did. However, I also felt that there were other factors at play than Fanon's idea which explained why Anita viewed her culture and ethnicity in the way that she did. I found myself becoming more curious about why Anita had come to view her culture in the way that she did, particularly as I did not share this view of my own culture. It did seem that my curiosity about this phenomenon, and my providing a space for it in my mind, also created a space for Anita to begin exploring it in her psychotherapy. It also resulted in a space developing around thinking about how culture and religion informed Anita's views on gender. Anita's difficulty in choosing the right school provided us with the catalyst to begin exploring these issues: in particular, the issue of how her view of her culture had contributed to the difficulty she was having in choosing the right school for herself.

I was expecting Anita to be open and interested about thinking about these issues and was therefore surprised about the particular quality she brought to how she talked to me about her ideas on gender and culture. She spoke in a way that conveyed that I could not possibly truly understand her views about her culture, and especially her views and beliefs about religion. Anita became more contemptuous and detached from me in these moments. I found myself feeling irritated when this happened, and also usurped from my position as Anita's therapist, as a result of her presuming my ignorance about her culture and religion. My countertransference to Anita on these occasions involved me feeling redundant and excluded from her narratives about her culture and religion, especially when she drew on her knowledge about Islam in what

felt like her way of underlining my ignorance about it and my ignorance in general. Anita imparted her ideas about Islam in such a way in these moments that I felt completely positioned outside her experience of them. I found myself wanting to forcibly challenge her ideas of religion in these moments. On reflection, I felt that this was my attempt to get back into a more inter-subjective way of relating with Anita. Our ways of relating to each other in these moments created a dynamic where we both wanted to “colonise” one another’s religious (Anita) and psychoanalytic (me) ideas about the self and other that we were positing. It also felt that Anita and I were re-enacting a way of relating in these moments that was organised around a paranoid-schizoid way of viewing and relating to the “other”.

In the moments when I felt “othered” by Anita, I found myself interpreting in a more rigid psychoanalytical manner in what felt like my attempt to regain my position as Anita’s therapist. Relating to Anita in this way and my difficulty in thinking in these moments seemed to indicate incidents of resistance in the transference. It felt that they were moments when Anita was “acting in” the transference in the way that Joseph (1985) suggests conveys the patient’s anxiety about the transference relationship. On reflection it felt that Anita’s need to “other” me initially was informed by the anxiety she felt from her experience of me in the transference as an object that would view her “otherness” (her culturally informed views of her presenting psychological difficulties) as evidence of her being insane. Anita expanded on her anxiety about this issue in her third assessment appointment. (This will be explored more fully in Chapter 6 – Adolescence.)

## **2.6 The “cocoon”**

Anita had a tendency to withdraw from me emotionally when she felt that discussions about her culture and religion had reached an impasse. She often became more wedded to her views on them in these moments, particularly her views on religion. Anita occasionally withdrew from me physically when she felt that we had reached an impasse, following discussions about culture and religion, by either missing the next appointment or by coming very late to it. Anita’s use of her appointments in these ways conveyed how she attempted to retreat psychically to relatively safe areas of her mind

by reducing the level of physical contact between us. She hoped by doing this that it would reduce the difficult feelings and experiences that contact with me was presenting her with at this time (Steiner, 1993).

Anita showed that she could think about her tendency to retreat psychically when she emerged from them. She was interested in trying to make sense of this internal difficulty, in part because she recognised that it had the potential to sabotage her long-term goal of going to university. By working more intensely in the moments when she emerged from her psychic retreats, Anita was eventually able to identify that a part of her did not want to go to school as it would mean that she could no longer have the home to herself. Anita described how she liked being at home without her siblings and would often come alive in her appointments from being in touch with the pleasure that she got from being at home on her own, wrapped up safely, tightly in her blanket – “her cocoon”. We were able to think about the meaning of her “cocoon”, following my suggesting to her that being at home on her own and the feelings she described that this gave her might give her a similar feeling and experience to the time when she had her mother to herself, before her siblings were born. I also suggested that her experience of her “cocoon” was similar to being in a womb. I initially dreaded interpreting this issue in this way to Anita and was therefore surprised that she did not “retreat” from this interpretation in the way that I feared that she would. In fact, Anita seemed relieved that I had given voice to what felt like a salient theme of her emotional life and she showed an interest and curiosity to explore this issue further with me.

The fear I had about interpreting this issue to Anita and my wish to avoid interpreting it has echoes with what Strachey (1934) says about the analyst’s fear and wish to avoid an interpretation that is disturbing, in part because it holds the truth. Anita’s amenability to my interpretations about her relationship with her “cocoon” suggested that they contained a salient “truth” that resonated with a part of her. Anita later reported why she believed that being in her “cocoon” was pleasing for both her mother and her. She explained that she believed that her mother liked that she was still dependent on her (whenever Anita was in a cocoon state of mind) and that she felt that being this way made her mother feel better in some way. Anita felt that it was important for her mother to feel better as she believed that her mother was still mentally fragile following her

psychotic breakdown<sup>2</sup>. Her descriptions of her mother illustrated how Anita worried about overburdening her object.

It seemed that Anita was describing how her tendency to maintain a more infantile way of relating to her mother and her tendency to subjugate her own views, thoughts and feelings were her attempt to ensure that her mother did not become overburdened by her adolescent needs and drives. Anita's tendency to subjugate her own views, thoughts and feelings as a result of viewing her mother this way led to her developing what Winnicott (1960) terms a "false-self". Winnicott explains how the infant's "false-self" develops from suppressing their true drives and wishes in response to their mother's inability to nurture their infant's drives and wishes. Winnicott explains how the infant builds up a false set of relationships and a way of relating as a result of this, causing them to develop a personality very similar to those they have had to subjugate their drives and wishes for. Anita seemed to adopt a similar "false-self" way of relating in regard to her extended family. Her reverting to wearing the hijab whenever she had contact with her extended family conveyed how she had to subjugate the views and feelings in her "true-self" that she had about her religion. It illustrates the compromises that Anita made to her true-self in order to manage certain contexts and relationships that she felt were hostile to it. It also illustrates one of the reasons why her "false-selves" evolved and why she had developed the tendency to take refuge in her objects when these "selves" could not cope with what had been presented to them.

## **2.7 Choosing the "healthy option(s)"**

It felt that it was a significant turning point for Anita when she chose to go to the secondary school her siblings attended. It seemed to represent her choice to prioritise her psychological and emotional needs over her academic ones, whilst also being suggestive of her "true-self" becoming less subjugated by her mother's views and beliefs (Winnicott, 1960). Anita's choosing the school that she did also showed how this

<sup>2</sup> I was mindful that Anita was likely to have been acutely aware about the full nature of her mother's mental health difficulties. Ms Khan had talked about them extensively in front of Anita and Anita's siblings during her previous family therapy appointments at the clinic. Ms Khan was also talking about her mental health difficulties with the Child and Adolescent Psychotherapist who was offering her parent-work sessions.

more grown-up, informed choice, and her asserting herself against her mother by making this choice, were an indication of her beginning the process of relinquishing the more infantile structures of her mind. Waddell (2002) explains how this process is an integral task in the young person's adolescent development.

Anita's choice of school occurred shortly after I had recommended that she should increase her sessions to three times a week. She was hugely ambivalent about the increase in her sessions, initially as she deeply believed that her school would not support her attending more clinic appointments during school time. It was noticeable that Anita was very fearful about the thought of her school disapproving of her attending her clinic appointments during school time, despite my having contacted her school with her consent to arrange this. Anita's response to this situation reminded me of her experience of her previous school as an object that was very paternal, rigid in its boundaries and therefore not understanding of her needs.

Anita did not attend her appointments for two months after she started her new school. I was left feeling that she might have felt overwhelmed about the prospect of leaving the "cocoon" to go to this school, but that she might not have been able to talk to me about this. I also felt that Anita was deeply worried about how she would manage an increase in her contact with me as a result of her sessions increasing. Anita conveyed her anxieties about the transference relationship at times, in particular her worry about how her present and previous absences seemed to be her way of managing the anxiety that came from her growing dependency to me (Joseph, 1985; Steiner, 1993). I felt very abandoned by Anita. On reflection, it felt that she was giving me an experience of how she imagined she had abandoned her mother by choosing to attend the school that her mother did not want her to attend.

Anita did not respond to my letters, which I limited to writing once a week. Following supervision with my clinical supervisor, it was agreed that I should not contact Anita by phone as she would likely experience this as persecuting. I found myself almost giving up at one point on the idea of Anita resuming psychotherapy. However, I felt a glimmer of hope that Anita might return to her psychotherapy from her mother's continual attendance at her parent-work appointments. Ms Khan explained to her parent worker

that Anita had received my letters but that she was worried whether she could manage three-times-a-week psychotherapy and school. Ms Khan had in principle agreed with increasing Anita's sessions but also shared Anita's concern about how she would manage her psychotherapy and school.

## **2.8 Anita's return to the boundary of psychotherapy**

Ms Khan had reported to her parent worker that Anita was finding the prospect of returning to school anxiety-provoking. She felt that Anita was depressed and took her to her GP soon after she had started school. Anita's GP prescribed her 25mg of Diazepam (antidepressants). Ms Khan reported that she felt that Anita's presenting psychological difficulties would jeopardise her education, without the intervention of her GP.

When Anita returned to psychotherapy, it was 13 months from when she had first begun to attend. I felt deeply relieved and pleased when Anita rang me to explain that she was returning to psychotherapy. When she returned, we explored why she had found it difficult to meet with me during her absence. Anita explained that she had considered stopping psychotherapy, as she had not seen any discernible progress regarding her difficulties. She reported that she felt that psychotherapy was not helping her in the way that she wanted and that her anxiety and depression had increased just before the summer holidays that she was due to go back to school. Anita reported that her anxiety and depressed feelings increased further soon after she returned to school, but that she wanted to see whether she could manage these difficulties without psychotherapy. She acknowledged with me that she was feeling anxious and depressed before her absence, but not to the extent that her mother claimed. Anita's psychotic-type symptoms, which involved her seeing parts of her body being severed, had presented intermittently during her psychotherapy but had reduced by this point.

On reflection, Anita's absence from her psychotherapy illustrated an omnipotent and self-reliant side to her that had the effect of making her believe that she could provide herself with the containment she needed. Her absence from psychotherapy also illustrated the difficulty she had in relation to her growing dependency on me, as her

response to this internal difficulty was to try to manage her transition to school without my help. It also highlighted how a part of her could at times act to negate the importance of her objects: in this instance, her psychotherapy and her therapist.

It felt significant however that Anita had made the choice to return to psychotherapy. An aspect of the anxiety she felt from the transference relationship was her experience of me and her psychotherapy as paternal, an experience that she was not used to and at times avoided. A part of her craved the safety and containment that my paternal function gave her, whilst a part of her found it difficult to accept, especially when it presented her with an experience of boundaries and authority. Anita's choosing to return to psychotherapy indicated that there was a part of her that recognised the importance that a paternal function had in relation to her own development and in relation to her wish to attain the identity she desired for herself.

Shortly after Anita had resumed her psychotherapy, she confirmed that she was beginning to recognise the importance of the paternal function that her psychotherapy was giving her. She reported that she was able to manage her anxiety better, that she could hold onto her own thoughts more and that she recognised that prioritising her emotional needs above her academic ones was the right thing to do. Anita's return to psychotherapy seemed to mark a few significant turning points for her. For example, it showed how a part of her could hold on to the importance of psychotherapy and the containment it provided her and that her objects (her psychotherapy and me) could withstand her attacks of them, without retaliation. These turning points signified that Anita was developing the idea that she could exert free will, without any reprisal.

Anita's attendance at her new school was good from the start. The excitement she felt when she talked about school and the friendships and relationships she had made there conveyed how her school was meeting many of her emotional needs, especially her adolescent ones. Interestingly, Anita began to present in a more adolescent way soon after this. She was less deferential in how she related to me and was more confident in how she carried herself. I felt very happy that Anita was enjoying life after all of the difficulties she had endured previously. I found myself feeling proud whenever Anita reported her academic attainments, but mostly proud of her "attainments" in

developing her relationships with peers and staff alike. I found myself feeling very paternal towards Anita as a result of these “attainments” and from noticing that a more carefree side to her was emerging, one that was clearly enjoying life again.

Anita’s enjoyment at school could at times be lost by her when she experienced her teachers as criticising her. This would happen mostly when they implemented boundaries with her, e.g. challenging her on the occasions when she did not complete her homework on time, or when she did not attend certain lessons. Anita experienced me similarly to these teachers on occasions, especially when I adhered to the boundary of the clinical setting (not going over time) or when I stayed within the boundary of our relationship (not allowing myself to be drawn out of my role as her therapist). It seemed that her ambivalence towards the boundaries of school and her psychotherapy occurred when she experienced them paternally. However, Anita’s capacity to bear the frustrations of a more paternal experience of her objects helped in the process of her beginning to differentiate her self from her objects. This had the effect of allowing her “true-self” to thrive and develop more.

## **2.9. Once hidden aspects of the transference begin to emerge**

Anita’s difficulty in differentiating her self from her objects was one of the themes of her psychotherapy. This issue first showed itself in Anita’s difficulty in internalising me and relating to me as her therapist, a figure that she came to for help. Her growing tendency to relate to me in the transference as if there were no differences between us, provided us with an opportunity for me to help Anita with this difficulty. It felt that the occasions when Anita tried to position herself in the role of therapist, by virtue of her knowledge about her culture, spirituality and religion, were opportunities to work on this issue. On reflection, Anita’s way of relating to me in the transference conveyed a “symmetrical” aspect to it that is similar to the one that Matte Blanco (1975) describes as involving the patient’s desire to abolish the differences between objects and things. Anita showed further how the type of transference that Matte Blanco describes conveyed the theme of her object relations where differences are avoided or negated. She illustrated this clearly when she reported that she felt that there was not much difference between herself and her mother. Anita reported that she felt that she shared

many of her mother's views and ideas, in particular the view that her mother had about her (Anita's) psychological difficulties, that they were a product of her experiences of the jinn. Anita reported that she also agreed with her mother's view that Allah was trying to communicate with her through these jinn. It was striking that she behaved and talked as her mother did when she talked about their shared views and beliefs in these moments. I found it difficult to relate to Anita in these moments, as it felt that the essence of her self was engulfed by these shared views and beliefs.

Anita showed further how she thought that there was not much difference between her mother and herself when she described how she took on a more parental role with her mother. Anita explained that she felt compelled to do this as she felt that she was tending to the part of her mother that was still emotionally fragile. Anita's difficulty in differentiating her self from her objects was suggestive of a fusion between her self and her primary object. Her descriptions of her mother being similar to herself suggested that she had internalised her mother as an object whose self had very little difference to her own self. The type of projective identification that is involved in internalising an object "similarly" is described by Hinshelwood (1989), who explains that it is based on the infant's idea that the breast has similarities with their self. Hinshelwood describes how the infant eventually becomes aware of the difference between their self and their object from an acknowledgement that the breast is not controlled by them omnipotently. Gaddini (1976) and Trowell and Etchegoyen (2002) explain that their internalisation of the father and their awareness of the "second object" help the infant to forgo the idea that they have control of the breast. However, Anita's difficulty in acknowledging the differences between her self and her object(s), and her difficulty with objects she experienced as paternal, seemed to suggest that her tendency to negate difference was informed by her not having internalised her father in a more developmentally helpful way.

A feature of Anita's way of relating to me when the issue of difference presented in her psychotherapy was similar to what (Tan, 2006) describes as the infant's attempt to annihilate the object that represents the difference. This way of relating has parallels with (Joseph's, 1988) concept of "anti-concern" as Tan (2006) explains that the mother's breast is related to aggressively as a result of its representing the difference

between the infant's self and their object. Tan explains that the infant relates in aggressive and sadistic ways to the breast in these moments in their attempt to control the breast and make it similar to their self. Freud's (1915) thinking on the self's response to difference is similar to the way of relating to the "other" that (Lacan, 1964) describes. As Freud (1915) asserts: "*all things outside the self are hated, all things not-self*" (p136).

As Anita's psychotherapy progressed, she slowly became able to identify when her views and beliefs differed from those of her mother. Her mother's plan to remarry, during the middle stage of her psychotherapy, seemed to have the effect of spurring Anita to explore the differences between her mother and her more. Anita reported that she was upset that her mother planned to marry another man - a Muslim man who she felt had more religiously fundamental views about gender and culture than some of her more religious-minded Muslim family members. Anita explained that she felt that her mother was taking on some of the fundamental views that her partner had on gender and culture. She became quite anguished when she shared that her mother had begun to criticise how she dressed and had suggested that what she wore was too sexual. Anita reported that her mother also wanted her to wear traditional Islamic clothes more often, even when she was not visiting extended family. It felt that Anita's mother's greater identification with the family's more religiously informed ideas about how women should be, were in part a response to Anita's disidentification with these ideas and from Anita beginning the process of dis-identifying from her.

## **2.10 A societal issue brought to the therapy room**

Ms Khan's relationship with her parent worker broke down soon after she remarried. One of Ms Khan's parent-work sessions had a significant bearing on this relationship breaking down. She had brought a newspaper article to this session to show her parent worker how negatively she felt Pakistani Muslim men were being depicted in society. The article in question reported on a paedophile ring in Rochdale, involving

Muslim men grooming and sexually abusing mostly young, vulnerable, white British girls. The article also referred to Pakistani men being implicitly paedophilic. Ms Khan presented this article to the Child and Adolescent Psychotherapist working with her as an example of the Islamophobia that she and her family were faced with.

The Child and Adolescent Psychotherapist working with Ms Khan reported to me that Ms Khan was furious because she felt that she (the Child and Adolescent Psychotherapist working with her) agreed with the views on Pakistani men in this newspaper article. This occurred after the Child and Adolescent Psychotherapist had suggested to Ms Khan that young Muslim men might wish to have their sexual needs met with white British girls if they felt that their culture forbade them from having sex within their culture. Ms Khan refused to attend any more appointments with this Child and Adolescent Psychotherapist after this and reported that she felt that this person had racist views about her culture.

It felt that something quite complicated was enacted in Ms Khan's encounter with this Child and Adolescent Psychotherapist. The strong anti-Muslim sentiment in this country at that time - that this newspaper article captured - seemed to have forced its way into the clinic. I remember feeling conscious of the anti-Muslim sentiment at this time, even though Anita had not talked about her experiences of it with me at this point. I felt that the point that the Child and Adolescent Psychotherapist who had been working with Ms Khan was trying to make to her had been lost and misinterpreted as a result of what I feel was a clumsy interpretation of the issue and of this Child and Adolescent Psychotherapist acting out in the transference in the way that (Joseph, 1978) explains involves the therapist being drawn into the defensive position of the patient. This is because the point that this Child and Adolescent Psychotherapist was trying to make to Ms Khan – that it is normal for adolescents to want to have their sexual needs met – became diluted from her being drawn into Ms Khan's defensive position in regard to sexuality.

If we are to follow Joseph's (Joseph, 1978) idea of acting out in the transference it was inevitable that the Child and Adolescent Psychotherapist working with Ms Khan would have been drawn into responding to her in the way that she did, due to Ms Khan's

need to defend against thinking about her own abuse and the familial abuse in her family. A feature of my work with Anita involved me becoming at times similarly drawn into her defensive positions. This usually occurred when Anita attempted to take psychic refuge in her internal religious object, especially when I made links to her certain, difficult realities. It was important in my work with Anita to think in these moments, i.e. contain her often complicated communications (e.g. about her self through projective identification, as opposed to acting without fully metabolising these projections). With the benefit of hindsight the Child and Adolescent Psychotherapist working with Ms Khan may have been better able to make sense of the underlying communication behind being presented with the newspaper article by Ms Khan by adopting a similar approach to the one I described that I used with Anita.

Ms Khan's response to the Child and Adolescent Psychotherapist's handling of this situation was interesting, insofar as the situation became intractable very quickly. I did wonder whether Ms Khan's adherence to the idea of this Child and Adolescent Psychotherapist being intrinsically racist acted as a defence against her thinking about the relevance of what was said in light of her family's (and her own) history of familial sexual abuse. I also wondered whether the anti-Muslim sentiment at this time was being used as a defence by Ms Khan, so that she did not have to revisit her family and her own experiences of sexual abuse and the issue of how she may be projecting these experiences onto Anita and her children. In this way, Ms Khan was using a societal issue in the way that Jaques (1953) describes involves the individual unconsciously using society and the objects in them as a defence against their persecutory and depressive anxiety. Jaques argues that individuals may put their internal conflicts into objects in the external world; the course of the conflict is followed by means of projective identification and reinternalised through the process of introjective identification. Anita, her family and many other Muslims in this country will have inevitably 'followed' the anti-Muslim sentiment in the media, projecting their own relationship with it along with other types of anxiety into them, until they are eventually reinternalised. The Child and Adolescent Psychotherapist who had worked with Ms Khan seemed to represent for her (through means of projection) something of the external conflict and anti-Muslim sentiment that she was presented with. It suggests why Ms Khan may have related and reacted to this Child and Adolescent

Psychotherapist as if she was an Islamophobic object.

Anita told me what had happened with her mother and this Child and Adolescent Psychotherapist soon after. She reported that she agreed with her mother as she felt that this Child and Adolescent Psychotherapist was being racist against their culture in what she said. I noticed that the trust that Anita had begun to develop towards me began to evaporate quite quickly soon after this incident. Her way of relating to me became more “anti-concerning” (Joseph, 1988) as she began to revert back to viewing and relating to me with suspicion and with contempt. Anita began to state on several occasions that I was an “infidel”, as I would never be able to relate to or understand her culture or Islam.

I initially found it hard to help Anita explore how she was now experiencing me. My inability to do so seemed to make her more wedded to her mother’s view that the clinic and the clinicians in it were racist. Anita continued to attend her psychotherapy appointments despite this issue. It signified another turning point for Anita as she would have previously retreated psychically (and perhaps physically, in the way that she did when she returned to school) from this type of conflict in the way that (Steiner, 1993) describes. I remained very worried for some time that her identifying with her mother about the idea of a racist CAMHS clinic would cause her to quit her psychotherapy in the way her mother had quit her parent-work. Containing Anita’s attacks on me during this period felt crucial in helping her to stay in her psychotherapy.

## **2.11 The “circle of fear” understood**

The containment of Anita’s projections at this time involved using my countertransference to her to describe my experiences of feeling completely outside her subjective experiences of the societal issues that she seemed to now locate in me. It enabled Anita to entertain the possibility that I might be different from the Child and Adolescent Psychotherapist who had worked with her mother; that I might have

different views and beliefs from those that her mother and she believed that this person had. Working with Anita in this way eventually led to her reconnecting with her psychotherapy and to the more thoughtful part of her.

It led to Anita talking more about the thoughts and views she had about herself and her psychotherapy. She at times used films she had seen and the books she had read to illustrate these thoughts and views she had about herself and her psychotherapy. For example, Anita talked about a film she saw called *Shutter Island*<sup>3</sup> over several appointments. She seemed to greatly identify with the star of the film, who had been wrongly diagnosed as insane and sectioned in a mental health institution. I initially interpreted this to Anita as her alluding to her experience of me as someone that would view her as being mad because of her experiences and understanding of jinn. I then interpreted that I did wonder whether she believed that I would eventually diagnose her as mad and not being fit enough to attend university, because of this and the other things she had shared with me up to this point in her psychotherapy. Anita agreed with this interpretation and described how she had always been worried during her psychotherapy that I would view her as being insane, especially because of her beliefs on religion and her episodes with jinn. However, I do not think that my interpretation captured what else the film *Shutter Island*<sup>3</sup> may have represented for Anita, as, on reflection, she seemed to be communicating her fantasy that ethnic minority groups are more likely to be wrongly diagnosed and sectioned – to experience a “shutter island” experience of health services in this country - in part because of how institutional racism has the effect of BAME people being disproportionately sectioned under the Mental Health Act (Keating et al., 2002).

Anita showed in her use of the film *Shutter Island* how she used this and other films and books as one of the ways of making sense of herself and her psychotherapy. She used a book called *Regeneration* in this way to think about her own plight from the perspective of that of the protagonist of this book - a man called Sassoon. Anita seemed particularly drawn to the plight of this character, a soldier who was ordered by the military to go to a mental facility instead of being court-martialled for his views about the first world war. Sassoon's fate had similarities with the fate of the star of the

<sup>3</sup> The main theme in the film *Shutter Island* is that patients are wrongly diagnosed as insane. They are sectioned, institutionalised and experimented on by doctors for their narcissistic interests

film *Shutter Island* as they were both wrongly felt to be insane because of their views and the subjective truths that they adhered to. Sassoon's and the character in the film *Shutter Island*'s experiences of being viewed as insane, because of the views they held, had parallels with Anita's worry that I would think the same of her for the views and beliefs she held. Anita's worry conveyed how the "circle of fear" that (Keating et al., 2002) describe, informed the type of transference she had to me and the clinic I worked in. It was likely that this "circle of fear" also informed Ms Khan's interaction with the Child and Adolescent Psychotherapist who worked with her.

At this point in her psychotherapy, Anita felt more contained and secure in her relationship with me to enable her to revisit this issue - something she had brought to my attention during her assessment for psychotherapy but which had not been tended to by me appropriately up to this point. (I will talk about the importance of this assessment appointment in Chapter 6 - Adolescence.)

## **2.12 A more visible Oedipus complex**

Anita's dreams were powerful communications of some of the thoughts and beliefs that she was not in touch with consciously. Her growing willingness to present her dreams to me was an indication of her desire to have them and her internal preoccupations understood. It felt that she was beginning to experience me and her psychotherapy as objects where her adolescence could be explored in relative safety. She became more able to tolerate my interpretations on the sexual and oedipal content of the material she presented, as a result of the feeling of safety she now experienced from her psychotherapy.

One such interpretation led to Anita talking about how worried she was about feeling attracted to certain boys at school. What emerged from exploring this issue with Anita was that her anxiety about her sexual feelings seemed to be greatly informed by stories and certain myths held in her family about sex. Anita shared several accounts of women in her family being sexually abused by male members of her family. She reported that she was aware that her mother had been sexually abused as a child by an uncle, when she lived in Bangladesh. Anita talked about these incidents after she

had encountered two of her younger cousins in the clinic's waiting room, who had been referred to the clinic after they were sexually abused by a male relative when he visited them in this country.

It felt that Anita's accounts of familial sexual abuse captured her belief that sex was a brutal, uncompassionate and dangerous act that always involved an abuse of power. The narratives she recounted regarding familial sexual abuse seemed to compound her idea of what sexual intercourse entailed and her viewing it similarly to (Klein's,1929) description of intercourse between parents as the "primal scene". Her knowledge of familial sexual abuse suggested why Anita previously related to me with such suspicion, since a part of her deeply believed that the "intercourse" involved in the male / female therapeutic relationship was a potentially dangerous activity.

It felt important that Anita was contained enough in the therapeutic relationship that she could explore and develop alternative and more positive experiences and understandings of what "intercourse" entailed. The containment from her psychotherapy enabled Anita to talk more about some of the experiences in her childhood that informed her views on sex and gender. Anita shared that she enjoyed playing with boys and her male cousins when she was a child and described herself as a being a bit of a tomboy at this time. She reported that she remembered being told by her mother and extended family that she could not play with boys when she was ten years of age. Her family did not give a reason for their decision. Anita noticed that boys and girls at her age and older were segregated and were not allowed to be in each other's company without adult supervision. She described how this was the start of her defining her view of gender.

Anita was able to talk more openly about her oedipal feelings after she had been told by her mother that her father was planning to marry another woman. This woman was 20 years younger than her father. Anita was initially furious about this, in part from her being told about this by her mother and not by her father. Anita seemed more furious about the issue of this woman being considerably younger than her father. She alluded to her father having paedophilic tendencies for choosing a woman younger than him. (I did wonder whether Anita's view of her father was being influenced by the Rochdale

incident that her mother had brought to the clinic.) Her idea of him suggested that she viewed him being in a relationship with someone who was almost identical to her. This development in her father's life had provided Anita with an oedipal situation that could not be avoided.

Following this development, a pattern emerged where Anita projected her oedipal feelings on to alternative objects. One such object was her male English teacher, whom Anita reported feeling initially close to, before later becoming attracted to him. Anita explained that this English teacher was someone she felt was impressed by her academic attainment. She reported that he would regularly single her out for special praise because of this in her English lessons. Anita's paternal experience of her English teacher had similarities to how she experienced me, as she occasionally described how she felt that I sometimes viewed her as special whenever I reiterated her achievements in psychotherapy, such as her developing capacity to manage her psychological difficulties.

Anita seemed very pleased when she shared how this teacher would often say to pupils that her work was the standard they should aspire to. She was able to describe that she was becoming sexually attracted towards this teacher but that she did not think that he had reciprocal feelings for her. I found myself feeling pushed out of my therapist position by this teacher who, according to Anita, had a great psychoanalytic understanding of her. It felt that she was projecting her feelings of jealousy and her experience of being in the third position into me so that they could be contained. Britton (1989) describes the third position as the psychological position that the child occupies after forgoing the oedipal relationship with their parent . Britton explains how the child has to work through losing their desired parent to a rival (the other parent) and the jealousy they have for the parental relationship. It also felt that her tendency to project her oedipal feelings for me into this teacher and her reluctance and perhaps inability to explore them in relation to us (whenever I brought this issue to her attention at this stage of her psychotherapy) was her way of making her oedipal feelings invisible in the way that (O'Shaughnessy, 1989) describes.

At certain points I described to Anita the ways in which I felt she was attempting to

make the Oedipus complex invisible and interpreted to her how her not acknowledging that her English teacher was married (despite her knowing this) might make her believe that she had pushed this English teacher's wife out, in the way she believed she had pushed her father out of his relationship with her mother. Anita seemed to confirm my interpretation when she shared that she felt that her father's difficulty with the close relationship she had with her mother was something that contributed to her father wanting to end his marriage to her mother.

Anita's statement captured her phantasy of having omnipotently pushed her father out in order to have a homosexual-type relationship with her mother. Previously, Anita would become furious and withdraw psychically from me whenever I interpreted this to her, despite my not referring to the homosexual nature of her relationship with her mother directly. I decided not to persist with directly interpreting her oedipal feelings and her erotic transference for me up to this point. It felt that her relationship and feelings for her English teacher were an easier way for her to understand her oedipal feelings and work through them. Havenaar (1990) asserts that intense interpersonal relationships may not be necessary for therapeutic change with patients whose culture may unintentionally prohibit working directly on these types of issues. Havenaar goes on to describe how cultural ideas around healing and the patient's associations to buildings and institutions can be used as therapeutic transference objects. Havenaar's assertion illustrated a salient theme of Anita's psychotherapy as her relationship with peers, teachers, my clinic and her school became important transference objects to be utilised by her in her treatment, until she was able to tolerate more direct interpretations. Anita clearly found it easier to view her oedipal and sexual feelings as residing in others in this way, until she was able to bear thinking about them as residing in her.

### **2.13 Preparing for university**

I was deeply concerned about how Anita would cope without her psychotherapy during what was planned to be the last summer break. Anita had one more academic year of her psychotherapy left at this time. I was therefore surprised when she returned to psychotherapy after this break feeling hopeful about her future. She reported that she

was looking forward to attending university at the end of the academic year, whilst also acknowledging that it would involve the loss of good, nurturing objects such as me, her psychotherapy, school and the friendships she had made. The way she viewed her pending transition to university suggested that she had moved to a more depressive state of mind.

Anita reported that she had noticed that she had begun to experience me differently in recent months. She described how her thoughts about me and the work she was undertaking in her psychotherapy had sustained her during the break. Anita described how thinking of me in this way helped her whenever she felt angered and frustrated towards some of her siblings at home. She described how she now viewed me as caring and considerate of her and her feelings. Anita's capacity to manage the planned break in her psychotherapy was an indication of how she had begun to internalise me as a benevolent object - one that had developmental properties that she could draw on when she left her psychotherapy.

Anita's unconscious and conscious awareness of the remaining time we had together seemed to galvanise her to revisit and rework some of her internal preoccupations. One such preoccupation was her worry about how she would cope psychologically when she went to university. By this, Anita seemed to be referring to the issue of how she would cope without the containment of her psychotherapy and her family. Despite Anita's complaints about her family, they offered her some containment for her adolescent feelings, albeit rigid and restrictive at times.

Anita became clearer in how she defined herself. She also had developed the idea that it was acceptable to have sexual thoughts and feelings at this point. Anita also began to shed the shame and guilt that she had previously apportioned to her gender and sexual feelings. Her choice of clothing seemed to reflect this internal change, as she began to wear clothes that made her look sophisticated and were more age-appropriate. Anita had previously worn clothes that made her look younger, in what I felt was her attempt to present as being sexually unavailable. Anita began to look and present more like a mature teenager who was ready to leave home.

Anita's interview for a place at a university provided us with an opportunity to revisit and rework the oedipal complex a final time before her psychotherapy ended. She explained that she was interviewed by a man who was the head of the department at the university she intended to study in. Anita described how she thought that this man treated her "specially" throughout the interview. She described how complimentary this man was of the paper that Anita had submitted to support her application to this university. Anita felt that he related to her more informally from this point and from when they started to discuss topics and issues in other academic areas. Anita explained that she became disconcerted when this man invited her to what she felt was his private study so that he could show her some of the books he had written on the topics they were discussing. "I haven't shown any other applicant this study before", Anita reported that this man said to her. He later clarified that only students that had been accepted at the university had access to this study.

From thinking about her contact with this man, Anita shared that she was worried that she had seduced him in some way. She wondered whether her seduction of him was the reason she was able to get into his private study. The study seemed to give Anita an experience of being a place that she should not be, similarly to being in an oedipal relationship. Anita was also coming to the realisation that she was in a place that she should not occupy with her mother at this stage in her psychotherapy, ie that she was in an inverted oedipal position / relationship with her. Klein (1945) explains how the girl develops an inverted oedipal relationship to her mother in part from not being frustrated enough by the mother's breast. They continue to relate to it and feel in control of it in phantasy as opposed to turning their frustration to the father's penis. Klein describes how the development of the girl is impeded from remaining tied to her mother in this way and not turning to others, such as the father, to develop relationships with.

The anxiety from being in the wrong type of relationship that (Klein, 1945) describes was akin to what Anita experienced from being in the lecturer's study, as she felt that she was in the wrong type of relationship with him there. This experience crystallised further for Anita that she was in the wrong position psychologically to attain the type of identity she wanted for herself. It was a realisation that helped Anita to come to understand how she could become anxious when she thought that she was in the

wrong type of position or way of relating with me. Anita was able to understand better why her attempts to usurp me left her feeling anxious after initially feeling triumphant about it; in part, because it re-enacted her phantasy of usurping her father in favour of being in the wrong type of relationship with her mother. Anita was also able to explore my suggestion that she might have felt that she had seduced me similarly – that I felt that she was special and therefore deserving of a unique “study” experience, ie intensive psychoanalytic psychotherapy for four years. Anita was able to explore this idea, how it underpinned some of the anxiety she had towards me at times, and how she worried that it was wrong to have sexual feelings for me - someone she experienced as a parental-type object.

As Anita approached the end of her psychotherapy, she began to talk more about her worry about becoming a woman. She shared that she feared that she would have a marriage arranged for her or that she would be sexually abused if the men in her family began to view her as a woman. Anita’s fantasies were grounded in reality, as she was acutely aware that several female relatives had had marriages arranged for them and that certain female relatives had experienced familial sexual abuse.

Some of Anita’s psychotic episodes returned soon after this. She reported that she saw images of her hands being cut off by a sword when she shut her eyes at night. Anita reported that she saw similar images when her eyes were open during the day. The descriptions of some of the dreams that she brought to her psychotherapy had more of a psychotic quality to them. Anita became terrified of exploring her experiences with me, as she believed that it would make matters worse. She reverted back to viewing her presenting difficulties as a sign that Allah was punishing her for preparing to undertake an unholy lifestyle when she went to university. Anita seemed to retreat from me psychically in her attempt to move away from being in contact with her difficulties.

Anita reported that she had got into the university that she desired. (It was the same university that she had talked about being interviewed for.) Her good news did not seem to offer her respite from the frequency and intensity of the psychotic-type experiences and feelings of persecution she was presented with at this time. Anita did not attend her next two appointments after she informed me that she had gained

entrance to the university of her choice. When she returned to her psychotherapy, she informed me that she had suffered a paralysis on the right side of her body shortly after her last appointment with me. She described how this occurred when she was returning on the bus home from school and that she had to be helped off the bus by pupils from her school due to the emotional state she was in. Her mother was called and she took Anita to hospital. Anita suspected that she had suffered a stroke and the hospital investigated the possibility of this. She was given an MRI scan and underwent several assessments, all proving inconclusive.

I presented Anita to my clinical supervisor and to the clinic's Consultant Child and Adolescent Psychiatrist following this episode. Both felt that it would be important for me to use my next few appointments with Anita to ascertain whether psychiatric follow-up would be useful for Anita. From thinking with Anita in these appointments it seemed that her paralysis was a physical (psychosomatic, histrionic) response to her difficulty in processing her sexual feelings (in relation to her worry about becoming a woman). She was able to think about her paralysis in this way and acknowledged how becoming a woman worried her. We explored how this worry intensified from believing that she had got into university by seducing the university lecturer who had interviewed her. We thought about what associations she had to the right side of her body, as she had previously shared that her religion associated the right side with ungodliness. It was an important realisation for Anita as it again showed her how a part of her deeply believed that her sexual feelings were ungodly. Her psychotic symptoms ceased shortly after this.

Anita became hopeful about the thought of going to university as the end of her psychotherapy dawned. She began the difficult and arduous process of mourning the end of her relationship with me and the relationships she had made in school. It felt that Anita had also begun to make the psychological transition from family life to university life.

Anita was very upset when she reported that she had had a difficult experience at her school's summer Prom. She explained that she had been looking forward to spending time with her friends and some of the teachers at school and saying goodbye to them

before she left to go to university. Anita reported that she was especially looking forward to spending time with her English teacher. Prior to this Prom, Anita shared that she had thought that she could exchange email addresses with this teacher so that she could update him about how she was getting on in university.

Anita explained that she was furious when she saw her English teacher with his wife at this Prom. She reported that she wasn't sure that he was married (although she had reported previously that she knew that this man was married) and how being presented with the truth in this way left her feeling deeply rejected. Anita explained that she felt like a fool for believing that this English teacher could ever be interested in her or attracted to her. Anita began to reproach herself about this. The depth of the self-loathing contained in these self-reproaches was striking. I suggested that she seemed to be showing that she felt that she was unworthy of her English teacher's affections. Anita agreed and shared that she believed that he would not be attracted to a Bangladeshi girl, as he may view them as inferior. She thought that this was why he "preferred his wife; a white British woman". We thought about how her statement conveyed how deeply excluded she felt by this man's relationship with his wife, whilst also capturing how inferior she felt in relation to his wife, because of her race.

Anita's comparing herself unfavourably in this way illustrated a theme of her mental life that came as a consequence of the racialisation of her self. Dalal (2002) describes how this occurs from relationships of inequality and subjugation being internalised as normal, as opposed to being contingent. Anita often projected the racialised aspects of her self onto her objects. She previously did this in relation to the "Bangladeshi men" in her family. Her propensity to do so had previously made it hard for her to consider her view of the men from her culture as holding an aspect of her self.

It seemed easier for Anita to explore this issue in relation to her English teacher as he was a "safer" object for her. It enabled her to explore her fantasy of being excluded by her university's predominantly white British population because of her race. Anita acknowledged that she was worried about moving from an institution and geographical area where she was part of the majority to one where she would be in the minority, because of her race.

Anita visited her university again, shortly before her psychotherapy finished, when making her final plans regarding her accommodation. She commented that she was surprised to see more students from ethnic minority backgrounds than she recalled previously. Her comment alluded to the changes in her self from the work she had done on the issue of her internal racism. It resulted in a more depressive state of mind that caused her to project less on to people and her external circumstances. Anita was able to revise her experience of her English teacher at this point, which seemed to be from her projecting her internal racism less and from her having worked through the causes why her self had become racialised.

Anita attended this university after her psychotherapy had finished - a university that is very prestigious and is recognised around the world. Anita continues to do well both academically and socially. The subject she is studying is well-suited to her passion and desire for understanding, fairness and equality - qualities and aspects of her personality that she showed throughout her psychotherapy.

## **Chapter 3 - Literature Review**

### Introduction

A key aspect of this study was ascertaining if and how the transference relationship was used to help Anita negotiate her adolescent identity. It felt important therefore for me to try to capture and map the transference relationship in the total way described by (Joseph, 1985). Joseph asserts the importance of recognising how “total situations” are transferred from the past into the present in the patient’s transference to their analyst.

Joseph identifies how the total transference needs to be considered alongside emotions, defences and object-relations, in order to attain a fuller understanding of the nature of the developing transference relationship. By mapping the transference in the way that Joseph describes I hoped to better understand what the transference may have been communicating about Anita's experience of working cross-culturally; whether it facilitated (or hindered) her explorations about her own culture; and whether it supported Anita in the task of developing the identity she wanted for herself. I was interested in ascertaining whether a "total" understanding of the transference could help me identify the theories, techniques and approaches that would be helpful in cross-cultural psychoanalytic psychotherapy.

### **3.1 Cross-cultural psychoanalytic psychotherapy**

(Yi, 1998), (Holmes, 1992) and (Tan, 1993) have said that there is very little psychoanalytic literature on the topic of cross-cultural psychoanalytic psychotherapy and the type of transference that evolves from the patient's analyst being viewed and experienced by the patient as being distinctively different from their own race, culture and ethnicity. The difficulty in finding psychoanalytic literature on this topic has sadly also been my experience. I found this frustrating, in terms of my work with Anita and because of the need to consider this issue in the light of changing populations, in particular in inner cities. Changing populations has resulted in more diverse populations accessing places, such as CAMHS for treatment.

There are several writers whose clinical work with patients from BAME backgrounds has informed thinking about the type of transference that occurs in cross-cultural psychoanalytic psychotherapy. For example, (Lowe, 2010) explains how resistance in the transference in relation to patients from a BAME background may be linked to the patient's fear of betraying their parents, family, community and attachment figures, even those who have caused them pain and suffering. Lowe's idea about what may be informing the resistance in the transference relationship was particularly relevant for Anita, as she showed at times during her psychotherapy how anxious and guilty she could become as a result of feeling disloyal for talking about certain family members in a more depressive way. Lowe's idea about the transference resistance seems to

identify a layer of it that may not always have been recognised and understood. However, it is an understanding that seems to clarify a facet of Anita's transference to me, in particular why she had a tendency to idealise certain family members as her way not to think about the pain and suffering they have caused her.

(Goldberg, Myers and Zeifman's, 1974) research study on the efficacies of cross-cultural psychotherapy was interested in whether three black patients could transfer their instinctual impulses and wishes on to their white therapists, or whether the colour barrier, i.e. these patients' colonial way of relating to their therapists, would impede the transference relationship. Their research concluded that the racial and cultural differences between these patients and their therapists were not barriers to the transference relationship evolving, but in fact facilitated the development of the transference relationship. Tan (1993) has described how cross-cultural differences between the analyst and patient can act as facilitators to the transference. Tan suggests that racism in the transference indicates the patient's defence against growth that is lodged at a primitive, infantile level within the paranoid-schizoid position. Evans (1985) has also written about this issue and suggests that it is important for the analyst to conceptualise the racial prejudice that emerges in this type of transference as the patient's defensive shift away from a more underlying conflict.

Hamer's (2006) assertion that the racial prejudice that emerges in the context of the transference relationship can be thought of as a regressed state of the transference, characterised by the polarised representations of the self and other, further supports the notion that cross-cultural psychotherapy can be a facilitator of the transference relationship. (Holmes, 1992) interestingly reminds us to not view cross-cultural psychotherapy as inevitably resulting in an internalised colonial way of relating. Her detailed presentation of five cases where the gender of the analyst was not a limiting factor in eliciting and developing paternal transferences when the analyst is female and the patient male, supports her assertion.

### **3.2 Race, ethnicity and culture**

Understanding how race, ethnicity and culture were thought about and co-constructed

between Anita and myself in her psychotherapy was integral to this investigation, as they invariably organised the type of therapeutic relationship we had, as well as the transference / countertransference. As a therapist working cross-culturally with Anita, my own understanding, experience and definitions of race, culture and ethnicity were integral to understanding the transference and countertransference. (Miles, 1982) explains that the term “race” first appeared in the English language in 1508 and was used to categorise classes of persons without any reference to anything biological. The term race has historically been used to categorise groups of people based on their shared physical and / or genetic traits. (Fernando, 1988) defines race similarly, whilst (Appiah, 1986) states that race is also a metaphor for the Lacanian concept of the “other”. Lacan (1964) describes the “other” as an object experienced as radical alterity: an experience of otherness that cannot be assimilated through identification owing to the fact that it is not felt to have any similarity with the self.

Mason (1996) suggests that people have a tendency to use the terms race and ethnicity interchangeably and argues that the term ethnicity is often used as a euphemism to define culture. Moodley and Palmer (2006) explain that the term ethnicity, once synonymous with the black minority ethnic groups, is now increasingly used when referring to white European minority groups. Moodley and Palmer assert that ethnicity is particularly used when referring to certain white European minority ethnic groups who live in inner cities in the Western world. Moodley and Palmer point to the socioeconomic and geopolitical changes in the 1990s international arena as one of the reasons why the term ethnicity is increasingly being used in this way. Fernando (1988) for me has a slightly reductionist view of ethnicity, but captures a core component of it when he describes it as someone’s sense of belonging to a particular group.

(Taylor’s, 1871) definition of culture seems to encompass a great deal as he suggests that culture includes knowledge, belief, morals, customs and any other capabilities and habits acquired by individuals as members of a society. Fernando (1988) defines culture as the social habits, beliefs, the ways of thinking and feeling of groups of people. (Taylor’s, 1871) and (Fernando’s, 1988) definitions of culture seem to suggest that culture is something that is immutable. I am inclined to agree with (Moodley and

Palmer's, 2006) definition of culture, who suggest that despite having differing definitions of culture, many cultural commentators agree that culture is not static, as it is constantly changing and evolving in time and space, within a given society.

This idea of culture being in constant change seems pertinent when trying to understand some of the processes at play in cross-cultural psychoanalytic psychotherapy. Bhaba's (1994) explanation of what cultural hybridity entails seems to capture the processes at play in cross-cultural psychoanalytic psychotherapy more fully. Bhaba explains how cultural hybridity is the process whereby objects or customs, from being viewed or placed in different contexts (from the interactions between cultures), acquire new meanings. The concept of cultural hybridity seems salient in understanding how the interactions between Anita and me in her psychotherapy facilitated new ideas about her self, the other (from a Lacanian perspective), and her race, ethnicity and culture. Cultural hybridity is also a helpful concept in understanding how the contexts that Anita inhabited shaped her identity and informed the process of her negotiating her adolescent identity. Bhaba illustrates why it can be so complicated for Anita and many other adolescents tasked with negotiating their identity, when he explains how this is undertaken within a context where national identity is constantly changing as a result of the process of cultural hybridity that occurs from interaction between cultures.

(Bhaba's, 1994) descriptions of the challenges faced when negotiating one's identity are helpful in understanding why Anita developed "false-selves" as her way to manage certain relationships and contexts. Winnicott (1960) explains how a "true-self" is developed from the mother's repeated successes in meeting and responding to the infant's more instinctual needs. From their mother relating to them in this way, infants have an emotional "environment" where their personality can develop in congruence with their instinctual needs and drives. Winnicott goes on to describe how a false self develops when the infant has to adapt to the mother's inability to meet their instinctual needs and drives. The infant's personality then becomes constructed around meeting the needs of the mother and the external environment, resulting in a regression of their instinctual drives.

### 3.3 Internalised racism

Fanon (1952) argues in his book *Black Skin, White Masks* that the process of cultural hybridity in a post-colonial world results in black people developing a “dual self”. Fanon explains that this occurs when the colonial part of a black person’s culture is idealised and their colonised part denigrated. (Lowe, 2008) uses case material to show how an internalisation of colonial ideas of the self resulted in his patient’s colonial way of relating with him during her psychotherapy. Lowe goes on to describe how this type of object-relating showed how the patient’s internal world was populated by white (preferred) internal objects and black (unwanted) internal objects.

Fanon describes how an internalisation of the views and beliefs held in society about race, culture and ethnicity causes this “dual self” to develop from the incongruence between society’s and the individual’s view of the self. Fanon’s concept of the “dual self” has parallels with (Winnicott’s, 1960) thinking on the tensions that occur when a “false-self” develops, suggests that the “false-self” develops when the “true” thoughts, feelings and drives of the individual cannot be realised. Davids' (1996) suggestion that the internalisation of colonial ideas about the self leads to internal racism, illustrates how the “true-self”, in the way that (Winnicott, 1960) describes it, can be constrained by internalised racism acting to impede the development of the individual.

(Foulkes, 1990) suggests that the concept of the “racial other” is one that is communicated through a social unconscious and shows itself in the internal phenomenology of the individual. (Davids’, 2011) and (Lowe’s, 2008) concept of the “racial other” has parallels to (Klein’s, 1932, 1946) concept of the “other”. Klein describes how the infant, in the paranoid-schizoid stage of their development, detects another object, the “other”, which they experience and relate to as if it were “alien” and a threat to the existence of their self. Davids (2011) describes how a defensive organisation develops around the notion and relationship with the racial other. Dalal (2002) considers the impact that this type of defensive organisation has on the psyche of black and minority ethnic people. He suggests that the self of this individual is in danger of being racialised, i.e. that it will contain the views and attitudes held in society about the “racial other”.

I feel that (Foulkes', 1990), (Dalal's, 2002), (Klein's, 1932, 1946), (Davids', 1996, 2011) and (Lacan's, 1964) descriptions of the "other" and "racial other" illustrate how traditional and contemporary ideas and theories in psychoanalysis can be brought together helpfully to tend to the issue of society's growing influence in the development of one's identity. Freud (1915) suggests that the difficulty in identifying with the object felt to be the "other" evokes a feeling of "unpleasure" from the difference the self is presented with. Freud (1915) explains that what is external to the self is hated due to the "unpleasure" that the difference presents the ego with. He goes on to say:

*"We feel the repulsion of the object, and hate it; this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it"* (p137).

(Rees, 1997) in her book *The Nazis: A Warning from History* quite movingly illustrates a society's response to the "unpleasure" presented to it from the state(s) experiencing groups of people as having no similarity to their self in the way (Freud, 1915) describes. Rees describes how those who suffered and died under Nazism did so not just because they might have looked different from native Germans but because their culture was viewed as being different from the one being prescribed by Nazis i.e. an Aryan idea of what culture should look like. By this Rees illustrates clearly an example, albeit an extreme one, of the racialisation of the "other" and how it is not shaped by external factors alone, such as the colour of the skin. Rustin (1991) illustrates this further when he says that internal and external differences, such as in spoken accent and of skin colour, results in the individual being associated with the "other" (Lacan, 1964; Foulkes, 1990; Davids, 1996, 2011).

For Anita and many others from a BAME background, the contexts that they inhabit have a significant bearing on when and where they are viewed and related to as a racial other. For example, (Baumann, 1999) explains how the state has a significant bearing on who is viewed and related to as the "other", in part due to its hegemonic media and governing elite informing a normative view of people. Baumann (1999) asserts: *"It is precisely these [state] powers, in fact, that often determine who is*

*regarded as a minority and on what construction of difference, be it ethnic or religious, civic or sexual, history or mythical” (p30).*

Psychoanalysis has contributed to thinking about the impact society has on the individual's or group's psyche. It's thinking on these issues and social psychology came to prominence during the 1940s, when social mobilisation of the British nation occurred in response to World War II. Many of the ideas that evolved during this time informed the creation of group analysis (Pines, 1983, 1985), the therapeutic community (Main, 1946, 1977) and the school of organisational studies based at the Tavistock Clinic (Rice, 1963). The basis of these schools of thought involved applying concepts of individual psychology to social groups. For example, (Jaques, 1953), who was a central figure in the development of the Tavistock Institute, drew upon Freud's thinking to develop the concept of how institutions are used by groups of people as a defence against psychotic anxiety. Jaques also described how individuals put their internal conflicts into persons in the external world. Jaques explains how the individual may unconsciously follow the course of the external conflict in the group of people by means of projective identification and re-internalise the course and outcome of this conflict by means of introjective identification.

### **3.4 Islamophobia**

I became increasingly aware during Anita's psychotherapy of the types of external conflicts that she and her family might be following in the way that (Jaques, 1953) describes. The rise of Islamophobia in the western world is a significant external conflict and phenomenon that had to be thought about in Anita's psychotherapy. There were numerous newspaper articles around the time of Anita's psychotherapy in which Muslims were depicted as "non-British" and Islam was posited as not being compatible with a "British way of life". In (Davids', 1996) synopsis of (Fanon's, 1952) book he considers the effect on the psyche, from the perspective of a Muslim person living in a post-colonial western society, of introjecting Islamophobic attitudes and views held in this society. Davids, suggests that the effect on the psyche of the Muslim in this society is that the white (English) self inevitably becomes idealised and the Pakistani / Muslim self denigrated. Bhugra and Bhui (2006) consider what else might inform this process

by asserting that the identity formation for the person from a minority ethnic background is racialised as a result of their internalising idealised and denigrated racial images from society.

(Huntingdon, 1996) alludes to the idea that the rise of Islamophobia is a consequence of government initiatives that maintain the perception of Muslims as the racial other. Huntingdon explains that Muslims are viewed with suspicion, as the new “alien wedge” and as the enemy within. Huntingdon goes on to explain how initiatives such as the “preventing violent extremism agenda” compounds the ideas that Muslims should be viewed and related to with suspicion.

Initiatives such as “Prevent” are a consequence of wider initiatives such as the Global War on Terror initiative started in America under the Bush administration. (Malik, 2017) argues that the rhetoric used in the War on Terror initiative has been embraced by President Trump at the start of his presidency in 2016. (Malik’s, 2017) article ‘Suddenly, Muslims are America’s pariahs’ in the Guardian newspaper on 29 January 2017 was in response to President Trump’s attempt to ban people from certain Muslim countries entering America. He writes:

*‘This [Islamophobia] did not start with Trump; it’s something that is only reaching its climax. For years, as people warned against the mainstreaming of Islamophobia, they were met with equivocation. “Islam is not a race”, “we are criticising Islam, not Muslims”, “we condemn all religion, not just Islam”. Mosques were attacked, women were spat on and had their hijabs snatched from their heads. Western media, led by the British tabloid press, established an industry of hysteria against Muslims with fake news.’ (Malik, 2017)*

(Davids’, 2009) paper ‘The impact of Islamophobia’ now seems to be a precursory tale of the experiences of Muslims that (Malik, 2017) describes. Davids 2009 explores the experience of Muslims in the western world following the 9/11 and 7/7 incidents. He asserts that Muslims have now been positioned as the social “out-group” following these incidents and goes on to explain how Muslims’ experience of being viewed and related to as the racial “other” is compounded by their minority status in western

society along racial, cultural, economic and religious terms.

(Davids, 2009) argues that the fact that Muslims are viewed in society's mind as belonging to an "out-group" has resulted in them having society's unwanted aspects being projected into and located in them. Segal (2000) describes how groups of people are used by society's in-group as an object to get rid of (project) their anxiety into. She goes on to explain how this type of projective identification is maintained by the addictive quality of it as well as the pleasure derived by the social in-group inflicting on to the other the suffering the in-group feels remote from.

(Segal 2000) applied this thinking to elucidate an understanding of why Islam and Muslims are now positioned and related to in western society in the way that they are. She argues that Islam is one of the latest of the external, hated objects that western society has needed to project their anxiety into. Segal explains how the Cold War and the anxiety that it evoked in individuals and groups of people, in part because of the constant threat of nuclear war around this time, resulted in the "enemy of the West", i.e. the Soviet Union, being viewed and related to in a paranoid-schizoid way by the West. Segal argues that the paranoid-schizoid structures of the Cold War have been transferred onto other external objects, with Islam being the latest.

(Said, 1997) explains how anti-Islamic sentiment has become prevalent in western culture and goes on to explain that linking terms such as "terrorist" and "fundamentalist" with "Islam" has facilitated this process. Said suggests that associating Islam in this way has contributed to a paranoid construction in the minds of the "in-group". This results in the "in-group" viewing Muslims and Islam as the enemy. Said helpfully invites us to explore how the terms and language used in mainstream media to describe Muslims create a part-object view of them, thus maintaining the view of them as the "other".

Lowe (2008) considers how the racial other, when viewed in a part-object way, is related to as an object suffused with the undesirable and unwanted aspects of the self. Joseph (1988) captures the recipient's experience of being projected into in the way that (Lowe, 2008) describes, when she equates this type of object-relating as being

similar to the infant's earliest form of projective identification. (Joseph, 1988) describes how this involves the infant relating to their object with "anti-concern" i.e. an absence of concern for the welfare of the object being projected into. Davids (2009) gives a good example of Muslims being related to in the way described by (Lowe, 2008), when he explains how items of religious dress, such as the niqab and veil, are part-objects that become signifiers of belonging to terrorist organisations. (Singh and Cowden, 2011) describe how items of religious dress, such as the hijab, the face veil and even the salwar kameez, are viewed as signifiers of Muslims' adherence to "non-Britishness". (Meltzer and Harris, 1976) illustrate some of the consequences for individuals and families residing in paranoid communities, such as those which have now become created because of social phenomena such as Islamophobia. They suggest that the family themselves become more paranoid and distrusting and revert increasingly to a basic assumption way of relating in family life. (Bion's, 1961) theories on group metapsychology uses the concept of basis assumption to describe how the group, as a whole, exhibits a particular transference to the group leader that is organised around unspoken and unconscious assumptions shared by all the group members. (Meltzer and Harris, 1976) give several descriptions of basic assumption organisations of families, and summarise how the family, as a group, is organized around historical myths and phantasies that are usually communicated to the individuals in the family through projective identification.

### **3.5 Fundamentalism**

(Fanon, 1963) suggests that fundamentalism emerges as a response to a fear of losing one's shared and individual identity. Fanon explains that this occurs from the experience of the social out-group assimilating into a national identity that is felt to be an experience of losing "one's core self". Fanon identifies three phases of how the social out-group overcomes the alienation that assimilation in this way presents them with. He describes how the first phase involves the out-group's attempt to assimilate into this type of society. The second phase involves the out-group's attempt to reconstitute their identity by restoring and reforming local cultural tradition in it. The third phase occurs from the social out-group eventually gaining a sense of identity after fighting to legitimate their sense of identity as an outcome of the process of negotiating

the second phase.

When (Singh and Cowden, 2011) assert that purification is a key paradox of fundamentalist movements, they seem to be suggesting that the second phase, which (Fanon, 1963) describes is involved in developing a national identity, results, in the case of fundamentalism, in an almost complete return to the past, instead of a reconstitution of it. (Bhatt, 2006) helpfully invites us to move away from fundamentalism being so rigidly associated with strands of Islam when he explains that any followers of a religion could be termed fundamentalist if they are motivated to posit an “absolute truth” of particular religious discourses. Asad (1993) explains that the need to associate Islam with fundamentalism stems from the strategies of liberal Christians who feel that they have to defend their religion. Asad (1993) explains... “*The attempt to understand Muslim traditions by insisting that in them religion and politics (two essences modern society tries to keep conceptually and practically apart) are coupled must, in my view, lead to failure*” (p28). Singh and Cowden’s (2011) explanation of how the origins of fundamentalism evolved from North American Protestants who were committed to the idea of asserting their commitment to the basic tenets of Christianity, would seem to add weight to (Bhatt’s, 2006) assertion.

### **3.6 Religion’s function in the internal world**

Anita’s family’s culture was greatly informed by their particular interpretation and understanding of Islam. Her descriptions of how her family followed Islam suggested that they did so in such a way that the ideas about self and other that did not fit their religious paradigm were often rejected and at times attacked. Jones (2002) explains that this type of idealisation of religion is central to all religion and accounts for the ambiguity that has characterised the history of every major religion. (Freud, 1928) wrote extensively about the function of idealisation in religion and seemed particularly interested in the link between objects of idealisation and objects of dependency.

### **3.7 The role of the father in religion**

My work with Anita seems to show how her internal religious object acted to reference

and organise many of the thoughts and views she had about herself and others. Anita's internalisation of religion, specifically Islam, and the role that patriarchy had in it, was significant insofar as her descriptions of her father suggested that he was internalised as an object that was redundant and that lacked developmental properties. It suggests that Anita's relationship with religion may have developed in the way that it did in order to maintain a relationship and link to a good, idealised father. Freud (1918a) suggests that religion provides a link to a good, all-powerful father when he explains how the religious impulse arose from an innate desire in primitive man to create a father figure. Aslan (2017) explains that human beings worship God for these reasons and for the same reasons a child idolises their father. Aslan explains that adults, like children, desire and need love, protection and comfort from their deepest fears and anxieties and look to God to provide them with these functions.

Freud (1962) explains that religion, in some ways, replaces the absence of the idealised father in adulthood, especially if the adult has not attained mature object-relations. Freud (1962) suggests:

*"The derivation of religious needs from the infant's helplessness and the longing for the father aroused by it seems to me incontrovertible... I cannot think of any need in childhood as strong as the need for a father's protection...The origins of the religious attitude can be traced back in clear outlines as far as the feeling of infantile helplessness" (p19).*

Similarly to (Freud, 1962), Kohut (1971) suggests that the loss or sudden disappearance of an idealised parent in childhood leads to the individual's attempts in adult life to find alternative objects which can provide them with the function of the lost idealised parent. Kohut explains how this leads to "object hunger", an almost addictive dependence on external objects, such as religion, in adult life that occurs from the adult's attempt to replace the lost idealised parent / object and their attempts to gain a sense of connectedness. Lichtenberg (1991) suggests that the type of "object hunger" described by (Kohut, 1971) and (Jones, 2002) is indeed a form of addiction, as one becomes compelled to search for the unattainable lost idealised parent in religion by continually immersing oneself in it. Bollas (1987) describes religion as functioning in

this way as a transformational object, as someone can be driven to search for an object that they believe can transform their “total environment” i.e. both their internal and external world. Bollas explains that the transformational object in an increasingly secular world is no longer a deity but has now become objects such as a new job, a life-event such as emigration, or the search for transformative experiences that new relationships represent. Jones (2002) asserts that religion can positively fulfil internal object functions if it is internalised in such a way that it contributes towards building psychological and psychic structures. Jones does warn that religion can become unhealthy if it is used to maintain a perpetual state of “object hunger”, when it reinforces an addictive dependence, or when it acts to denigrate the individualised needs of the self in terms of goals, ambitions and desires.

### **3.8 Overview of the transference**

I will now go on to give an overview of the concept of transference due to the bearing it has on this study. Strachey’s (1934) statement that a true transference interpretation is one which the analyst most fears and most wishes to avoid and that there is something about the truth of that particular interpretation that is disturbing, captures for me both the challenge and importance of the transference in psychoanalysis. (Jones, 1953) describes in his book *The Life and Work of Sigmund Freud* how Breuer first brought the concept of the transference phenomenon to Freud’s attention. Jones explains how Breuer’s patient Anna O, and her seeming growing love for Breuer during her psychotherapy, provided Breuer with the opportunity to explore the transference phenomenon within the clinical setting. (Freud, 1905) recognised in his work with his patient Dora that her transference to him as a significant other from her life facilitated her unconscious wishes and phantasies being externalised in the clinical setting. Freud came to define the transference as the patient’s experience and relationship with their analyst that results in them enacting a specific relationship of some kind within the clinical setting.

Breuer’s and Freud’s experience of their respective patients pertains to the erotic and / or sexual type of transference that their patients had in relation to them. Gabbard (1994) describes how the erotic transference involves the patient having a mixture of

tender, erotic and sexual feelings for the analyst that results in them having a positive transference to their analyst. Bollas (1994) helps us to distinguish between the erotic and sexual transference by defining the erotic transference as the patient implicitly recognising the passion of a love relationship with their analyst and the sexual transference as the patient's urge to have intercourse with their analyst. Bollas' distinction between these types of transference is relevant to my work with Anita, as much of her anxiety in the transference stemmed from her confusion about what the transference to me meant.

(Klein's, 1952) analysis of children led her to define the transference as a process where infantile prototypes re-emerge and where unconscious phantasy is externalised in relation to the analyst. Klein's analysis of children helped to define the maternal and paternal aspects of the transference. Klein (1952) explains:

*"...the patient is bound to deal with his conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to run away from his primal objects"* (p55).

Klein's description of the transference captures Anita's initial way of relating to me in it: I was regularly someone to be avoided, as her experience of me as a significant object in her life evoked in her infantile and vulnerable feelings that she wished to avoid. (Please refer to Grid 4, row 17 onwards for an example of this.) The turning away that (Klein, 1927) describes is a form of resistance that can occur in the transference relationship. Klein explains how resistance in the transference occurs from the transference putting the patient in touch with the ambivalent feelings and experiences they felt towards parental objects, as well as from their childhood.

(Klein, 1946) alludes to the transference having a more maternal feel to it as she likened the ambivalence that the patient feels in the transference as being similar to the infant's ambivalence to their mother whilst in the paranoid-schizoid position developmentally. Klein explains how this results in the infant experiencing aggressive and sadistic thoughts about their mother in these moments. The infant projects these

thoughts into the mother from feeling that they are intolerable and uncontainable. Klein explains how the infant's experience of their mother as being able to contain the content of these projections occurs over time as a result of the mother's modification of the infant's projections.

(Klein, 1946) is defining here the processes and phantasies involved in projective identification, a key aspect of the transference relationship. She refers to this type of projective identification as involving an aggressive type of object-relation which involves the unconscious phantasy of taking over the object by forcing part of their self into the object through projection. Klein felt that this type of object-relating was very much a result of a paranoid-schizoid state of mind, and it has now come to be viewed as being a more pathological form of projective identification. The containment of these types of projections from Anita was important in understanding what the transference relationship was communicating at various times. (Bion's, 1962a) concept of maternal reverie describes this process, which he refers to a non-pathological form of projective identification. Bion considers how the infant's projections are contained and modified by the mother having a state of mind he refers to as "reverie".

### **3.9 Post-Kleinian perspectives on the transference and countertransference**

Ideas on the transference have been added over the years. (Joseph, 1975) describes how "acting-in" in the transference is a part of the total situation. She asserts that impasses in psychotherapy and the transference resistance are examples of "acting-in" the transference and should be understood as an expression of the patient's anxiety about the transference relationship.

(Joseph's, 1975) theory of "acting-in" is a salient one as it gives a fuller understanding of some of the facets of Anita's resistance in the transference. One of the facets of Anita's resistance in her transference was that she deeply feared what contact with another man entailed, in part because of her indirect experiences of familial sexual abuse and in part because she worried about what it meant to be in touch with and act on her more sexual impulses and drives held by her true-self. For example, one of Anita's anxieties about the transference relationship was that it would turn her into an

“insolent girl”.

(Joseph, 1978) also explains how the therapist can “act out” in the transference as a result of the patient’s attempts to draw the analyst into supporting their defensive positions. Grid 4 of the grounded theory sessions illustrates how the therapist working with Anita’s mother acted out in the transference by being drawn into supporting her mother’s defensive position. This was also the case in terms of how Anita related to me in this session. Column b, rows 11 and 12, of Grid 4 shows my countertransference response to Anita inviting me to “act out” in the transference in the way that Joseph describes. Joseph’s (1985) thinking on the transference being the “total situation” has made a significant contribution to the psychoanalytical work with borderline patients whose personalities are constructed around a rigid system of defences.

Another feature of the transference described by (Lombardi, 2009) is one that is symmetrical. Lombardi explains how the patient attempts to abolish the difference between objects and things in this type of transference. Lombardi draws on the ideas that Matte Blanco (1975) has on the unconscious as being governed by the principle of ‘symmetrization’. Lombardi explains how symmetrization acts to negate differences between thoughts and objects and how the conscious mind, during its constant interplay with the unconscious mind, introduces and identifies differences into the unconscious. The patient’s transference to the analyst has the potential to help them to develop the capacity for asymmetric differentiation from the transference facilitating the exploration of difference between thoughts and objects. This type of symmetrical transference was very much an aspect of Anita’s transference to me initially. I will go on to give examples of this in later chapters. Tustin (1992) explains how this type of transference is likely to be an expression of a difficulty in moving from a state of “oneness”. Tustin goes on to explain how a confusion and fusion between self and object in infancy is the cause of this difficulty.

The development of the countertransference became a central theme of psychoanalysis in the post-Kleinian era. Heimann’s (1950) thinking on the countertransference was that it is a specific response to the patient which is distinct from the analyst’s own neurosis. (Bion’s, 1962b) concept of containment is a significant

contribution to the evolution of the use of countertransference in psychoanalysis. His work on the container / contained model draws on his thoughts about the function of “reverie” in containing the infant’s undifferentiated states of mind and projections.

I feel that (Bollas’s, 1987) contribution to the ideas on the transference, and the use of the countertransference as a way of understanding what is being communicated through it, is a profound contribution to post-Kleinian thinking about this phenomenon. Bollas uses material from his work to illustrate how the transference can communicate particular internal objects and the nature of them in the clinical setting. Bollas describes how the “shadow” of these objects, the qualities and character of them, inform the self and the type of object-relations, until the knowledge of them is brought to the patient’s attention and understood by them through the process of psychoanalysis. Bollas explains how the analyst can “speak” with these objects due to the free association that occurs in the transference.

### **3.10 Paternal transference and paternal functions**

More has been written about the maternal transference than the paternal transference in psychoanalytic literature. However, psychoanalysis widely acknowledges the importance of the paternal transference and how this particular type of transference lends itself to the development of the type of intrapsychic structures that can help the patient to differentiate between their self and their objects. Trowell and Etchegoyen (2002) explain how the internalised father representation being added to the representation of the infant and mother lends itself to this process, as it helps the infant to differentiate their self from its internal and external objects. If we are to follow Trowell and Etchegoyen’s assertion, one could see that the process of internalising the father in the way that they describe showed itself as an aspect of Anita’s resistance to me in the transference. This is because this process evokes ambivalence in the infant, as it involves separating from the desired mother figure and being presented with the external realities that they were previously shielded from. Thus, acquiring a paternal object in a more developmentally promoting and necessary way is an ambivalent experience, as my work with Anita will go on to show.

Burgner (1985) asserts that the child's protraction of the original narcissistic interference occurs, both in their self-development and in their sexual identity, if they do not internalise the father in the way that (Trowell and Etchegoyen, 2002) describe. (Campbell, 2006) asserts that it is important for the adolescent girl to dis-identify from the "imitative mother" in order to develop a heterosexual sexual identity. Lacan (1964) suggests that the internalised father functions to extradite the child from an infantile state of mind to a more mature one, one where the true nature of relationships is accepted and tolerated. Wisdom (1976) explains how a failure to differentiate and accept the nature and reality of the mother / child relationship can result in children being unable to separate in a psychic or psychological sense from their primary object. Wisdom goes on to explain how this results in children not being able to manage the demands of the external world.

(Britton, 1989; Lacan, 1964; Rosenfield, 1992; Borens, 1993) all concur that the acquisition of the father - whom (Gaddini, 1976) refers to as the "second object" - in the child's internal world, is integral to the process of them attaining individuation. Gaddini explains how the acquisition of the "second object" helps the child move from the dyadic relationship with their mother to the possibility of alternative and triangular-type relationships. Gaddini explains how the child remains in "imitative identification" with the mother and is unable to attain mature object relationships if the father is not internalised in the way he describes. (Mitscherlich, 1969) suggests that a failure to internalise the father in the way that (Gaddini, 1976) prescribes results in the father being internalised as a demonised father representation. Anita shows in Chapter 4.1 (Session 59) that she had internalised her father in the way that (Mitscherlich, 1969) describes. Here, her internalised father is represented by the creature in her dream.

Segal (1989) adds to the thinking about the effect of failing to internalise the father in a developmentally promoting way when she suggests that the father's penis becomes an ideal container for unwanted negative projections. Segal explains that the father being related to and projected into in this way serves to preserve the idealised relationship and fusion between the child and their breast / mother. (Britton, 1989; Lacan, 1953; Rosenfield, 1992; Borens, 1993) are amongst the numerous writers about this subject who have asserted that the father being internalised appropriately leads to the child's

development of symbolic thought. Lacan (1964) asserts that the internalised father is integral in helping the child make the transition into the external world and into the symbolic world of culture.

(Deutsch, 1937) in her seminal paper 'Folie à deux' illustrates an important consequence of a person's failure to differentiate the self from their object. Deutsch's paper describes the type of projective identification that can occur if the primary object – the mother – is psychically ill. She explains that a transmission of delusional ideas from a person that is psychically ill (mother) to a person psychically healthy (child) can occur. The result of this is that the psychically healthy person accepts the delusional transmitted ideas and assimilates them into their psyche.

### **3.11 The Oedipus complex**

Anita's response to the difficulty she had from being in touch with her sexual and oedipal feelings resulted in what (O'Shaughnessy, 1989) describes as the patient's unconscious (and at times conscious) attempts to make the Oedipus complex invisible in the clinical setting. In O'Shaughnessy's paper 'The invisible Oedipus complex' (O'Shaughnessy, 1989) she describes how patients who are unable to differentiate the parents' relationship to one another from the parent-child relationship feel that the Oedipus complex is unnegotiable. They employ psychic means to make and keep it invisible in the consulting room as a result of this issue.

The story of Oedipus, the son of King Laius, who acted on his patricidal feelings in order to pursue a sexual relationship with his mother (Queen Jocasta), remains a central theme in psychoanalysis and infantile sexuality. (Freud's, 1909a) work with the parents of Little Hans has informed psychoanalytic thinking about how the Oedipus complex shows itself in the clinical setting. It has also gone some way to understanding what may be informing the erotic and sexual transference in the way that (Gabbard, 1994) and (Bollas, 1994) respectively describe. (Freud, 1909a) discovered that much of Hans' presenting anxiety stemmed from the internalised oedipal situation and a fear of castration. (Britton, 1989) has discussed extensively how the erotic and sexual transference is organised around the same themes and principles in the Oedipus myth.

For example, Britton describes how this type of transference can involve the patient's attempted seduction of the analyst or them experiencing their analyst as a castrating, vengeful figure that disapproves of their oedipal sexual feelings for them.

The idea of the father as a vengeful and castrating figure stems from the oedipal myth and seems to permeate much of society's thoughts about fathers today. Target and Fonagy (2002) suggest that the father being viewed and thought about in this way can lead to a legitimising of boys' patricidal-based hostility for their father, instead of its being viewed as their response to the difficulty arising from their father's internal and external representation creating a psychic boundary for their oedipal feelings. Britton (1989) describes how the relinquishing of the phantasy of being in an oedipal union with a parent leads to the resolution of the Oedipus complex and the patient being able to bear reality and develop psychologically. Britton explains how the patient's recognition of the difference between the relationship between parents as distinct from the relationship between parent and child is integral to this.

### **3.12 Adolescence**

Anita brought the issue of negotiating the adolescent identity she wanted for herself to her psychotherapy from the start. Much of the difficulty she had in regard to this was from feeling that her true thoughts, feelings and desires had to be concealed from her family. Anita had a very complicated relationship with her adolescent self because of this. At times, she felt driven to split off the thoughts, feelings and wishes held in her adolescent self, in part from feeling that to show them would lead to further conflict within her family.

Hoxter (1964) explains how a lack of differentiation between mature and infantile aspects of the adolescent's sexuality causes the adolescent to retreat from the task of maturing and making the transition to adulthood. Waddell (2002) views adolescence as a time when infantile internal structures are relinquished for more adult ones. She goes on to explain how the adolescent is able to make the transition from the family to the external world from this process and is also able to establish their sexual identity and to individuate. Campbell (2006) describes how a failure to develop mature object-

relations usually involves a regressive wish to return to the mother. (Meltzer, 1992) has described in great detail the effects of the child's regressive wish to return to the mother when he explains how this leads to a fusion between the self and object i.e. between the child and the mother, which results in a phantasy of the child's intrusive identification into areas of the internal mother's body. (Meltzer, 1992) goes on to describe the type of phantasy life involved in the infant's projective identification with the compartments of the internal mother as living in the "claustrum".

Hoxter (1964) suggests that a surge in the adolescent's sexual urges and drives might be a frightening experience for them, something that they retreat from. This was the case for Anita, who apportioned a danger and anxiety-provoking quality to her sexual urges and drives. Hoxter explains that the adolescent also experiences a resurgence of feelings and phantasies that were characteristics of their object-relations in infancy. Britton (1989) suggests that the boy's wish to impregnate his mother and the girl's wish to have a child with her father becomes more frightening as a result of its now being possible by virtue of the physical development of the adolescent's body. Britton goes on to suggest that the adolescent's difficulty in relinquishing their oedipal objects may stem from the development of an oedipal illusion that serves, through its defensive organisation, to defend against psychic reality, in this case the fact that the parental couple is a sexual one.

Bion, (1970) explains how the adolescent can experience a "catastrophic change" as a result of the conflict of feelings arising in their mind and body. (Lombardi and Pola, 2010) explain that psychotic manifestations can result when the adolescent experiences this internal experience as being too intense to be contained. Matte Blanco (1975, 1988) describes how the adolescent can attempt to negate their body as a source of new stimuli in order to manage the internal experience described by (Bion, 1970) and (Lombardi and Pola, 2010). Briggs (2008) has described extensively how the adolescent's failure to attain mature object-relations can result in a borderline state of mind. He explains how the boundary between the unconscious and conscious state of mind is not sufficiently robust to prevent the internal world being located, by projection, into the external world. (Bick, 1968) has described how a psychotic state of mind emerges as a result of the individual's psychic skin not being robust enough. Bick

suggests that the “skin” in this instance is unable to contain the experience of feeling that the external world is invading the internal world. Bick also explains how the “skin” is unable to prevent the internal world being projected excessively into the external world. (Bion, 1962) refers to the “skin” that (Bick, 1968) describes as the “contact barrier”. Bion (1962) describes how the “contact barrier” serves to maintain and preserve the beliefs that are fact formed events in reality.

(Steiner, 1993) illustrates the defensive mechanism that occurs from a fusion between self and object that he termed psychic retreats. He describes how a psychic retreat involves the patient retreating to an area of relative safety in their mind as their way to avoid meaningful contact with the analyst. Steiner goes on to explain how the analyst is experienced as a link to the painful realities in the external world that the patient is trying to avoid. I will go on to show in this thesis how psychic retreats were a theme of Anita’s mental life, and how this was worked with in her psychotherapy.

Steiner (1993) explains how a person’s tendency to retreat psychically in the way that he describes makes it impossible for them to work through the depressive position in the way described by (Klein, 1952). Steiner draws on his clinical work to illustrate how the internal worlds of patients who have a tendency to retreat psychically continue to have a paranoid-schizoid constellation to them that is similar to those he observed in many borderline patients. However, Steiner suggests that a patient’s development is possible in periods of emergence from psychic retreats.

### **3.13 Psychoanalysis’s relationship to race, culture and ethnicity**

Concepts of race, culture and ethnicity have been neglected areas in the field of psychoanalysis in my opinion. This is the case despite cross-cultural psychotherapy becoming more necessary due to changing cultures and populations in western countries (Moodley and Palmer, 2006). Gordon (1993) proposes that the history of psychoanalytic approaches to understanding race, culture and ethnicity has been limited by an absence, or reluctance, to conceptualise patients presenting difficulties within their historical, social and political contexts. Dalal, (2002) asserts a similar argument to (Gordon, 1993) by saying that psychoanalytic theoretical models may

unintentionally impede the analyst's work with a patient from a BAME background by unintentionally neglecting to attend to the patient's experience of racism in the social world. (Kirmayer, 2007) seems to concur with (Gordon, 1993) and (Dalal, 2002) when she states that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism.

(Kirmayer, 2007) goes on to explain how this issue must be addressed in order to develop the therapeutic relationship with patients whose race, culture and ethnicity, may be different to that of the analyst. She goes on to assert that the analyst must contrast more traditional psychoanalytic views of the self with the patient's understanding and relationship to the social world in order to develop a comprehensive view of the patient's self and their object-relations. Jones' (1985) assertion that a "shared world view" has been shown to be more important to client satisfaction than any other factor seems to further support (Kirmayer's, 2007) assertion, whilst (Blumenthal, Jones and Krupnick, 1985) assert that a failure in empathy about the patient's relationship with the social world is likely to lead to cultural stereotyping emerging in their psychotherapy, as well as the analyst having negative countertransference reactions.

I think what (Kirmayer, 2007; Jones, 1985; Blumenthal et al., 1985) say about cross-cultural psychoanalytic psychotherapy is interesting as it relates to this study. However, I think that my work with Anita will go to show how creating a space in psychotherapy, so that these meanings of these representations of the self can be fully understood, can be done without the danger of compromising one's psychoanalytic stance by over contrasting it with social and world views of the self. I will go on to show in later chapters how it was important for me to hold all ideas about the self that Anita and I posited until she felt secure enough in the therapeutic relationship to be able to explore how they were used by her at times to defend against the difficulty she had with intimacy and dependency.

### **3.14 The challenges for psychoanalysis when working with issues of race, culture and ethnicity**

(Keating et al., 2002) identified that African and Caribbean communities' experiences of mental health services have been mixed and pointed to the overrepresentation of these communities in people sectioned under the Mental Health Act, and psychiatry's role in causing these communities to have these experiences. Keating et al. identified that these experiences led to these communities developing a "circle of fear" of mental health services. Keating et al. explain how this circle of fear has led to these communities' reluctance to seek help for their mental health difficulties. They explain how these communities' untreated mental health problems often develop into crises, resulting in compulsory admission into hospitals that acts to reinforce their fear of mental health services.

Analysts and writers such as (Dalal, 2002; Fanon, 1952; Davids, 2011; Lowe 2008, 2010) have asserted the importance of conceptualising patients' presenting difficulties, whilst holding in mind the impact on their psyches from living in a post-colonial society. Their views on this issue have clearly been informed by what (Fanon, 1952) has written about it. Fanon's paper 'Black Skin, White Masks' explains how an introjection and assimilation of colonial ideas have indelibly informed western society's phantasies around race and racial difference. Fanon argues, quite eloquently in my opinion, how the skin, and the colonial ideas associated with it, creates an inescapable psychic problem for black people, as it has resulted in "black" being associated with negatively, which in turn invites projections of what is undesirable and unwanted into it. (Rustin's, 1991) description of race as an empty category which is filled with different sorts of projections seems to echo (Fanon's, 1952) ideas of how race, particularly the skin, is related to. (Rustin, 1991) describes how race and racial difference become objects that are ripe for projecting the unwanted and undesirable aspects of the self into.

(Fanon, 1952; Dalal, 2002; Timimi, 1996; Lowe, 2008) have described how introjective identification informs the psyche of the individual or group. They explain how post-colonial ideas from centuries-old ideas of ways of relating, involving whites as colonisers and blacks as the colonised, are introjected and inform object-relations about the self and others. Timimi (1996) describes in detail how this process results in a paranoid-schizoid way of object-relating which is characterised by projective identification into white objects of desirable aspects of the self, and inferior, undesirable

aspects of the self into black objects. Timimi here is describing an important facet of how internalised racism occurs. This has been expanded on by writers such as (Dalal, 2002; Lowe, 2008). (Davids', 2011) book *Internal Racism* considers how an internal racist defence structure develops in the individual from this process.

## **Chapter 4 Religion**

### Introduction

Anita reported at the start of her psychotherapy that she had made the choice not to follow Islam a few months before she was referred for psychotherapy. She described herself as an atheist at this time and reported that atheism captured her disillusionment with all religion, especially Islam. Despite Anita's insistence that she was an atheist, I will show how the process of psychotherapy uncovered the extent to which Anita's sense of self and the nature and character of her internal objects, and the allied object-

relations, were organised around her internalisation of religion.

#### **4.1 An imam father**

Anita talked about her experiences of her father quite early in her psychotherapy, especially her experience of him when she was a much younger child. She recounted vivid memories of her father reading passages from the Qur'an to her and her siblings.. Anita felt that her father emphasised the graphic accounts of the fates that befell non-Muslims (infidels) that the Qur'an referred to. Anita shared striking recollections of being told by her father how infidels would be punished in sadistic ways by being beheaded or by having their limbs cut off, if they did not follow Islam appropriately. Anita recalled a particular occasion when her father talked about this when she was approximately six years old:

##### *Session 27 - 1st year of treatment*

*Anita reported that she had thoughts and images of decapitation and beheading after having contact with her father. (Anita's parents were not living together at this time.) She remembered when she was about six years of age when her father instructed her siblings and her about the Qur'an. They were sitting on prayer mats and her father was sitting in front of them, pointing to certain pages in the Qur'an and interpreting the passages from it. Anita smiled in what felt like her attempt to laugh off the feelings of what felt like terror from remembering this event. She explained that her father read passages from the Qur'an to Anita and her siblings regularly when they were younger. She remembered that he regularly talked about the fate that befell "infidels" who did not follow the Qur'an. She shuddered slightly as she explained that her father asserted that the beheading of infidels was appropriate. Anita remembered a certain teaching from her father where he explained that "infidels' brains would boil and they would go to hell." Anita agreed when I suggested that there was a link between her recent thoughts and images about decapitation and beheading and her recent contact with her father. I suggested that she seemed to view him as someone that captured the views and beliefs about Islam she disagreed with. Anita nodded in agreement.*

Anita seemed to be bringing to my attention how her father and other paternal figures in her family came to occupy such central roles in her family's religious education. The idea of Allah being thought of as a father figure in Anita's family seemed to support the idea of men adopting imam-type roles in the family. She described in her psychotherapy how one of the functions of the roles that men in her family usurped was to instruct the women and children in the family on how they should conduct themselves. Anita felt that her father's way of relating to her by adopting an imam-type role in her family epitomised the general role that men occupied in her family.

Men in Anita's family usurped these roles in part because Anita's family's particular view of family life and Islam was patriarchal. It resulted in the men in Anita's family instilling beliefs into the family that were anchored in terror, persecution and cruelty. (Aslan, 2017) explains how the perception of the role of the father is central in all religion and stems from the instinctual urge of people to make "God flesh" in the way that Christians believe that Jesus Christ is God made flesh. Aslan's view of the role of the father in religion has parallels with (Freud's, 1962), who explains how, in his view, the religious impulse in people arose from an innate desire, albeit a primitive one, to create an all-powerful and good "father figure".

Anita's experience of her father as an imam-type figure illustrates how the idea of "God being made flesh" lent itself to the patriarchal makeup of her family by men who feel themselves to occupy "all-powerful" father figure roles and to be messengers from God, and who insist that this is how they are to be perceived (albeit very often unconsciously).

The fate of "infidels" in this vignette had parallels with the fate she believed would happen to her for choosing to pursue an "atheist" lifestyle that her family, primarily the men in the family, felt was not compatible with Islam. Anita seemed to believe this, in part because of her difficulty in distinguishing her father's beliefs from her own. It left her often believing her father's beliefs and fearing that the abandonment of these beliefs would mean that she would also be treated as an infidel, ie being punished in some way, such as being beheaded. Anita was illustrating, early in her treatment, how

her internal religious object had a significant bearing on the constellation and the prevalent dynamic of her internal experiences. This was a result of the ideas of Islam as they were conveyed to her by her father in a very specific relational context, that she had internalised during her childhood.

Her internal religious object impinged powerfully on adolescent feelings and adolescent hubris, in such a way that she felt that these feelings had an “infidel-like” quality to them. The unconscious object-relating dynamic was therefore characterised by her individualised feelings being “denigrated” and seen as wholly unacceptable by her internal religious object. Consequently, a perpetual state of “object-hunger” (Jones, 2002; Kohut, 1971) and persecution developed as Anita’s emerging adolescent hubris, and especially her sexual feelings, were attacked by her internal religious object. Freud (1915) asserts:

*“...I [Anita’s religious object] feel the “repulsion” towards the [infidel] object and hate it, this hate can afterwards be intensified to the point of an aggressive inclination against the object – an intention to destroy it” (p137).*

#### **4.2 The “shadow” of religion**

The vignette (session 27) shows how Anita’s internalisation of religion from an early age had a significant bearing on her object-relations in her internal world having a fundamental characteristic to them. The objects that were felt to be more religious related to the objects felt to be infidel in nature (incompatible with the beliefs held in her religious object) in a similar way to (Fanon’s, 1963) description of the fundamental group that fights to gain “legitimacy” from feeling that their sense of identity is lost in otherness.

Anita’s emerging adolescent feelings (which were experienced by her internal religious object as an expression of ungodliness) and drives posed a threat to the “legitimacy” of Anita’s internal religious object. Her internal religious object had a prohibiting effect on her adolescent development because of this, especially as it acted to view and relate to her sexual development as “ungodly”.

(Hoxter's, 1964) description of the adolescent's solution to the internal dilemma in which their emerging adolescent feelings are felt to be too much for them to contain, is pertinent to Anita as Hoxter suggests that the adolescent can retreat from the task of negotiating their adolescence because of this. It suggests why Anita developed a tendency to rid herself of her adolescent feelings through excessive splitting and projection. (Meltzer's, 1973) suggestion that the re-emergence of the severe splitting of the self that is a characteristic of the adolescent's pre-oedipal and pre-genital stages occurs from the confusion that these, at times unwanted, feelings pose to the self, was also Anita's solution to the fear she had about adolescence.

The excessive splitting and projection of Anita's adolescent feelings in the way that (Hoxter, 1964) and (Meltzer, 1973) describe was informed by her internal religious object's relation with them. It resulted in a type of object-relating where Anita's emerging adolescent feelings could be split off and projected from her self so excessively that some of these projections became located literally in the external world. This resulted in the type of psychotic experience that (Bion, 1957) explains occurs from the internal world having a borderline quality to it due to its tendency to locate the internal quite literally in the external world through projection. Anita had a tendency to do this prior to the commencement of her treatment, which suggests why her experiences of jinn were felt by her at times to be literal.

Anita's relationship with her internal religious object was complicated, as at times it offered some containment and structure, albeit limited, particularly during the latent part of her development. However, it was an object that became incapable of containing her adolescent urges once they emerged, due to the object's incapacity to tolerate, let alone admit, adolescence, especially female sexual feelings and drives. The heavy weight that the internal religious object bore on Anita's internal world created a most powerful and unresolvable internal conflict.

(Bollas's, 1987) concept of how certain internal objects inform the sense of self and the other seems particularly salient in understanding Anita's relationship with her internal religious object. Bollas explains how the shadow of the object falls on the self without

the child being able to process this relationship within their self. Bollas explains how the “casting of the shadow” of the object starts in childhood and at a time when the child is not able to process the relationship it has on the self, due to the immaturity of the self at this stage of their development. It was important that Anita’s psychotherapy facilitated the process where she was able to “remember” incidents and occasions in her childhood where religious ideas were communicated to her in such a way that they clearly impinged on the formation of her self and, more often than not, in powerfully overwhelming ways. The space created for remembering in her psychotherapy enabled Anita to begin to retrace the trajectory of the movement of her internal religious object in relation to other objects (as well as how it cast a shadow over them), in order for this particular relationship to be understood. By helping Anita to explore her internal religious object in this way, I enabled her to have the “unthought” (the true nature of her internal object) known in the way that Bollas explains helps the patient to know something of the “character” of the object, to the extent that it does not impact on the self adversely.

Session 27 illustrates how Anita’s introjection of these and similar experiences of her father during her childhood contributed to her internal religious object falling on her self in the way that (Bollas, 1987) describes. It illustrates how this object cast itself on her internalised father in such a way that he was represented in her internal world as an instrument of Allah’s justice. Anita showed in Session 27 how religion, a complex constellation of thoughts, feelings and beliefs (Jones, 2002), was transmitted to her by her father, whilst he was in projective identification with the “word of Allah” and whilst he was perhaps embedded in a sense of self-righteousness. This caused Anita to internalise her father as an object that had a capacity to castrate (Freud, 1909a) and as an object that could not process oedipal and female sexual feelings

### **4.3 God made flesh**

*Session 59 - 1st year of treatment*

*Anita explained that she had a bad dream last night. She initially did not want to tell me about the dream when I enquired about it, and explained that she felt very*

*disturbed by the content of it. However, she mustered the courage to talk to me about this dream later on in the session. She explained that she dreamt about a creature appearing in front of her that insisted that she acknowledge that there is a God. Anita did not know what this creature was when I asked her about it. She explained that she did not have any associations to it, only that it worried her.*

*Later on in the appointment, Anita explained that the dream she had last night was similar to a dream she had before she started psychotherapy. She explained that it was a very vivid dream and in it she was with a friend at the top floor of a house. A woman appeared in front of her. This woman did not say anything to her, but Anita knew that the woman had lost her child. Anita said to the woman that she did not know where her child was. She went downstairs to the next floor of the house and was confronted by dozens of children she described as “poor Bangladeshi children”. These children asked Anita to kiss their feet. Anita explained that she refused to do so in the dream and explained that one should only allow people to kiss your feet if they deserved to do so. A man appeared in front of Anita dressed in Arabic robes and asked if she believed in God. Anita explained that she felt that this man was Jesus. Anita did not answer the man as she was terrified of him. She reported that she was also scared to say to this man that she didn’t believe in God because of the consequences of stating this. She explained that she felt that she associated this dream with the apocalypse as Islam asserts that Jesus would appear at the end of time.*

Anita’s first dream goes to show how religion shaped her internal world and the objects in it. The creature in this dream captures her experience of patriarchy in her family and her feeling that she has to submit to it. The creature is an object that held the family’s narrative that infidels (in the dream, Anita was the infidel) would be punished for not submitting to the family’s ideas, which further supports this idea.

The second dream that Anita reported seems to illustrate her experience of feeling dropped from her mother’s mind. The woman in this dream, a maternal figure who had lost her child, represented Anita’s experience of her mother losing Anita, or dropping her from her mind. The top floor of the house – where Anita met this woman –

represented the head / mind of the maternal object. Anita reported regularly how she felt dropped from her mother's mind, especially when she felt the pressures of family life became too much for her. Anita felt acutely that she had been dropped when her mother suffered a breakdown as Anita entered adolescence. Anita regularly projected the feelings of anger and resentment that she had for her mother about this situation into her father, in her attempts to preserve the "good" mother she had internalised.

Bangladeshi children being beneath Anita's feet in her second dream captured how her racialisation of her culture had caused her to now view it as inferior and beneath her. Anita was initially upstairs in the dream before moving downstairs to be confronted by "poor Bangladeshi children". Her "upstairs" position captured her belief that she was superior to (above) her own culture, which was below her literally in the dream (represented by the "poor Bangladeshi children").

#### **4.4 A religious retreat**

As Anita's psychotherapy progressed, she conveyed one of the events in her family that had caused her to view men in her culture in an inferior way. Anita reported that her maternal cousins (a boy aged seven and a girl aged nine) were referred to the clinic I worked in, in the second year of her treatment, after they had been sexually abused by a male relative whilst he was in England. Anita reported that the man who abused her cousins fled to Bangladesh soon after the abuse came to light. She felt that members of her family knew about the abuse but agreed that this man should return to Bangladesh. As well as illustrating why Anita had internalised men in her family in that she had, it was also an example of why Anita went to great lengths to subvert the religious beliefs her family espoused. Anita was outraged when she shared that she felt her family had colluded with her cousin's abuse by not reporting it to the authorities when it came to light. She felt that it was evidence of the religious hypocrisy in her family as their ideas of holiness and how one should conduct themselves in accordance with the Qur'an was acted upon selectively. Anita felt that the situation with her cousins showed how her family could "abuse" and manipulate religion in their attempts to preserve the family honour and culture.

Anita illustrated in her psychotherapy how she could retreat into her internal religious object as her way to avoid meaningful contact with me. For example, Anita was initially very resistant to exploring how her religious beliefs shaped her sense of self, in particular her views of her gender. She often attempted to draw me into a theological discussion about religion and used her knowledge about Islam to illustrate why she thought that it did not impact on her adversely, psychologically. Anita seemed to be inviting me to act out in the way that (Joseph, 1978) explains involves the therapist being drawn into supporting the patient's defensive positions. In these moments, Anita positioned herself as an expert on Islam and religion and attempted to view and relate to me as if I was an infidel, someone who was ignorant because they were non-Muslim. In these moments Anita seemed to be using religion, and her superior knowledge of Islam, to try to assert some control over the therapeutic relationship. On reflection, the impasses that occurred on these occasions was an expression of what Joseph describes as acting-in the transference, due to the anxiety that the transference caused her.

Anita's experience of me as an "infidel" (a code for the other) during my initial exploration of religion illustrates why the transference was anxiety-provoking for Anita at times. Anita often adhered to particular religious beliefs so deeply that my exploration of them often resulted in her viewing me as attacking her intrinsically in some way. It is important to note that I adopted a neutral position during my inquiry about Anita's religious beliefs and often did not comment on them. However, Anita persisted with her view that I was an "infidel" i.e. the other. It felt that Anita's resistance to me in these moments arose from the anxiety she felt from experiencing me as the "other", an aspect of her internalised father. It was integral developmentally for Anita to internalise me in this way, whilst also being anxiety-provoking for her. This was in part because her internalising me as a paternal object represented for her being extrapolated from the pleasurable fantasy of being in the psychic womb of her mother, due to the type of relationship she had with her. (Trowell and Etchegoyen, 2002) have described the child's resistance to internalising the father, as this process brings them in touch with the internal and external realities that being enmeshed with their mother protected them from.

My countertransference to Anita in these moments was a helpful indicator of what was informing the transference resistance at certain times. Holding this understanding of the transference for us, i.e. not interpreting it directly, provided Anita with an experience of an object that was not retaliatory. I was aware at this stage that Anita could experience me as retaliatory at certain times, when I enquired about her understanding of religion. On reflection, Anita experienced me in this way as a result of her transference to me as a father figure who was trying to indoctrinate her in “the religion of psychoanalysis”, in the way that she experienced her father indoctrinating her in religion when she was younger. As Anita began to experience me as a father figure who did not want to indoctrinate her, this provided us with the space to be able to tolerate and contain the thinking about her internal religious object. It resulted in her retreating to her internal religious object less when I explored with her how religion shaped her internal world (Steiner, 1993).

#### **4.5 The search for good objects**

##### *Session 122 - 2nd year of treatment*

*Anita reported that she was sitting in her room during the week and found herself feeling depressed by how cluttered and untidy it was. She noticed that she felt “disgusting” for letting her room get so untidy. She found herself turning to a copy of the Qur’an that was in her room and began reading from it. She found herself feeling a sense of great relief from reading certain passages from it. Anita explained that the passages she read were very spiritual and were not like how her family interpreted the Qur’an.*

The vignette shows how Anita’s relationship with religion provided her with comfort and support at times. The role of the father in religion was helpful for Anita in this way as it provided her with a link to a father, albeit an idealised one, and the containment that its paternal function gave her. This link to the father and the function it gave her was important, as Anita’s father was felt by her to be emotionally absent in her internal world. She reported regularly how disappointing she found him, and that he was someone that she felt she could not turn to as he did not approve the choices she

wanted to make in her life.

Anita's continuing relationship with Islam was complicated, as an aspect of it involved her responding to the object-hunger she felt. Kohut (1971) explains how "object-hunger" occurs from the individual's or group's search for objects that they can depend on in such a way that the loss of the idealised, depended-upon father can be tolerated.

In session 122, Anita showed how religion could act as a container and comfort for her at times of internal distress. On this occasion, she gained some comfort from the "disgusting" mess in her mind, that the state of her room reflected and brought her in touch with. She was also in a mess for the ambivalence she felt towards her religion. Her more spiritual and benign understanding of religion was comforting and undoubtedly provided some containment for her in the way that (Bollas, 1987) suggests that religion can be experienced as a transformational object that is sought as a way to transform the whole "environment". (Bollas, 1987) is using the term environment in the same way that (Winnicott, 1960) uses it to describe the mother being experienced by the infant as the holding environment; this arises from the mother being experienced as an object that has the capacity to change the infant's internal world and their experience of the external world.

For Anita, religion, or her belief that an object, such as atheism, has a transformative quality, came about from her experience of her earliest object, her mother, being associated with having this transformative quality as a result of being held within a mythic structure in her internal world. It suggests why a theme of Anita's psychotherapy involved her search for objects that could provide her with the transformational experience that she felt her mother gave her in infancy. It was also an aspect of Anita's transference to me as an object she hoped could transform her internal and external world quickly. It suggests why Anita often became frustrated and disillusioned with me and her psychotherapy as it did not give her the quick transformative experience in the way her religious object had done at times.

Anita's internalisation of religion did not provide her with the type of transformational experience that she craved, in part as she had internalised Islam as having a harsh,

punishing quality to it. Anita's internalising Islam in this way did not allow it to provide her with a more positive transformational experience that many religious people get from their religion. Anita internalised religion in a way that resulted in it being an object that was rigid (fundamental in nature because of its rigidity) and as an object that opposed many of the drives and wishes she held in her true self (Winnicott, 1960). (Bhatt, 2006) explains how a more fundamentalist interpretation of religion is not synonymous with Islam, although society has come to associate it in this way. However, Anita's internalisation of Islam throughout her life had contributed to her relating to it in the way that (Bhatt, 2006) suggests society views it.

I will show later in this chapter how Anita's internalisation of Islam was also undoubtedly shaped by the views of it held in society. However, Anita's descriptions of Islam suggested that her view of Islam was primarily informed by the dominant narrative about Islam held in her family. From her descriptions, Anita's family's narrative about Islam was posited to her as being an "absolute truth" in the way (Bhatt, 2006) suggests is a characteristic of fundamentalism. The rigidity that an "absolute truth" posits leads to the group becoming organised around what (Bion, 1961) describes as a paranoid-schizoid way of relating to difference, as if it was a threat to the preservation of the group. Bion describes this type of group (when viewing the family as a group) as having a fight / flight way of functioning that acts to keep objects felt to be dissimilar from the self, far apart from the self. Anita's descriptions of her family's relationship with wider society suggested how they related to the wider society in the paranoid-schizoid way that Bion describes. Anita elucidated this further when she described how her family believed that the wider society was not conducive to how a Muslim should live their life. She described how her family (including her mother) believed that she would lead a kind of unholy life when she went to university as a result of being in an environment that did not reflect their family's beliefs about how people should conduct themselves.

From Anita's descriptions of her family's relationship with Islam there seemed to be an element of Islam being an object that was depended on and idealised in the way that (Kohut, 1971) describes. By relating to religion in this way, her family was able to cope with the loss of their good object i.e. the country of origin that occurred as a result of

their emigration. The loss of this good object was something that affected all family members in varying ways. For Anita, her family seemed motivated to keep their lost object (culture) alive in Anita and the other children and young people in her family who were second generation immigrants. The father figure (Allah) took on an important leadership role in this process as it became a paternal figure that was used to sustain the family and bind them together in their attempt to keep their culture alive through their religion.

Anita's identification with atheism provided her with some relief from this process and the internal pressures it presented her with. A main source of these pressures occurred from the basic assumption in the family that she and others of her generational level were given the task of keeping the family's culture alive in them in some way (Bion, 1962b). The effect of this basic assumption contributed to her difficulty in knowing and tending to her true-self. Anita described how identification with objects other than religion, like atheism, provided her with a space of relative, temporary safety in the way that (Steiner, 1993) describes is the function of a psychic retreat. Retreating to these alternate objects in this way was Anita's attempt to preserve and foster her own needs and wishes within a family and emotional climate that opposed them.

One could also view Anita's identification with atheism as her way of expressing adolescent rebellion as it put her in direct opposition to her parents and other parental figures in her family. Anita reported during her psychotherapy that her family (in particular, the men in her family) deeply disapproved of the fact that she viewed herself as an atheist. Anita reported during her psychotherapy how describing herself as an atheist resulted in her being ostracised and verbally attacked by certain family members, mostly men. Anita's experience of her family in these moments was similar to her mother's experience of her family as she too was verbally attacked and ostracised by her family for choosing to lead the life of an "infidel". (This occurred shortly after Ms Khan had initiated divorce proceedings against Anita's father.)

Anita's being faced with the choice of whether to subscribe or not to her family's religiously informed views about the self illustrates how adolescents, regardless of their background, choose consciously and unconsciously to identify with objects that they

experience as a way to help them separate (in a psychic sense) from their families. It suggests why Anita may have taken refuge and retreated psychically into her religious object when the task of separating from her family in this way became too much. One could therefore view her identification with atheism as her way of making the transition from her family (in a religious sense) to a secular, wider society. Anita's identification with atheism was also driven by her desire to distance herself from Islam, because of what she associated with it.

#### **4.6 Judgement**

##### *Session 207 – 3rd year of treatment*

*Anita reported that some of her dreams have a recurring theme to them. She described one that had stayed with her. In it, she sees a woman dressed in a niqab with only her eyes being visible. Anita reported that she was quite disturbed by this woman's eyes, as they were fiery bright red. She thought that they represented "judgement". Anita thought that the dream represented something bad happening to her. I suggested that it was interesting that she presented this dream soon after we had talked about the worry she had about her emerging sexual feelings. (Anita had reported previously that she was becoming attracted to a boy at her school.) She looked a bit pensive as she said "bad things happen to you." When I wondered what she meant she explained that she was referring to bad things happening when you had lustful feelings.*

Anita's dream illustrated her fear of being judged for acting on her sexual feelings before being married. Her associating the fiery eyes of the woman in the niqab in this dream with judgement is an idea that is present in most religions. Throughout the scripture of Revelation in the Bible, fire is referred to as a symbol of judgement. In Revelation 1:14, Jesus's eyes are described to be like flames of fire as he returns from heaven to inflict his judgement on evildoers: *"His head and his hairs were white like wool, as white as snow, and his eyes were as a flame of fire."* Anita constantly worried that she would be judged for not following Islam, in part because she feared retaliation from her family for having a different view of religion to a majority of them. The woman in her dream captured Anita's experiences of her family's objection to her lifestyle. Bion

(1961) explains how a group relating in a fight / flight basic assumptions way comes together around the excited and violent idea of there being an “enemy within” (Anita), an object to be identified, judged and then either taken flight from or fought. The feeling of “judgement” Anita felt because of her family’s way of relating to her was akin to (Bion’s, 1962a) description of the nameless dread the infant experiences from feeling that their distress is not containable (by the mother). Bion explains how these anxieties fragment within the psyche because of this and are then felt to attack it. Bion’s concept of nameless dread suggests why Anita felt that a judgement, an attack, was inevitable.

The woman wearing the niqab in her dream represented the judgement and disapproval of Anita acting on her sexual feelings before marriage. Anita’s idea of the females in her family, which included her mother and aunts, was that they subscribed to the dominant narrative in the family that sex before marriage was forbidden. She experienced them as objects that were also worried about being judged for acting on their sexual feelings and felt that this is why they colluded with the dominant narrative in the family about what women should do with their sexual feelings.

Even though Anita enjoyed a close relationship with her mother, she believed that her attraction to boys and her emerging sexual feelings were things that she could not share with her. Anita alluded to her feeling of isolation about her adolescent development when she reported on one occasion that she had not talked to anyone in her family about menstrual cycles. I was both shocked and saddened when she reported this to me, whilst also viewing it as a helpful prognosis that Anita was slowly able to talk to me about an issue that was so personal and sensitive. It suggested that her psychotherapy was becoming a place where Anita could feel safe enough to explore the aspects of her that would ordinarily be retreated from or split off from her self in the way that (Meltzer, 1973) describes.

Anita’s worry about her emerging sexual feelings also stemmed from her knowledge of familial sexual abuse. Anita reported that she was aware that her mother and other female relatives had been sexually abused by male family members when they were younger and living in Bangladesh. Anita reported that she was worried that she would also be sexually abused, especially if she was seen as a sexual, mature woman by

certain men in her family. This issue showed itself in her psychotherapy, particularly when she expressed a worry about turning 18, as that birthday approached. When I explored with her why she felt so worried about turning 18, she explained that she believed that she would officially be seen as and referred to as a woman. She believed this in part because she knew that she could legally marry when she was 18 years of age. It led to her reporting that she was deeply worried about having a marriage arranged for her when she turned 18. It suggests why she repressed her sexual feelings and negated her adolescent development in the way that (Matte Blanco, 1975, 1988) describes. Matte Blanco explains that the adolescent attempts to negate their body as a source of new stimuli in order to manage the intense internal experience that adolescence presents them with. It suggests that Anita's tendency to view and relate to her emerging sexual feelings as if they were dangerous and unwanted was an expression of the negating process that Matte Blanco describes. The process of negating her sexual feelings was in part Anita's solution to the anxiety that she experienced from associating them with sexual abuse. It was somewhat easier for Anita to negate her sexual feelings, rather than viewing them as something frightening and dangerous.

#### **4.7 School as a container**

Anita was able to use her experiences of school and her relationships there to explore how she viewed and related to herself. She clearly felt a sense of belonging from these relationships and from the fact that she was exceptionally bright.

#### *Session 289 – 3rd year of treatment*

*Anita was pleased and relieved that her head of year, Ms Smith, had agreed that she could change one of her subjects. She explained how Ms Smith had spoken to the head of the department of the subject Anita wanted to change to. Anita explained that Ms Smith and the head of the department wouldn't ordinarily allow a student to change subjects once the term had started. She smiled and looked a bit proud when she reported that Ms Smith and the head of the department had accommodated her request because they felt she was "special". The head of the department spoke to*

*Anita after she had changed subject and told her not to tell anybody that they had done this for her. Anita explained that they viewed her as “special” because she was bright.*

Anita’s view of herself as “special” was something that was fostered during her childhood, primarily by her mother. She reported that her mother viewed her as a child prodigy and treated her specially because of this. Anita’s mother’s way of viewing her was the genesis of Anita developing an idea of herself as special and unique in her mother’s eyes. It suggests why the idea of being a prophet resonated so deeply for her.

Anita began to revisit and work through the traumas and difficulties that she had prior to and at the start of her treatment. This began shortly after her fourth and final year of psychoanalytic psychotherapy had commenced. It felt that she was doing this as a result of unconsciously realising that the end of her treatment was an opportunity to use me and her psychotherapy to work through certain difficulties a final time. Freud (1914) describes how the process involves the patient remembering, repeating and working through much of their difficulties that they worked on at the start of their analysis as they present more at the latter stages of treatment. Freud importantly draws our attention to the technique employed by the analyst in this type of working, which he describes as bringing the patient’s attention to the resistances when they present in the clinical setting – a technique he also describes as *“studying whatever is present for the time being on the surface of the patient’s mind”* (Freud, 1914 p147). Freud explains how the analyst uncovers resistances which are unknown to the patient through this technique. This way of working was particularly useful in my work with Anita as it involved me describing to her my countertransferential feelings to her resistances. As it involved me doing this in a spirit of curiosity, it prevented her from experiencing this way of working as an inquiry about her religious beliefs, especially as many of her initial resistances were conveyed through her interpretations of religion.

#### **4.8 “Visions”**

Anita began to report that some of her previous difficulties had returned during the

fourth year of her treatment. One of the main difficulties that deeply troubled her at the start of her treatment was the visual hallucinations she experienced. Anita reported that she began to experience them again, experiences she referred to as “visions”. The quality of these visual hallucinations had changed slightly, as she reported that she did not see jinn in the way that she had previously, but that she still saw parts of her body being cut or dismembered.

Anita reported on an occasion that she saw her hands being cut off at the wrist. Her hands being cut off in this way seemed to illustrate some of the psychotic thoughts and feelings she was presented with at this time, as many of the dreams she shared had more of a psychotic feel to them. A particular dream she shared with me further illustrated this. It involved her mother and her killing a baby. Anita was very disturbed by this dream and did not know what to make of it. I interpreted to Anita that her dream conveyed how at times she had colluded with her mother to kill off the infantile part of her. Anita was unsure whether she agreed with my interpretation of this dream but did acknowledge that she was worried about whether she would be able to tend to her infantile needs when she went to university. It led to Anita wanting to explore this issue more, as opposed to dismissing it in the way that she did when she first started psychotherapy.

Anita reported that she was both excited and worried about attending university. (Anita planned to live on campus.) She reported that she was worried about losing the support and the containment of her psychotherapy, her family and friends and the familiarity of the wider community she lived in. Her acknowledgement of the difficulties that she had to negotiate when she went to university illustrated the growing capacity in her to bear her psychic reality and the difficult external realities that she previously took flight from.

#### *Session 311 – 4th year of treatment*

*Anita explained that she did not go to school yesterday. She found it hard to get up when the alarm sounded, despite her best efforts. Anita looked very sad and upset when she explained that she felt she was a “failure” for not being able to get up and*

*go to school. When I enquired why she thought this, she replied: "Everybody else is able to go to school and do things but she wasn't able to." I said that I notice that she becomes very harsh with herself and does not view herself sympathetically in these moments. She became a little bit more thoughtful and nodded. She explained that her feeling that she was a failure resulted in her having what she described as a "vision". She described how she looked down at her wrists and imagined that they had deep lacerations on the underside of them. She attempted to play down this episode and said that it was "quite silly really".*

Anita's "visions" were religiously acceptable symptoms which expressed how intolerant her superego was of failures to master her presenting difficulties and infantile needs (Jones, 2002). The internal attacks on herself were experienced in a literal way by Anita and were projected externally, on to her body, in the way that (Briggs, 2008) explains has a borderline quality to it. Briggs suggests that the type of experiences that Anita was presented with had a borderline quality to them as they involved the internal being forcibly located into the external, as a result of the (Anita's) psychic skin not being robust enough to separate the unconscious from the conscious mind. The importance of symbolism in religion as a way of representing internal dilemmas and difficulties, as well as aspects of the self, is discussed by (Durkheim, 1995) in his theory of religion. Durkheim suggests that religion arose from the need for social adhesion and resulted in a banding together around "common" sets of symbols as one of the ways to attain social adhesion and maintain solidarity. In Anita's mind, the lacerations symbolised the fate of the infidel that did not subscribe to Islam, due to their parallels with the idea of dismemberment as a punishment for infidels. Anita viewed herself as an infidel as a result of her failure to attend school. She came to view this as a sign of something bad and punishable. However, there was very little differentiation between levels of punishment for Anita and even the slightest misdemeanour was viewed by Anita at times as something that could potentially be fatal.

We were able to talk about her belief that she was a failure later in the same session:

*Anita explained that she feels like a failure, especially in relation to a friend she has that attends the same school as her. She explained that this friend is doing really*

*well academically, regularly attends school and does not have a bad feeling for anybody. Anita explained that she had arranged to meet this friend outside of school but had forgotten about their arrangement. On the day of this arrangement, her friend called her after the time they had intended to meet and asked Anita where she was. Anita explained that she replied: "I had forgotten about you." Anita reported that she had blurted out her response and was taken back by what she said and the depth of feeling she had. She explained that she felt very guilty for saying what she did to her friend, despite what she said being the truth. She felt that she was "bad" for not caring that she had forgotten her friend. She felt that psychotherapy had caused her to be too open with the feelings she previously attempted to suppress. She referred to a passage in the Qur'an which she felt referred to her now being more open with her feelings. She said that this passage stated that people with wicked feelings would not progress in life. She also felt that she was bad as her friend often helped her own mother around the home and she didn't help hers. She referred to the Qur'an again and explained that it states that children who do not honour their parents, especially their mothers, would not prosper. Anita seemed much taken with this idea and looked very resigned to the fate this interpretation of the Qur'an referred to. I suggested that she knows that at some level she does take up what is written in the Qur'an in a particular way – that it usually involves her believing that she should be punished for having feelings that she previously viewed as not wanted, such as anger and jealousy. Anita thought for a little before she nodded in agreement.*

Anita showed how her internalised religious object acted to censor her adolescent feelings. For example, feeling jealous of her friend's attainments is an example of how adolescents can use their peers to understand aspects of themselves in the way that (Waddell, 2002) describes. Anita's jealousy of her friend was an expression of the jealousy and sibling rivalry she had towards her siblings, those she felt were attaining well in terms of their mental health and academic learning. Anita's more infantile self and the thoughts and feelings held in them, such as sibling rivalry and jealousy, were viewed as being signs that she was unholy, i.e. bad in some way. Anita was often contemptuous of her other infantile needs because of this and viewed them as initially impeding her psychological progress and development, instead of supporting them.

She showed how she could become very persecuted and anxious when she believed that she had behaved “wickedly” (from the viewpoint of her internal religious object). Her interpretations of the Qur’an mirrored her family’s own and added weight to her feeling that she had done something wrong because of this. Anita knew, on an intellectual level, that Islam and the Qur’an did not posit these ideas, as she reported on several occasions that she knew that Islam was a religion of love.

Anita was also showing a more maternal transference to me in the way that she viewed me similarly to how she experienced her mother. It involved her worry that I would also drop her from my mind from there not being enough space in it for her and the analytic siblings (my other patients), people that she worked hard not to acknowledge evidence of. At times Anita would encounter one of my younger patients when I returned them to the waiting-room where Anita was, having arrived to her appointment early. Anita’s contact with my other patients, although difficult, provided her with opportunities to explore her experience of feeling displaced by her siblings or how she viewed me as someone that did not have space in my mind for her.

The issue of helping Anita explore her feelings of sibling rivalry became more important and present for her as she began to make the transition to university. Anita was acutely aware that the university that she hoped to attend was populated with people that were equally or more academically bright than her. Anita was able to tolerate the reality that university would put her in touch with – that she would be with other “special” and gifted young people in university, something that she had not experienced previously. This idea was informed from the type of identification she had with her mother, which involved the phantasy of inhabiting her exclusively (Meltzer, 1993).

Anita also felt envious and rivalrous towards her mother, who at this point had begun a relationship with a man whom she would later go on to marry. She was conflicted about feeling this way as she deeply felt that it was “wicked” to have ambivalent feelings towards her mother, an object she once idealised. It helped that Anita began to feel drawn to Sufism<sup>4</sup> at this point, as she felt that it helped her to feel less guilty about the feelings and thoughts she had. It provided her with a more helpful container that could

<sup>4</sup> Sufism is defined as Islamic mysticism. It is a strand of Islam that is interested in developing a spiritual path to Allah through love and devotion as ways to moving towards truth.

contain and tolerate better the thoughts and feelings that she had invested with an unholy quality. It enabled Anita to bring together her more idealised views and thoughts for her mother with those she held in her true self, such as jealousy and envy. Anita's identification with Sufism also helped her to feel better about pursuing the type of adolescence she wanted for herself. For example, Anita reported that she did not feel as guilty for enjoying herself at parties. She reported that she drank alcohol very occasionally (something that she viewed as being prohibited in Islam) at these parties. She reported that she could feel worried afterwards about how drinking alcohol made her behave at these parties. She described how it made her act flirtatiously and that she felt more confident about her sexuality. She described that she was more in touch with her sexual feelings at these parties but did not act on them. Anita began to dress in a more grown-up way at these parties and when she was with her friends.

Anita being drawn to Sufism could be viewed as a sign of the part-formation of a more developmentally helpful object. This is because it provided her with mental space where she could explore the differing views of her religious object and herself. What seemed important for Anita is that Sufism was viewed by her as sufficiently removed from her family's view of Islam, whilst also holding onto its core values. It was an object that she experienced as bringing together the differing views she held about Islam in a more benign and developmentally helpful way. Relating to and inhabiting this type of object, as opposed to seeking refuge in an internal organisation which involved her religious and part-parental objects helped to relieve the sense of guilt she felt about her adolescent and sexual feelings. It also helped her to avoid the experience of feeling completely separate and abandoned by her family – her familial object – which she felt happened when she made the choice to be an atheist. Her self was strengthened as she no longer felt the need to split her familial object off from it. It therefore helped her to become more integrated internally.

The containment of Anita's psychotherapy supported the process of her negotiating her family's culture and the cultures she inhabited in wider society, whilst helping her to preserve the drives and wishes of her true self. She often had to negotiate and inhabit (often simultaneously) different structures and cultures, whilst being in identification with the different ideas of herself held in them. A feature of this dilemma was that Anita

felt that her familial self – in particularly the religious aspect of it – was not reflected in a positive light in wider society.

#### **4.9 Religion in the therapy room**

Anita's mother talked in her parenting work sessions about how she felt that her culture and Islam were depicted negatively in society (please refer to Grid 4). Anita began to talk about this following the incident when her mother felt that the Child and Adolescent Psychotherapist working with her shared the negative views about her culture and Islam held in society. The way that Anita talked about this issue and how she related to me during this session had a different quality to how she normally related. She was quite unreachable, despite my attempts to think with her about the issues she was presenting me with. In my countertransference to Anita it felt that I had become lost to her in some way. It also felt that we were both alone in our struggles to make sense of this issue, whilst paradoxically remaining connected by her psychotherapy and the process of psychoanalysis. Bion (1963) suggests that this type of contact is an element of psychoanalysis which involves painful feelings of loneliness, abandonment and isolation, as a result of aspects of the personality succeeding in detaching themselves in such a way that a psychoanalytic experience can be borne. (Caper, 1993) gives clinical examples of work with patients where moments of contact between him and his patient in this way are suggestive of a clinical fact, as it evidences that psychoanalysis is taking place. Anita's way of relating to me, quite literally, as a figure that was intrinsically unsympathetic and not understanding of her when thinking about this issue of how Islamophobia affected her, had parallels with how she had internalised her father as an infidel, (ignorant) object that was directly opposing her in some way. The nature of Anita's transference to me in these moments rendered me helpless, as it felt that for her, her therapist was not present, as a result of her experiencing me in the way she had internalised her father.

Anita and her mother's tracking of the rising Islamophobia in Britain, and their bringing their experience of it to the clinic in order for it to be understood, is an example of what (Jaques, 1953) means when he explains how individuals or groups use institutions to contain the persecutory anxiety they experience. It was clear that Anita and her mother

viewed me and the parent-worker who worked with Anita's mother as people that identified with the Islamophobic views that were being put forward in the media. It illustrates how...

*"...individuals may put their internal conflicts into persons in the external world, unconsciously follow the course of the conflict by means of projective identification and re-internalize the course and outcome of the externally perceived conflict by means of introjective identification (Jaques, 1953, p497).*

It felt that Anita and her mother were giving the clinic an experience of how they had been positioned in their family in a similar way to how Segal (2000) explains Muslims and Islam function to contain society's anxiety. Segal suggests that the impact of Islamophobia on Muslims is that society positions them as one of the latest external, hated objects that the West can project their anxiety into. Segal explains how the West has historically used an external, hated object to project their displeasure into in this way, as opposed to attending to the source of the displeasure in the countries in the West. Anita and her mother had been related to similarly by her family, a significant factor in their presenting psychological difficulties.

One of the internal conflicts that Anita and her mother were putting into the issue of Islamophobia in the way that (Jaques, 1953) has described individuals as doing, was their fantasy that the clinic would turn into an Islamophobic object if they talked openly about their cultural experiences and culturally informed views of Anita's psychological difficulties. Anita brought her fear that this would happen to me in her third psychotherapy session (please refer to Chapter 6 – Adolescence, session 3). Anita's mother bringing the newspaper to the clinic and Anita bringing her mother's experience of her parent-worker to her appointment with me was their way of testing the validity of their internal object (the clinic being Islamophobic). (Klein, 1946) suggests that projection is informed from the desire to make the invisible visible, something that the quality of Anita's mother's transference to the Child and Adolescent Psychotherapist working with her in this session suggested. Ms Khan's parent-worker clearly acted out in the transference in the way that (Joseph, 1978) describes, as she became entangled in Anita's mother's attempts to support her own defensive position. By doing

this in the way that she did, Anita's mother's parent-worker unintentionally validated Anita's mother's internalised object (an Islamophobic clinic) as the projections involved were not contained or understood adequately.

On hindsight the parent-worker was in an impossible position as it was almost inevitable that Anita's mother's phantasy of an Islamophobic object would be presented to her in some form. (Evans, 1985) explains how the type of racial prejudice that Anita and her mother showed respectively are often indications of a patient's defensive shift away from underlying internal conflicts. In terms of Anita's mother the newspaper article also touched upon things that she wanted to defend against and move away from, such as her own sexual abuse in childhood and the familial sexual abuse in her family that she was aware of. It was ultimately helpful in my work with Anita that this situation was presented to us in her work in such an overt way, via her mother's work with her parent-worker, as it helped me to understand more how Anita's tendency to intermittently retreat to her internal religious object (in the latter stages of her psychotherapy) were often indications of her attempts to move away from internal conflicts that were more often than not around her adolescence and gender development.

## **Chapter 5 Race, Culture and Difference and their Relationship to the Self**

### Introduction

I will now describe how issues of race, culture and difference were thought about and worked with in Anita's psychotherapy. I will show how Anita's self had undergone a process of racialising, and how this was worked with in her psychotherapy.

#### **5.1 Red**

The manner in which Anita reported and described her family, the beliefs they had, the attitudes they had towards difference, in particularly non-Muslims, and how they viewed life in general, suggested that she did not view her culture positively. She

objected to the fact that her family's culture was patriarchal, as she felt that it resulted in females' ideas of self being marginalised. Anita also did not like that religion was the element that seemed to bind her family's culture together in what she felt was not a helpful way, particularly as she felt that religion was used by her extended family to attack her mother and her. Her descriptions of how religion brought her family together in this way were similar to (Bion's, 1961) thoughts on a fight / flight basic assumption group which comes together around the excited and violent idea of there being an "enemy within".

Anita described how many of the beliefs and attitudes that her family had were influenced by the beliefs and attitudes that came from their country of origin, Bangladesh. Anita's descriptions of her family's culture suggested that she felt that it was static and would therefore not be able to take on the ideas about the type of life that she wanted for herself, in the way that (Moodley and Palmer, 2006) suggests is important to the development, longevity and appropriateness of any culture. Anita felt that her family's culture was at odds with her wish to develop an identity that was more synonymous with the identity of western, British children.

Anita reported that the issue of caste informed her family's view of themselves and the social status they occupy. Anita felt that they viewed themselves as inferior to those from other Asian ethnic backgrounds because their skin was darker than theirs. She described how an idea that the darkness of one's skin indicated what social status one was from, was verbalised to her throughout her childhood. Anita described how her parents often told her that Asians from a higher caste than them often viewed them as inferior and that they related to them as if they were superior to them. Anita's account of the beliefs and views held in her family, in particularly about caste, suggest how they, and introjecting post-colonial ideas from society about the self (western) and other (non-western), led to her over-identification with a western idea of her self (Davids, 1996). The numerous internal representations of Anita's self, family and others that were informed by caste-based beliefs and post-colonialism suggest how sociological phenomena such as these show themselves in the internal phenomenology of the individual and are communicated across generations and between family members verbally and non-verbally through the process of projective

identification (Meltzer and Harris, 1976).

### *Session 36 – 1st year of treatment*

*Anita explained that she doesn't like sleeping as she becomes preoccupied with difficult thoughts and feelings at this time. She explained that she often sleeps on the settee downstairs, as it is very close to her mother who sleeps on the floor close to the settee. Anita explained that her difficulty in sleeping is because a jinn (spirit) is trying to make contact with her about something. She felt that this spirit was also trying to make contact with her mother, as her mother senses it as well.*

*Anita explained that a jinn appeared at the foot of her bed recently but did not speak to her. After this had happened, her mother questioned her family to see whether they had sensed the jinn as well. Her mother then invited a friend of the family to their home who was very spiritual and knowledgeable about these kinds of matters. He explained to Anita that he thought that the spirit did not mean her any harm.*

*Anita explained that she did not fully believe what the family friend had said, because she believed that the spirit did not like that she had worn red clothing recently. She explained that she had gone to sleep wearing a red scarf and felt that this was why the spirit appeared. She then shared an account of her friends being attacked by jinn after they tied a red ribbon around a car that one of her friends was driving. Her friends heard banging on the car and found hand marks on the ribbon when they examined it. Anita added that she did not know why she was sharing this with me as she knew that I would not believe her.*

Anita explained that she associated the colour red with ungodliness, as her family had told her this. She reported that her friends and their families also believed this about the colour red. It illustrates how the primal myths held in culture for generations are internalised by individuals and maintained through the process of projective identification between family members, peers and significant people in her community such as imams and community leaders (Bion, 1962; Meltzer and Harris, 1976; Dalal, 2002; Foulkes, 1990).

Session 36 occurred at a time when Anita was beginning to tentatively explore her own sexuality by dressing more provocatively and flirting with boys her own age. A part of Anita believed that she and her friends were inviting punishment by exploring their sexuality in this way and especially by wearing the colour red, a sign of ungodliness. Anita confirmed this when she reported that she believed her friend's car was attacked by jinn because they were openly behaving in a way that opposed the teachings of Islam by going to a party and by tying the colour red to their car.

Anita exploring her potency and sexuality through certain items of clothing and behaving more sexually would ordinarily be part of the process of an adolescent exploring their sexual identity. However, Anita believed that her sexual feelings were not permitted by her religion and that the appearance of jinn was a sign that Allah disapproved of her having them. These phantasies were at times projected into the external world only to be reintrojected in such a way that she felt attacked by them in her internal world (Bion, 1957).

## **5.2 The racial other**

In her transference to me, there was a need for Anita at times to ostracise and exclude me from her cultural views and her subjective experiences as a female Muslim. It seemed to be a communication of her experience of her family ostracising her for having different views to theirs. Her comment in session 36 that "she knew that I would not believe her" expressed her view of me as someone that was too different to be able to know what it was like to be both "inside" her culture and her mind.

Anita's intolerance of the difference/s I presented her with seemed to be the driving force behind her attempt to make us the same by relating to me as if there were no generational or hierarchical differences between us, in the way that (Lombardi, 2009) explains is suggestive of the transference that is more symmetrical in nature. By

relating to me in this way, Anita attempted to create a way of relating to me that was similar to how she related to her mother i.e. as an object that she could omnipotently control (Tan, 2006). It was a theme in her transference to me, especially in the initial phases of her psychotherapy, and involved her resistance and hostility (intolerance) to the difference I presented her with.

One could view some of the themes in Anita's transference to me as a communication of her own experience of being "othered" in her family and in wider society. Anita related to me more in this way at this stage of her treatment and more overtly when our views differed or when she disagreed with certain interpretations I had of the material she presented.

A feature of Anita's transference resistance occurred in response to me presenting her with an experience of what (Gaddini, 1976) describes as the "second object". (Gaddini explains that the internalisation of this second object – the father – helps the child to be extricated from the tie they have to their mother; and that the second object helps to develop mental space in the mind of the child, as the acquisition of the second object to the self and mother creates the possibility of triangulation. To be separate from her object was something that Anita wanted, as she knew that this would be important in order for her to do well at university. She also feared being separate from her object and the protection it gave her from the external world by her inhabiting it in the way that (Meltzer, 1992) describes involves the claustrophobic inhabitation of the internal compartments of the mother.

Anita being drawn out of her object by being presented with another object (her therapist) was something that she found painful at times. The paternal function of this other object, a second object, had the effect of Anita being brought more in touch with some of the realities in the external world that she previously attempted to avoid. I was experienced as the "other" in these moments, an object so dissimilar to her mother that it was feared. (Freud's, 1915) concept of the other is pertinent in helping us to understand Anita's experience of me as an object that she experienced as being dissimilar to her self, as Freud asserts that the external different object is hated from it being dissimilar to the self and not known.

My external differences to Anita, in particularly our respective skin colours, was a constant reminder of me representing the “other” for her. Lowe (2008) explains how the skin can be related to in a part-object way and as if it were the whole person. For Anita, skin was internalised and related to in quite a literal sense in her internal world. Her associations with skin and what colour represented for her – in our case the degrees of darkness of our respective skins - were viewed by her in a hierarchical sense, i.e. the darker the skin, the more inferior you were.

This internal relationship was informed by her internalisation of caste and her introjections of post-colonialism and was thought about by her in quite a literal way. The literal quality to her view of skin seemed to mirror her black and white associations to them. A phantasy of me being beneath her in a hierarchical sense, because of the darkness of my skin, was formed because of this and was conveyed in her tendency to relate to me in a way that (Joseph, 1988) describes as involving anti-concern. In my countertransference to Anita in these moments, I felt that her “othering”, or racialising, of me in the transference was complicated, and at times anxiety-provoking as it brought her in touch with feelings of hate, something that she associated with ungodliness and would rather avoid.

Anita’s way of relating to me in the moments when she experienced me as the “other” illustrates the concept of the racial other that (Foulkes, 1990) explains is communicated in the social unconsciousness and shows itself in the internal phenomenology of the individual. Foulkes’ idea of the social unconsciousness seems to be informed by the concepts of groups that (Bion, 1961) has described extensively. Bion’s idea of the basic assumption of the group describes how the group is suffused with unspoken and unconscious assumptions that are shared by group members. Bion helpfully identifies the importance of the group leader’s function as an object that the group is in projective identification with, thus informing the basic assumptions of the group. The role of the leader in society takes the forms of heads of states such as monarchs, presidents etc, but is best captured in the leadership function of the state itself. (Baumann, 1999) argues that the state uses its power to determine who in society is viewed as a minority and how the idea of difference is constructed in the minds of the people. It illustrates

the role that society has in informing people's idea about who is the racial other and how difference is organised hierarchically so that skin, culture, gender etc are apportioned either as an idealised or denigrated quality.

Anita's difficulty in seeing me as a whole object is one that (Segal, 1957) explains occurs from a difficulty to symbolise. Segal describes how relationships to parts of the object take the form of a symbolic equation due to the individual's tendency to relate to the object literally, as opposed to symbolically. Segal (1957) explains:

*When there is a failure to distinguish between the thing symbolised and the symbol, it is part of a disturbance in the relation between the ego and the object. Parts of the ego and internal objects are projected into an [external] object and identified with it. The differentiation between the self and object is obscured. Since a part of the ego is then confused with the object the symbol becomes confused with the object which is symbolised (p53).*

My work with Anita would seem to show that her tendency to racialise her object(s) stems in part from her introjecting part-object ideas from society about race and difference, such as the post-colonial ideas that (Fanon, 1952) describes as informing society's ideas and phantasies about them. A product of colonialism and post-colonialism is the idea of caste, a part-object view of the person that is organised around race, and the phantasy and associations attached to it, and to concepts such as whiteness and blackness. (Roland, 1988) explains... *"...whenever the identity investment is more western, there is inevitably a subtle or open denigration of many things Indian"* (p22).

What emerged in my work with Anita was that race and differences proved to be barriers to her capacity to symbolise, but that she could symbolise regarding issues outside these areas. For example, Anita showed a capacity to symbolise when she described how she made links to the characters and themes in certain books that she became interested in as her psychotherapy progressed. One such book was *Regeneration*, a book whose themes and characters helped her make sense of her therapeutic journey. The book is about army officers being treated by psychotherapy for

the shock they experienced in the First World War. Anita related to the characters and themes in this book symbolically. An example of this was the associations she made from viewing her psychotherapy as being a treatment for the shock (trauma) experienced at the hands of her extended family.

Anita's use of symbolism in this way would suggest that her difficulty in symbolising was not intrinsic but was closely connected with the issue of her culture and, in particular, race. It suggested that her difficulty in symbolising arose whenever difference became something that could not be thought about, thus resulting in Anita wanting to understand it literally, in a similar way that she did with the caste system.

This conceptualisation of Anita's difficulty with symbolism seems important in terms of helping psychoanalysis to develop an understanding of it, particularly in relation to cross-cultural psychoanalytic psychotherapy. This finding in Anita's psychotherapy adds weight to (Tan's, 1993) idea of racism in the transference indicating the patient's defence against growth. I would add to Tan's idea slightly by suggesting that it is in fact the depth of feeling, the hate that comes from the fear of annihilation, that (Freud, 1915) explains is experienced when the object is felt to be too dissimilar to the self, that acts to prohibit growth and thinking in these moments.

(Bion's, 1962a) theory of thinking is important here, as he suggests that thinking cannot take place if the mating of preconception with a conception results in frustration that is felt to be too much to contain and is therefore avoided. I would suggest that the avoidance of thinking occurred in the way that Bion describes when Anita experienced thinking about race and difference in her psychotherapy as being too emotive and frustrating to think about and contain. Thinking was therefore avoided at these times through the racialising of me by means of splitting and projection.

### **5.3A wish for free will**

One of Anita's solutions to the question how she could inhabit the cultures and contexts outside of her family in a way that was congruent to her true self, was her attempt to divorce her familial self from her self through projection. It involved her

attempts to split her familial self off from her psyche – the part of her that held her ethnic essence, her culture, religion and race - through projection. She did so, in part as a means to rid herself of the persecution that came from internalising her family as critical of her, and as her way of ridding herself of the persecution she felt from her internal religious object.

Anita conveyed during her psychotherapy how her idealised self was greatly informed by the ideas of normality held in western society. She seemed to idealise adolescents from a white European background as a result of believing that they had the freedom to choose the lifestyle they wanted. One could view a dynamic in Anita's internal world, where opposing ideas on identity battled for dominance, due to the opposing representations of her self held in the various social and cultural contexts she inhabited. From a poststructuralist view, Anita's identity could be viewed as being continuously and dynamically informed from inhabiting contexts whose basic assumptions about adolescence and sexual development opposed each other. (Bhaba, 1994) explains how this process is inevitable, as interaction between cultures is a dynamic process resulting in new meanings of objects, customs and religious beliefs occurring within the different contexts being inhabited.

I would suggest that holding in mind that Anita's identity was being informed in the way that Bhaba describes is a helpful technique when working with a patient from Anita's background. Anita's second generation immigrant status meant that her identity, her sense of self, was constantly being informed by her family's (more) first-generational views of it interacting with the (more) second-generational views of her self that she was acquiring from inhabiting contexts outside the family home, such as her school and her wider community. Anita's desire to have a (more) "second generation" identity was helped by her identifications with friends and peers who were second generation immigrants and who, like her, were also negotiating a (more) second generation identity for themselves. It also helped that second generation immigrants made up a large proportion of the population of the school Anita attended.

Anita described the lengths that her peers and friends went to so that they could have the second generation identity and lifestyle they wanted. She reported that they often

hid behaviours they felt would be frowned upon by their families and community. For example, they would try to hide from their family that they were sexually active, they would hide that they drank alcohol and they hid that they dressed in sexually provocative ways outside the home. Anita engaged in some of these behaviours, such as drinking and going to parties, things she knew her family would disapprove of. She reported that she took a change of clothing with her to school so that she could fit in better with her peers' fashion sense.

Anita viewed a second generation immigrant identity more favourably because it gave her a chance to express the rebellious side of her that she worked hard to curtail. She also felt that it was an identity that gave her the female autonomy she craved and an escape from the oppressiveness that the type of patriarchy that operated in her family presented her with. The idea of herself as a second generation immigrant was given the opportunity to develop from viewing the interactions between her social and cultural structures as potentially developmental spaces which could be explored in the relative safety of the clinical setting.

On reflection, Anita's request for psychoanalytic psychotherapy, a treatment she viewed and described as being "more autobiographical than other treatments" (as opposed to her previous treatment of CBT), could be seen as arising from the tension between simultaneously inhabiting Islamic (home) and secularist (wider society) structures; and her need to develop an identity which was not restricted and defined in a psychologically and developmentally limiting way by the basic assumptions of these structures. Anita's experience of jinn and what they represented for her captured her wish to attain the free will she desired in order to attain the identity she wanted. She associated jinn with free will as they existed without having to serve Allah in a subservient way (according to Islamic theology). Anita wanted this existence for herself, one where her true self was not subverted by having to adhere to religiously informed ideas about how she should live her life.

Anita's belief regarding what psychoanalytic psychotherapy could offer her was apt. It captured the task of adolescence that Waddell (2002) describes as involving "*the negotiation of the relationship between adult and infantile structures: the transition*

*from life in the family to life in the world; the finding and establishing of an identity, especially in sexual terms” (p140). Waddell seems to be suggesting that adolescence involves a negotiation and understanding of how the development of one’s self is informed from the social structures they inhabit, in particular from leaving a family structure culture for the wider society. One can see how the task for adolescents who are second generation immigrants is complicated by this and from inhabiting numerous social and cultural structures, sometimes simultaneously. They also have to contend with the pull of the unconscious suggestion of the family to preserve their family culture and reject the culture posited within the wider society.*

#### **5.4 “Typical Bengali men”**

Anita initially approached the idea of negotiating her identity in an either / or way. She seemed to do this in part because she felt torn by inhabiting contexts that at times opposed the wishes and needs held in her true self. She seemed to idealise western culture and society, viewing it as having more in common with the thoughts, feelings and wishes held in her true self. Her viewing western culture in this way resulted in her rejecting and denigrating her own culture.

Anita’s rejection of her father’s help and support and viewing him in a denigrating way were informed by her hierarchical view of western and eastern culture and from viewing him as epitomising her family’s culture. Anita often described her father as being inferior because he worked in a low-paid job, because in her view he was ignorant and rejecting of western society, and for his apparent lack of interest in her aspiration to go to university. A particular session in Anita’s second year of treatment illustrated how the racialisation of her culture showed itself in the clinical setting and in the transference relationship.

#### *Session 99 – 2nd year of treatment*

*Anita asked if I wanted to know the joke that she wanted to share with me in her previous session. She said the word “therapist” and that the joke refers to this word*

*being divided into two separate words to make the words “The Rapist”. She said that she thought that I must know this joke*

This led Anita to talk about her thoughts about boys and her worry about having contact with them in the same session.

*Anita explained that she attended a party with her friends. She became a bit critical of her friends who, she explained, drank alcohol at this party. She also drank alcohol at this party and described how vulnerable she felt to be intoxicated in front of the boys at this party. She said that being intoxicated made her think of the time that she had heard about a girl at her school getting drunk at another party. A boy at that party took this girl to a bedroom, dropped his trousers and was about to force himself on the girl when he was interrupted by a person who came into the bedroom by mistake. I suggested that she is, on some level, is waiting for me to drop my trousers in a metaphorical sense and that she may view my conduct with her so far as pretence. Anita looked slightly taken aback by my suggestion. She smiled knowingly before asserting that she views me in the same way she views all men - as being “typical Bengali men”. She explained how Bengali men often pretend to be one thing but are secretly different – like pretending to come to England to be with their wives, when they only come to England for the money. She explained that her father only married her mother to stay in England and that there was no love involved on his part, as the marriage was arranged for him by his own family.*

Anita showed in this vignette a feature of the type of paternal transference that she had to me. It involves her experiencing me similarly to how she had internalised her father, an object that she felt was duplicitous and machiavellian and that only pretended to have a caring side. She conveyed another layer to this transference from experiencing me as a man with similar attributes and qualities to those she viewed in Bengali men. Anita referring to me as “The Rapist”, instead of her “Therapist”, was a communication of her phantasy of Bengali men having a brutal and raping quality to them. Her phantasy of Bengali men was undoubtedly informed by her awareness of familial sexual abuse and the part that men in her family played in this. Anita’s idea of men and women coming together in loveless, brutal ways was deeply informed by this phantasy.

In my countertransference to Anita I felt that she secretly feared what coming together with me would involve, as a result of associating me with the men from her culture. It also felt that Anita was communicating an idea held in her culture about whether it was appropriate for a girl to be alone with a man, in any way. In hindsight, it felt that Ms Khan's reservation about Anita working with me, when I first met Anita and her together, seemed linked to this idea.

Anita conveyed this fear in her identification with the vulnerable girl in the vignette, someone who was nearly raped by a boy (me) who looked to exploit her vulnerable state. It was an expression of her phantasy of me exploiting her drunken state that came from the feelings evoked in her in the transference and her worry about what intimacy with a man entailed.

The power dynamic that existed between us by virtue of the therapist / patient relationship was experienced by her as "foreign", as a result of her lack of experience of intimacy other than with her mother. Her difficulty with intimacy was therefore viewed by her as a problem that was inherent in males, because of the qualities she viewed them as having. Intimacy was viewed by Anita as unwanted, racialised and projected into men, resulting in her complicated projective identification with males. Anita's projective identification to me was complicated because of this and because of viewing me as an object whose self was greatly dissimilar to her own, primarily because of her associations with our external differences of race and gender. Our external differences, in particularly our skins, seemed to have the effect of Anita relating to me in a part-object way. It involved her ideas of "caste" and colonialism coming together to create a view of me in her mind where the darkness of my skin represented for her an object that was beneath her in a "caste" system sense. It involved her attempting to dominate and degrade me on occasions in a way (Joseph, 1988) refers to as involving the earliest forms of projective identification, where there is no concern for the object being related to. Anita's attempts to relate to me in this way could be viewed as her attempt to control and dominate the object she viewed as being beneath her from a social viewpoint. It was also a communication of her projecting the unwanted aspects of her self into me, as a consequence of seeing me as an object that is synonymous with the projected parts.

From exploring Anita's particular transference to me, it became clear that her attempts to dominate and control me were her ways of controlling the vulnerable feelings evoked in her from the intimate nature of the transference, by projecting them into me and relating to them as if they were outside of her. It was her way of preventing the intercourse she feared by controlling me and creating a distance between us. Her response to intimacy between herself and men had the effect of keeping her male and female objects far apart in her psyche and involved her denigrating and idealising them respectively. (Klein, 1946) explains how idealised objects, those which the self views and experiences as benign, are introjected and welcomed, but those viewed as malignant are distanced from the self and placed in the superego. The denigration (racialising) of her objects gives an indication of why Anita's superego had a harsh, critical quality to it as the denigrated, malignant (male) objects were split off from her self and located deeply in her psyche. Anita's internal world seemed to mirror the distance between the views of gender that were held in the social structures she inhabited. It also reflected her experience in childhood of boys and girls being kept physically apart for religious reasons when children approached adolescence.

### **5.5 A symbolic ghost**

Anita showed that her objects were becoming more integrated as her psychotherapy progressed.

#### *Session 341-4th year of treatment*

*Anita explained that she can find it really hard at home. I felt that she was very much in touch with this difficulty and I felt very paternal towards her and sympathetic of her plight. She stated that "her mother is like a ghost". I was slightly taken aback by Anita describing her mother in this way, as it was unusual for her to do this. I wondered what she meant. Anita explained that her mother doesn't seem to exist – that no -one seems to listen to the boundaries and guidance she gives. Anita*

*described how her siblings have ways to manipulate her mother so that her attempts at implementing boundaries and guidance do not work.*

Anita was illustrating how she was beginning to experience her mother as a whole object and in a more depressive way. She was able to accept and tolerate that her actual mother was dissimilar to her idealised internal mother. Anita's more depressive view of her object suggests that she had the capacity to symbolise and recognise that her view of her mother as a "ghost" was a symbol that captured an aspect of her mother but did not replace her with it. (Segal, 1957) describes this as having the capacity to make symbolic representations, as the symbol is recognised as having its own characteristics that are separate from what it symbolises. Anita was also able to use her mother symbolically in this appointment, as she projected an unconscious phantasy on to her which involved her recognising that she needed to develop and understand her own internal boundaries better, before she went to university.

My work with Anita showed that she was able to convey the literal nature of her view of race and difference in her transference to me, in part through her projective identification to me involving the projection of the racialised aspects of her self. The metabolising of these projections became even more important for Anita on the issue of her racial identity, due to her confusion about her projections and her therapist – her external object (Segal, 1957). Doing this provided Anita with an opportunity for her to project what she could not be in touch with, particularly the aspects of her self she had racialised such as her sexualised feelings and ambivalent feelings for her parental objects. Anita adopted a more reasoned and depressive view of her culture as a result of my metabolising these projections in the way that I have described.

### **5.6 Blue eyes, blonde hair**

By the third year of Anita's psychotherapy she had begun to develop a sense of solidarity and belonging from relating to her family's culture in a positive and accepting way. She especially felt a sense of belonging with her peer group, who were predominantly from a similar ethnic and cultural background to her. Anita became more tolerant and sympathetic to her familial self as a result and her internal world had less

of a paranoid-schizoid feel to it from her synthesising the parts of her self that she had previously attempted to keep apart. It helped her to view her adolescence as a process that involved the coming together of her familial and ideal self.

Anita felt able to undertake some of the psychological tasks involved in adolescence, such as reworking the oedipal complex, as a result of this change and her experience of bringing together objects that she had previously kept apart in her mind. She displaced some of her oedipal feelings on to an English teacher in her school who had taken an interest in her, mainly because of her academic prowess. Anita could not bring herself to think about her developing feelings for this man as possibly being sexual in nature and adhered to an idea that her feelings for him were based on their shared literary interests. However, she reported that she clearly viewed this man as a father figure because of his supporting and encouraging her to go to university, in a way that she felt her father had not.

Anita reported that she felt hugely rejected by her English teacher when she met his wife – a white British woman - at the school's prom. She reported that she felt intrinsically rejected as a result of viewing herself as being inferior to this man's wife because of her Bangladeshi background. She explained that she "never stood a chance" and described how her teacher's wife was more beautiful than her, because of this woman's long blonde hair and blue eyes. When I explored this with Anita, she described how she viewed these as signs of beauty and her own features as signs of ugliness.

Anita's view of and relationship to her external features is common in many ethnic minority groups. An individual bleaching their skin in order to lighten it is viewed as a normal response to this issue in some cultures, due to the negative associations of darker skin. The widespread practice and acceptance of skin bleaching, straightening of hair and plastic surgery on lips and nose with an aim of looking more European, further suggest how internalised racism greatly informs the internal world and the social unconscious of certain cultures.

Anita believed that this teacher could never be in a relationship with someone from her

race and culture. She could not evidence why she believed this so strongly. This was interesting, insofar as she was aware that Britain has an ever-increasing number of people in relationships and marriages between people who are from different races and cultures. Anita seemed to be showing how she had introjected colonial ideas and related to them internally in a literal way. It involved her associating an idea of beauty with whiteness and ugliness with blackness. From this one could see why Anita continued to view herself as intrinsically inferior and how this issue informed the racialising of her self. She developed an internal racist psychic structure as a result, which was likely to have begun to develop quite early on in her life due to how the idea of race was communicated to her by her parents. The introjection of colonial ideas, added to this process, along with her internalisation of race at an early age, had the effect of creating an internalised racist structure where destructive and gang-like objects regularly attacked the aspects of her self they viewed as foreign. Her familial self – her cultural essence – was one such part that was readily attacked in this way.

The situation with her teacher (please refer to Grid 5) enabled us to think about her phantasy of what university life would entail for her. She explained that she deeply believed that she would be rejected by teachers and her peers in a similar way to how she felt rejected by her English teacher. Anita explained that she believed that this would happen from being an ethnic minority student in a university that was predominantly populated by white British students and lecturers. Anita explained that she deeply believed that the features that defined her ethnicity - her hair, eyes and skin – would be viewed by others as a sign of inferiority. She imagined that people in her university would wonder “what was a person from an ethnic minority background doing at this university?” when they encountered her. Anita was also referring to her belief that she would be attacked by her university because of her race and culture. In this way, Anita was transferring her experience of being rejected by her family onto her university. It also felt that she was expressing a fear of receiving an Islamophobic response from whatever university she went to.

Anita also worried that she would not cope psychologically when she went to university. Her fear of being “infected” by university life was informed by the basic assumption in her family that western society would in some way infect and corrupt

their eastern culture. Anita was referring to her fantasy of being infected in this way by imagining that this would happen from “corrupt” people at university inviting her to use drugs, from attending parties at university and from the sex culture she imagined that a university life entailed. Anita’s fantasy of being infected by university in this way was born out of an acknowledgement that leaving home would result in the loss of the containment of psychotherapy and her family, objects that she experienced as protective factors.

In my countertransference to Anita in these moments, it felt that she was talking to the part of me that would empathise with her belief about what university life would be like. She seemed to view me in this way from seeing us as having a shared experience of racism because of our ethnic minority backgrounds. Because of this, I felt an urge to join with the side of Anita that deeply believed that she would experience racism in university. One could view my countertransference experience as a communication of Anita’s need for her objects to be the same as her. However, it also felt that it was a communication of Anita’s desire to have an object that she could identify with which she viewed as experiencing the wider society in a similar way to how she did.

Anita shared early on in her psychotherapy that she imagined that I went to a similar university as the one she aspired to attend, when I studied to become a Child and Adolescent Psychotherapist. In this way, she believed that I could help her with her worry about being an ethnic minority student in university and the absence of objects she could use to help her with being a second generation immigrant in a social structure that was predominantly made up of people from a white European background. In this way I was internalised by Anita as an object that could provide her with a link to the world outside her family, as well as supporting her in developing her identity as a second generation immigrant.

Although Anita had made good psychological progress by the last stages of her psychotherapy, she distrusted her own capacities to manage without psychotherapy. Anita also doubted her capacity to manage the world outside her family. Anita had a tendency to relate to me in her psychotherapy as someone who should rid her completely of her internal difficulties by transforming them in a total way, in the manner

that (Bollas, 1987) describes as being a belief that underpins many religious people. It was helpful to hold (Bollas's, 1987) idea of this particular object-relating. It offered a different understanding as to why Anita became frustrated when she felt that I had not transformed her internal experience in such a way that she was rid of her internal difficulties in the way that she had hoped. It was an example of how Anita's object-relating was informed by the shadow of her religious object being cast over her self (Bollas, 1987) I became an object that fell from grace, from an idealised position to a denigrated one. It was similar to her experience of her father, once idealised in childhood, only to become denigrated. This more cultural understanding of the interplay between race and culture (in particular, religion) and how it informed Anita's internal world and the objects in it enabled a better understanding of the transference relationship and how it could be used by me to tend to Anita during her psychotherapy.

## **Chapter 6 Adolescence**

### Introduction

I will describe in this chapter how Anita's fusion with her object informed her adolescent development. I will show how this issue was thought about and tended to in Anita's psychotherapy. I will also describe how Anita's gender development was informed by the views of it held in her family; how it informed her adolescent development; and how the Oedipus complex was thought about and worked with in Anita's psychotherapy.

### **6.1 Anita the prophet**

Quite early in Anita's assessment for psychoanalytic psychotherapy, she touched upon

what was a salient internal difficulty for her. It was her difficulty in differentiating the view she had of herself and her presenting psychological difficulties, from the views that others had of them. It was a difficulty that seemed particularly acute in relation to her mother, as many of the views Anita had of herself often seemed to mirror those that her mother had of them. This difficulty seemed to be a symptom of the type of fusion that Anita had with her object, as well as being one of the factors which underpinned why it was difficult for Anita to attain individuation.

### *Session 3 – 3rd assessment for psychoanalytic psychotherapy*

*Anita talked about the worries she had about returning to school. She froze slightly as she said: “I’m not supposed to tell you about the things that I see at night.” She explained that her mother did not want her to talk to me about them as she was worried that professionals would view Anita and her as mad if they talked about their “spiritual experiences” with professionals. Anita gave an example of one of these spiritual experiences when she explained that a jinn had first appeared at the end of her bed approximately three years ago. She added that she had had several similar experiences of jinn, following this incident. Anita explained how the jinn that first appeared to her asked her to turn on her right side when she was lying down. She explained that she felt that this jinn had ordered her to do this as sleeping on her left side was viewed as a sign of not being holy in Islam. She explained that she shared what had happened with her mother the following morning. Anita paused as she explained that her mother was delighted by this and explained to her that only prophets were visited by jinn. Anita paused again and explained that she wasn’t sure whether her mother’s view of what she experienced fully explained it.*

It was both helpful and hopeful that Anita was able, quite quickly, to identify this occasion as one of the incidents when her mother’s views of her experiences and difficulties differed from hers. It suggested that there would be possible opportunities, during Anita’s treatment, when we could revisit past experiences and current ones with a view to exploring different meanings to them. Anita showed here how her mother and she understood her presenting psychological difficulties from within a religious paradigm at this stage. It also illustrated how religion acted to maintain a particular way

for Anita and her mother of viewing and relating to each other. An example of this was Anita's mother viewing and relating to Anita in a special and prophet-like way. Anita related to herself similarly, in part as it provided her a lens to understand her experiences of her family.

Similarly to the prophets that have been written about in the Holy Scriptures, Anita was also someone who felt that she had been punished and rebuked for what she represented and for standing up to the injustices she felt were happening in her family. Her experience of her family and the parallels it had with some of the prophets is captured in a passage in the Bible "*A prophet is without honour only in his hometown, among his relatives, and in his own household*" (Mark 6:4, King James Version). It suggests why Anita's identification with the role of the prophet was in part a consequence of her trying to make sense of her family's hostile response to her views on adolescence and gender.

(Meltzer and Harris's, 1976) model of the child-in-the-family-and-the-community invites us to consider the metapsychology of the individual, such as Anita, as being dynamically informed by the contextual influences in the family and the community. This model seems particularly pertinent in helping us understand how some of the internal tensions Anita experienced arose from the tensions (differences) from the external contexts that she inhabited. Meltzer and Harris describe how the relationship between the three contexts (individual, family and community) is not linear i.e. starting from the internal world outwards, but is a dynamic, recursive, circular relationship between the individual (internal world) and the outer contexts (family and community) they inhabit. Meltzer and Harris situate this idea of metapsychology alongside the more traditional psychoanalytic views of how the self is formed. Their idea is helpful in understanding the bearing that the contexts that Anita inhabited had on her internal world and presenting psychological difficulties. Meltzer and Harris (1976) explain: "*The opposite influence is equally important - that is, the character of the community influencing the structure of the family and thus contributing formative influences for the shaping of the characters of its members*" (p. 413-414).

In this vignette, Anita was drawing my attention to the fear that she had about the clinic

and me pathologising her more religious and spiritual views of her self. She drew my attention to this fear when she reported that her mother (and she) was worried that professionals would view their spiritual experiences as a sign that they were mad. . Anita's statement seemed to have two particular meanings. First, it alluded to the "circle of fear", that (Keating et al., 2002) explains originates from BAME people's fear of mental health services, following their negative experience of psychiatry. Keating et al. explain how these experiences of psychiatry now act to deter BAME people from accessing mental health services. The research of Keating et al. identify that this fear is, in part, grounded in reality, as BAME people continue to be disproportionately sectioned under the Mental Health Act in this country.

The second meaning of Anita's statement alluded to an aspect of the transference that emerged quite quickly in her psychotherapy. It involved Anita relating to me as an object that she was suspicious of because of its potential to pathologise her presenting difficulties in the way that Keating et al. describe. Anita's transference to me in this way was surprising as one would assume that my visible ethnicity as a black Caribbean male (i.e. someone that is also part of the BAME community) would have the effect of Anita not experiencing me this way. One would also assume that I would at least have been viewed by Anita as someone that would be sympathetic to her concern and fear of mental health services, from belonging to the BAME community.

Anita's transference to me in this way was therefore interesting and seemed to indicate the potential that the transference relationship had in facilitating exploration of what internal difficulties her fear about mental health services was expressing. It also indicated the possibility of Anita having differing types of transference to me during her treatment, which suggested that the cross-cultural aspect of Anita's therapy had the potential to facilitate the transference relationship, and the more regressed states of it, in the way that has been shown in research by (Goldberg et al, 1974) and (Evans, 1985) into this phenomenon.

Anita was also illustrating how the more delusional ideas and beliefs about her presenting psychological difficulties were passed from her mother (and her family) to her. These types of beliefs and ideas were communicated to Anita throughout her life

*(for examples, please refer to Chapter 4, session 27 (page 62), as well as session 3 in this chapter), both verbally and through the process of projective identification. It suggests why Anita was initially very wedded to the idea of her presenting psychological difficulties being spiritual or supernatural in origin.*

Anita showed in this vignette how her mother's frame of reference, often used by Anita as the lens to view her own presenting difficulties at this stage of her treatment, was suggestive of a more folie à deux quality to her relationship with her mother. This is because it was an example of the continual transference of delusional ideas from a person who is psychically ill to another who is physically healthy, through projective identification, which (Deutsch, 1937) suggests is a feature of the folie à deux relationship. Although it could not be substantiated during Anita's assessment for psychotherapy whether Anita's relationship with her mother was indeed a folie à deux, it was clear that her mother's religious and spiritual views of her had a significant bearing on how Anita viewed herself, and how she came to understand her presenting psychological difficulties.

The striking similarities between Anita's view of her presenting psychological difficulties and the view her mother had of them was also suggestive of Anita having what (Gaddini, 1976) describes as an imitative identity. Gaddini's idea of the imitative identity developing as a result of a fusion between self and object is an idea that (Deutsch's, 1937) suggests is an aspect of the folie à deux relationship. (Gaddini, 1976) and also (Wisdom, 1976) suggest that the father / child relationship, as opposed to the mother / child relationship, is crucial to the child separating psychologically and psychically from their mother, a process necessary for the child to attain individuation.

The role of father that (Gaddini, 1976) and (Wisdom, 1976) describe is particularly pertinent to Anita's presenting difficulties, as her descriptions of the type of relationship she had with her father, during her assessment and throughout most of her psychotherapy, seemed to indicate that it was a relationship that she felt was not significant, and therefore not one that provided her with the functions that (Gaddini, 1976) and (Wisdom, 1976) describe. *(Please refer to Grid 1, row 19 for an example of one of Anita's descriptions of her father.)*

## 6.2 How gender was constructed in Anita's family

### *Session 19 - 1st year of treatment*

*Anita talked about her aunt's (who was three years older than her) desire to attend a youth group for young Muslims. (Anita referred to this group as the YM group.) She explained that her aunt's motivation for attending this group was that she wanted to spend time with a boy there called Neo, someone that she was attracted to. Anita thought that it was wrong for her aunt and slightly deceitful of her to want to go to this group for this reason. However, I noticed that Anita did not seem totally convinced by her own assertion about this. She looked embarrassed as she attempted to dismiss my suggestion that she seemed to think that it was bad, and not normal, for her aunt to go to the group for this reason. Anita replied that it wasn't bad per se, but that she did think that one of the leaders of the group would think that it was bad, if he knew her aunt's motivation for attending the group.*

Anita showed how objects, such as her aunt, became vehicles for the projections of her own unwanted sexual feelings. Her projective identification with her aunt involved her believing that her aunt would also be punished for thinking about, or acting on, her sexual feelings, in the way that Anita believed would happen if she was to do so. It also suggested that Anita's aunt's capacity to act on her sexual feelings was something that Anita seemed to envy and was something that she wanted to be able to do herself. Anita conveyed this through her conflicting thoughts about her aunt's motivation for attending the YM group, as Anita was similarly conflicted about acting on her own sexual feelings. Anita showed that a solution to this internal dilemma was to condemn and criticise those, such as her aunt, whom she felt were sexual or planning to act on their sexual feelings. Again, it illustrated the effect that Anita's internal religious object had on the views she had about her gender and sexuality, as they were often condemned and criticised by this internal object, being viewed by it as unholy.

Because of the difficulty Anita had with owning her "true" feelings, such as her sexual ones, she often found the task of thinking about them and exploring them in her

psychotherapy anxiety-provoking. Anita had a tendency to withdraw from me in her sessions or absent herself from her sessions when she experienced talking about and being in contact with her sexual feelings as overwhelming. Her attendance at her psychotherapy was erratic in the first year because of this issue, as her solution to the anxiety, frustration and psychic pain she felt from thinking about her gender and sexual feelings was to retreat psychically from them. It was a further illustration of how Anita used safe areas in her mind and certain objects (such as her home and religious object) to retreat psychically into, in the way that (Steiner, 1993) explains results in the patient avoiding contact with the realities that the analyst puts them in touch with.

Anita reported that she felt unable to talk to her family about her true thoughts, feelings and wishes for herself, especially those she had about her adolescence. Anita's reporting of this was her way of bringing to my attention the difficulty that her family had in thinking with adolescents, especially female ones, about their gender, sexuality and sexual feelings. Anita described in her psychotherapy how these issues were viewed as taboo subjects by her family. The way in which she described her family as often dismissing, avoiding and / or censoring conversations around gender and sexuality further illustrated her family's fight / flight way of relating to objects they experienced as being too different from theirs. In this instance, the ideas of adolescent gender and sexuality were objects that Anita's family experienced as being too different and dangerous. For Anita's family, talking and thinking about gender and sexuality becoming associated with danger, was undoubtedly informed by their experience and knowledge of familial sexual abuse. It suggests why the issue of adolescent gender and sexuality became taboo subjects for Anita's family, and why they were initially taboo for Anita in her psychotherapy.

Anita's ideas on her own gender were also informed from the views on it held in her internal religious object. Her internal religious object held mostly conservative views on how a woman should be from their physical appearance (attire) to how their personality should be constructed around ideas of patriarchy held in the family. Anita's adolescent development, in particularly her gender development, was complicated by the fact that the views on gender held in her internal religious object were at times diametrically opposed to those held in her true self. Her true self held the views on her gender that

could be viewed as being more secular and western in nature. It suggests why Anita was so conflicted internally about her adolescent and sexual development and why her solution to this was to unconsciously arrest her development in these areas to gain some respite from the internal dilemmas it presented her with.

#### *Session 117 – 2nd year of treatment*

*Anita explained that she had felt from a very early age that her parents did not approve of her having relationships with boys. She explained that she had a crush on a white, British boy called Johnny, who lived next door to her at the time. Johnny and she were both ten years of age at this time. Anita smiled as she reminisced about how much she enjoyed hanging out with this boy. “I was a bit of a tomboy at this time”, she recalled. Anita explained that she liked playing football with Johnny and his friends, and that she enjoyed being around him and his friends in general. Anita explained that she thought that the things that Johnny and she did together were “harmless”. She explained that her parents and her extended family did not share this view and began to disapprove of her spending time with Johnny and the other boys. Anita seemed sad and slightly aggrieved when she reported that her family began to actively discourage her from spending time with Johnny. She explained that they then began to encourage her to spend more time with female family members. Anita explained that her family also actively discouraged her from having contact with male relatives, like her cousins, around this time. She remembered boys and girls being kept physically apart by her parents, aunts and uncles, whenever their families came together.*

Anita illustrated one of the events in her family that contributed to her viewing gender in the way that she did: as something that was dangerous and anxiety-provoking, because it could not be thought about. Anita's family's insistence on keeping boys and girls apart from an early age shaped the idea for Anita that contact between a man and woman was forbidden and was something that should be avoided. It was also an event that contributed to the process of Anita's male and female objects being kept apart in her internal world, in the way that mirrored how genders were kept apart in her family. It suggests why Anita associated any type of intercourse between a man and a woman

as an activity that should be avoided and feared. Her knowledge of familial sexual abuse undoubtedly contributed to this idea becoming so formidable in her mind.

Anita's ideas of intercourse, and associations with it, had parallels with what (Klein, 1929) describes as the infant's unconscious phantasy of a part-object sexual union between parents. Klein describes how this phantasy has... "*...a special intensity imparted to this dangerous situation by the fact that a union of the two parents are extremely cruel and much dreaded assailants*" (Klein, 1929 p13). The characteristics of the sexual union between parents that Klein describes were similar to the characteristics of Anita's belief of what intercourse entailed. It suggests why Anita's female objects – those felt by her to be more similar to her - were viewed as safe, whilst her male objects were viewed by her as dangerous. This idea of gender lent itself to the process whereby Anita idealised her female objects and denigrated her male ones, and is suggestive of why Anita's male and female objects seemed to be internalised by her as part-objects; objects that were without holistic or depressive qualities to them. It also suggests why Anita initially directed her libidinal feelings mostly towards female objects such as her friend Alison (please refer to the vignette below, session 136) before and in the initial stages of her psychotherapy, as it was felt by her to be safer to do this.

Anita showed in this vignette how her family's religiously informed views about sex, sexuality and gender resulted in her internalising a religious object that acted to harshly censor her emerging sexual feelings in adolescence. Anita gave an example of this when she reported that she believed that her sexual feelings were forbidden and were punishable by Allah, if she was to act on them before she was married. Anita initially often described feeling guilt (of a persecutory nature), because of the effect that her internal religious object had on her, whenever she was in touch with her sexual feelings. It illustrates how the shadow of Anita's internal religious object fell over her self in such a way that her true thoughts and feelings, regarding her sexuality and gender, became unthinkable. (Bollas, 1987) explains how the relationship between this type of object and self is usually not processed, despite some knowledge of it being known to the child. This was the case for Anita, who conveyed that she was aware on some level how her internal religious object informed her sexual development.

However, Anita felt unable to respond to the effects that this internal object had on her sexual development initially, despite knowing some of the nature of it.

*Session 136 – 2nd year of treatment*

*Anita became quite anxious as the appointment progressed. She took a deep breath before explaining that she had something to tell me. She explained that her friendship with a girl, Alison (not her real name) had been developing, and that she now felt very close to her. She seemed full of admiration for Alison, whom she described as being as gifted and as ambitious as she was. Anita became a bit childlike and looked sheepish as she explained that Alison had started to text her regularly late at nights, usually to ask her how she was. She explained that the texts had increased over time and had become more intimate and flirtatious. Anita explained that one of Alison's texts alluded to her having a secret that she wanted to share with Anita. She reported that Alison had texted her later to let her know that she was becoming attracted to her.*

*I wondered what she thought about Alison's text. Anita thought for a while before replying "I don't know how I feel about it" (Alison's text). She looked a bit unsure and quizzical and I suspected that she was flattered, on some level, by Alison's attraction to her. I shared this thought when I wondered with Anita whether she was attracted to Alison in a similar way. "I don't know", Anita replied, looking a bit more puzzled. She explained that she did like Alison but wasn't sure whether she was attracted to her sexually. Anita stated that she did not feel that she was a lesbian.*

*There was stillness in the session and it felt that Anita was deep in thought. She looked at me before stating "I haven't really explored my sexual feelings." In my countertransference to Anita I felt very sad and an urge to address this issue for her. Anita thought a little bit more before saying that she didn't think that she had sexual feelings towards men because she "hates men." Anita seemed quite animated at this point, which felt in contrast to the sadder, thoughtful Anita of a moment ago. She explained that she believed that men were incapable of caring and that she felt that women were.*

*I suggested that maybe she was trying to simplify her very complicated thoughts and experiences of the men and women in her family, as she has shared with me, on numerous occasions that both the men and women in her family have at times acted in uncaring ways. Anita became angry at this point. It felt that she was angry with me for bringing her in touch with the anger that she had attempted to deny having towards certain family members for treating her harshly and in uncaring ways. Anita then said: "I've not been able to speak to anybody in my family about any of this stuff (her sexual feelings); I haven't even spoken to anyone in my family about having periods." Again, I felt sad and felt the pain that her words conveyed about the lack of support she has had around her adolescence. Anita agreed when I suggested that she was showing me that she seemed to feel safe enough here in her psychotherapy to begin talking to me about these important issues.*

The vignette illustrates some of the reasons why Anita felt unable to turn to people in her family for support with her adolescent development. It was poignant and moving that she had shared this issue with me. I was also very surprised that Anita had not felt helped in her adolescent development by any members in her family. I felt that she was also illustrating how her experience of her family not helping her with adolescence had informed the difficulty she had with her growing feelings of intimacy with and dependency on me, as her transference to me developed. It suggested that an aspect of the transference resistance was her worry about being disloyal to some of her attachment figures, even those that had caused her suffering, by acknowledging with me some of their deficits (Lowe, 2010).

Anita's agreement with my suggestion that she was beginning to view her psychotherapy as a safe place also referred to her internalising psychotherapy and me as objects where her gender and other aspects of her adolescence could be talked about and explored safely. Anita's experiencing me in this way helped her to begin to foster the idea that I was an object that she could depend on: one that was distinctively different from her mother and her internalisation of males and father figures, and an object that could potentially provide her with a link to relationships and the world outside of the mother / child dyad.

Anita was also illustrating how the relationships and friendships that she had at school afforded her objects that parts of her personality could be projected into, in order for them to be understood by her through re-introjective identification. (Waddell, 2002) describes these types of unconscious processes and how they occur between adolescents in her book *Inside lives – Psychoanalysis and the growth of the personality*. Waddell perfectly illustrates the particular stages of development throughout the life cycle in this book and describes, in detail, the adolescent group providing the adolescent with objects that can contain the more complicated aspects of their personality, as a result of the type of projective identification that takes place between group members. Session 136 shows how Anita's friendship with Alison, and the peer group they belonged to, provided her with a group where aspects of her self could be better understood through the projective identification processes with other group members that Waddell describes. Anita's projective identification with peers, such as Alison, initially involved her "warehousing" the unwanted parts of her personality in them through projection. (Please also refer to session 19 in this chapter for an example.) This type of projective identification occurred as a result of Anita's initially finding it difficult to own the unwanted aspects of her personality. Projecting these unwanted parts of her in a "warehousing" way was easier for her, as she could distance herself from them by means of viewing them as being completely located in others. Her experience and internalisation of a family culture where condemning as opposed to taking personal responsibility was the norm, seemed to inform her projective identification into others in these ways.

Anita's projective identification with Alison was helped by the fact that she viewed Alison's self as being similar to her own self. She felt this way in part because she viewed Alison as being gifted, talented and ambitious in the way that she was. Anita's projective identification with Alison also helped her to explore a more ordinary way of relating to her peers that was in contrast to the way of relating to her mother, which was characterised by omnipotent thinking and a fusion between self and object. It suggests that Alison and other peers were objects, and opportunities for Anita to discover her true self, as well as a way to begin dis-identifying from her primary object. (Waddell, 2002) explains: *"Thus groups can become safe places in which different*

*parts of the personality may be played out, especially the parts which, for some reason, are felt either to be difficult to experience as belonging to the known-self or to reinforce the known-self” (p151).*

Anita’s having the types of contacts with other adolescents that Waddell describes was hugely beneficial in terms of her adolescent development. It was particularly beneficial in helping Anita to develop the capacity to learn about herself and others, through the experiences that contact with her peers gave her. By using the term learning in this way, I am referring to (Bion’s, 1962b) concept of learning, which he describes as involving the acquiring of knowledge (k) through one’s capacity (alpha-function) to tolerate and contain the frustration that learning from experience(s) involves. (Bion’s, 1962b) concept of learning feels important in understanding the totality of Anita’s presenting difficulty. This is because an aspect of it was informed by her inability to contain the psychic pain she experienced from learning from experience in the way that Bion describes. Anita’s difficulty in this regard remained hidden for long periods of her life, as she was practiced at hiding this difficulty behind her prowess in learning in more cognitive, academic ways, and from her tendency to take refuge in the more academic parts of her when faced with the task of learning in the way that Bion describes. Anita’s difficulty in “learning” became more apparent as a consequence of her inability to manage the more social and emotional demands presented to her in her previous school.

What emerged in Anita’s psychotherapy was that her view of her family as unavailable and not able to support her in her internal dilemmas and adolescent development, helped to maintain her experience of “oneness” with her mother. It was an experience that is similar to the one that (Tustin, 1994) describes as the infant’s desire for psychic merger with their primary object. Tustin’s concept of “oneness” feels salient when using it to understand the motivation for some of Anita’s attacks on me during the initial stages of her psychotherapy. These attacks felt to be in response to her feeling dislodged from the “oneness” that Tustin refers to, as a result of her experience of me in these moments as an object that was uniquely different to her mother, a “second object”: an object whose main function is to extricate the child from the psychological and psychic fusion with their primary object (Gaddini, 1976).

Anita initially found it hard to own and think about her own attacking qualities when they occurred in the clinical setting. She regularly projected her attacking parts into her family: an object that she experienced as having a similar quality to these parts of her, from her experiencing her family as attacking her. It suggests why Anita's re-introjection from her family of her projected attacks had the effect of maintaining her constant fear of being attacked by her family and the "nameless dread" she experienced Bion(1962b).

Anita felt that one of the things that her family attacked was her choice of a more western way of life for herself. It was initially difficult for Anita to understand how the disavowal of her own aggression informed her experience of constantly feeling attacked by her family. Anita made sense of feeling constantly attacked by adhering to the idea that her family was attacking her for giving voice to her adolescent needs and those of the family members on her generational level. It felt that Anita identified with her role as the prophet in her family in these moments, someone that was attacked for speaking Allah's words (the fate of the prophet). This type of identification impeded Anita from exploring her role in these attacks and from finding alternative ways to understand and respond to them.

Anita's experience of feeling attacked by her family for her adolescent choices illustrates a particular internal conflict that is presented to adolescents from a second generation immigrant background. This conflict occurs when the second generation immigrant's view of themselves is felt to be incompatible with the family's way of life. Anita's experience of her family illustrates this conflict, as she was someone who was punished by her family who believed that her choice of identity would result in their own culture being threatened and lost in some way. Anita's difficulties in her family illustrate how the second generation immigrant child is imparted with the task, both consciously and through unconscious means, of keeping the first generation's culture alive in them in some way. This occurs in response to the first generation's experience of its culture being lost as a consequence of its being left behind in the country of origin. It suggests why second generation immigrants, such as Anita, can be met with such hostility in their own families and are responded to in a fundamentalist-type way, as a result of

wanting to follow their adolescent needs (Fanon, 1963). It also illustrates the importance of the therapist providing a space for this conflict to be thought about and kept alive, due to the bearing it has on their internal world, by making it conscious for the patient from this type of background when it shows itself in the transference.

### **6.3A father awakens**

#### *Session 144 – 2nd year of treatment*

*Anita looked very angry and upset when she reported that she was “disgusted” to learn that her father planned to marry a woman who was approximately 20 years younger than him. She grimaced to reiterate her disgust at the thought of her father marrying this woman. She then wondered how any woman could marry her father.*

Anita seemed to have projected her oedipal feelings for her father into his fiancée. She viewed this woman and these feelings as “disgusting”, a similar quality she had apportioned to her oedipal and emerging sexual feelings at times. Anita reported that she imagined that her father’s fiancée had seduced him so that she could live in England. (Anita reported that her father’s fiancée resided in Bangladesh when he met her there.) Her belief about how her father had met his fiancée conveyed how inappropriate she felt the oedipal nature of this relationship was. Anita was clearly jealously angry about her father’s engagement. Her jealousy expressed the sibling rivalry she had towards her father’s fiancée, a person she viewed as a rival to her father’s affections. It was an important external development as it provided us with an opportunity to make the oedipal complex more visible in the clinical setting by thinking about the nature of Anita’s identification with her father’s fiancée.

This development in Anita’s father’s life led to her talking more about her thoughts and feelings for him, for what felt like the first time in her psychotherapy:

#### *Session 153 – 2nd year of treatment*

*Anita stated that her father is “ignorant”. She went on to describe him as someone*

*that would not understand why she wanted to go to university. Anita explained that she believed that her father would not want her to attend university, if she were to talk to him about her wish to go there. She suggested that her father might have this view because she thought that he did not believe that women should pursue academic careers. (I was reminded that this was one of Anita's mother's complaints about Anita's father, and was one of the reasons that she cited for why they separated.) Anita paused for a while and said: "He's just not the father I wanted him to be." I was taken aback by her statement and the disappointment conveyed in her words. When I wondered what she meant by her statement, she explained that she wanted a father that she could talk to openly about things, such as her wish to go to university. She looked quite contemptuous as she explained that she felt that her father was "a typical Bangladeshi man".*

Anita's view of her father as someone who opposed her ambitions and academic interests was similar to the view that her mother had of him. Anita's descriptions of her father in this vignette, and her descriptions of him during her psychotherapy, illustrated that her internalised father was "coloured", in the almost identical way that her mother's view of him was. (Main and Hesse, 1990) suggest that the idea of a father is often communicated to the child by the mother through projective identification, and explain how the mother's more "pathogenic" behaviour and attitude towards the father can create an emotional environment where the child's attachment needs are met by the frightening behaviour of the primary attachment figure – the mother. It suggests why Anita regularly felt that she wasn't safe and contained, as her attachment to her mother was not secure as a result of Anita internalising the type of emotional environment and attitudes about her father, and others, that (Main and Hesse, 1990) describe.

(Campbell, 1995) and (Mitchell, 1974) assert that the father, when kept alive in the mind of the mother in a positive way, is sufficient to compensate for the father's absence from the child's life. However, Anita's descriptions of her father suggest that her father's physical absences, especially in her early childhood, were made sense of by her from the negative unconscious and conscious communications from her mother about him. The parallels between Anita and her mother's views and attitudes towards Anita's father seemed to show how her projective identification with her internal "imitative

mother” had a bearing on her developing the view that she had of her father (Gaddini, 1976). This type of projective identification between Anita and her mother acted to impede Anita in developing a more positive view of and relationship with her father, as it maintained the idea of her father as someone that was not needed by her, in part because of the negative associations she had in relation to him, arising from her view of him as a “typical Bengali man”.

Anita’s descriptions of and attitude towards her father in the above vignette and during the initial phases of her psychotherapy show that he was viewed as, and related to by her, as a bad, third figure. (Segal, 1989) explains that the father’s penis can become an ideal container for the child’s unwanted negative projections, as well as acting to maintain the idealised relationship with her breast / mother, as a result of being viewed as this bad, third figure. Segal explains that the creation of a bad, third figure occurs as a result of the infant splitting off the bad aspects from both the breast and themselves. In the case of Anita, her father acted as this bad, third figure since he was a container for many of her projections of her “bad” mother and the father-type “bad” figures in her family.

Anita showed how “badly” she viewed her father when she stated in session 153 that “he’s just not the father [she] wanted him to be”. It suggests that Anita was disappointed by what she felt were her father’s limitations and by his inability to meet her expectations. Anita’s disappointment with her father, and her feeling that she could talk to me in the way that she could not with him, illustrated a feature of her transference to me at this stage of her treatment. It involved Anita idealising me, in part from feeling that she could talk to me in the way that she could not with her father. Anita became increasingly able to talk to me in her psychotherapy about the types of things that a daughter might do with their father, such as her hopes and aspirations of going to university and her experiences of boys at school. She often sought my opinion on these things and what she presented to me in her psychotherapy. Her particular way of relating and viewing me suggested that her transference to me was less symmetrical in the way that (Lombardi, 2009) describes at this stage, and had developed a strong paternal quality to it. Anita’s transference at this stage suggested that a different idea of a father was coming alive in her mind, as I was beginning to be

experienced by her as an object whose paternal functions could act to keep her safe and support her in the way that she hoped a father would.

#### **6.4 Emerging from the cocoon**

Session 164 – 2nd year of treatment

*Anita reported that she did not go to school on the day she did not attend her session with me. I suggested that one of the reasons why she does not come to her sessions at times involves a part of her convincing herself that she can get what she needs at home. I suggested that it seems to involve her saying to herself: “things are too difficult outside of the home; stay under the duvet where it is safe and cosy.” Anita giggled at my suggestion, which seemed to clearly resonate with her. She nodded in agreement and said that she finds herself “retreating into her cocoon” in these moments. I wondered what it was like for her to be in her “cocoon”. Anita thought about this for a moment and explained that “it [her cocoon] made her feel safe” and that she liked being in it on her own in these moments. I suggested that she was describing an “only child” experience where she, in this instance, had her mother all to herself. I suggested that she seemed to be saying that she enjoyed not having to share her home, her mother, with anybody or anything else on these occasions. Anita nodded in agreement before I suggested to her that she retreats to this “cocoon” place and this type of thinking when she imagines that going to school or coming to meet with me will be too much for her. Anita looked a little bit upset. I imagined that she would be more upset than she was as she has not liked when I talked about this issue previously with her. Instead, Anita nodded a little and seemed to reflect on what I had just suggested to her.*

One of the main functions of Anita retreating to her “cocoon” was that it maintained her phantasy of being in the womb of her mother and having her exclusively. The phantasy of Anita being in a hardened shell of a physical cocoon in these moments undoubtedly added to her phantasy of being in a place that was impervious to reality. Anita also used her “cocoon” to avoid the anxiety that came from her contact with me, with certain male peers and certain male teachers at her school. She initially found it hard to be in a

school structure where males and females were together, as it was in stark contrast to the structure of her family, which she experienced as actively working to keep boys and girls apart. Anita's psychotherapy made it difficult for her to avoid the idea of a man and woman coming together, by virtue of our respective genders. Her retreating from this "reality" was also her way to negate the meaning of intercourse (of an emotional nature) between a man and a woman. I suspected that the anxiety-provoking nature of contact between a man and a woman, through the medium virtue of the therapeutic relationship, meant that the transference relationship was at times confusing, and experienced by her as being dangerous. Anita seemed to feel confused, as a result of this type of transference, about what her feelings of dependency meant. Her more loving feelings for me, as a result of her growing dependency on me and her psychotherapy, seemed at times to become confused with her more sexual feelings. By this, the more erotic nature of her transference could be experienced by her as being sexual in nature (Gabbard, 1994).

Anita also retreated to her cocoon as her way of avoiding contact with me and as her attempt to negate my capacity to link one object for her to another. At times she seemed to experience me making these links for her as being prematurely ejected from the womb-like experience of the "cocoon" of her mind and pushed into a harsh external world that she felt ill-equipped to cope with. However, Anita was becoming more able to bear the "links" and the realities that I put her in touch with as her psychotherapy progressed, as opposed to retreating to omnipotence and delusional thinking (Bion, 1967).

What else was clear from early on in Anita's treatment (see session 3) was the importance that Anita and her family paid to religion and spirituality as a way of understanding and defining themselves. It was important to understand how Anita's religion and spirituality informed her sense of self, so that I could better understand how they were used by her at times to retreat to, when contact with me or with the external world was felt to be too much for her. One of the findings of (Millar's, 2015) research (a single case study) was the importance of tending to the whole patient, i.e. all representations of the patient's self that they may have, whilst maintaining a space in psychotherapy for what psychoanalysis may have to say about them. (Millar, 2015)

explains: “*My research has highlighted the importance of holding firm to psychoanalytic technique and boundaries, while being open and not dismissive of factors such as difference, similarity, race, sex and gender*” (p149) . Millar, by stating this, seems to be drawing attention to the importance of creating a space in the patient’s psychotherapy for all understandings of difference to be tended to in the patient’s transference. Millar’s assertion has parallels with what (Joseph, 1985) says about the “total transference”, as she describes working with the transference in a way that recognises all aspects of the patient’s self, from considering the transference alongside their emotions, defences and object-relations. The approaches that (Millar, 2015) and (Joseph, 1985) are describing are similar to the approach I used in my work with Anita, as I was interested in understanding the true meanings of the transference resistance when it occurred alongside the religious and spiritual ideas she had about her self.

By using the transference in this way, Anita became more able to entertain and explore alternative views and understandings of her self and her presenting difficulties. She was more able to work in this way during the times she emerged from her psychic retreats and her claustrophobic inhabitation of her mother (Steiner, 1993; Meltzer, 1992). Anita’s increasing emergences from her psychic retreats were reflected in her increasing attendance at her psychotherapy and her school. It suggests that working in the periods when Anita emerged from her psychic retreats helped her to develop a capacity better to bear the difficulties presented to her in the external world and in her psychotherapy.

## **6.5 Being in the third position**

A significant life event occurred for Anita in the third year of her psychotherapy. It involved her mother starting a relationship with a man to whom she became engaged soon after starting a relationship with him. Anita’s mother would later go on to marry this man.

After Anita and her siblings had met this man a few times, she reported to me that she thought that this man had fundamentalist views on Islam. Anita reported that she was worried that her mother was becoming more drawn to these views herself, as a result

of her relationship to this man. She described how her mother had begun to try to implement some of these views in her parenting of her and her siblings. Anita gave an example of this when she explained that her mother had begun to discourage her from wearing certain western clothing, especially the types of clothing that she felt made Anita look sexually available. Anita resisted her mother's view of her clothing, in part because she strongly believed that they did not make her look sexual in the way that her mother thought they did. However, Anita reported how she often felt resigned to wearing the hijab whenever she went to visit her relatives at their home as a result of her mother's assertions, and from being aware that some of her relatives, especially those on her mother's generational level, also shared her mother's view about the type of clothing young Muslim women should wear.

### *Session 293 – 3rd year of treatment*

*Anita explained that she was made aware that one of her aunts had said to her brother that one of the skirts that she had seen her (Anita) wearing made her look "slaggy". She sighed after recalling this, before looking quite fired up and defiant. Anita explained that she was fed up with her family talking so disparagingly about her. She explained that she was also very angry that her mother was now agreeing with this aunt and the other family members that shared these types of views. She explained that her mother was a "hypocrite" for doing this. Anita felt that her mother was now agreeing with these types of views as she had to prove to their family that she was now a "good Muslim". Anita thought that her mother being stricter with her and trying to use religious ideas to inform her parenting and approach with Anita were signs of this.*

Anita seemed to be showing how she was now moving from a previous idealised view of her mother to a more depressive and realistic view of her. When I explored with Anita why she referred to her mother as a "hypocrite", she explained that she did this as she was discovering that her mother had many sides to her that she had not acknowledged previously. Here, Anita was referring to the aspects of her mother that she had previously split off from her own self in order to preserve her idealised view of her and the mother she had internalised. It was a significant movement for Anita to

view her mother more depressively, as it supported the process of Anita beginning to accept the true nature of her objects and her relationships to them.

Anita's mother's relationship with her fiancée, who later became Anita's stepfather, provided her with irrefutable proof that she did not have the type of exclusive relationship with her mother that she imagined that she did in phantasy. It occurred from her mother's fiancée acting to function as a "second object" in the way that (Gaddini, 1976) describes and from Anita gradually internalising him so that he was added to her internal representation of her mother and her in such a way that eventually leads to the child's individuation (Trowell and Etchegoyen, 2002). It was likely that the idea of a father (Ms Khan's fiancée) developing in Ms Khan's mind, also added to the process of Anita internalising a second object, as this father was likely communicated by virtue of her projective identification with her mother as well as through conscious means (Main and Hesse, 1990).

(Wisdom, 1976) suggests that the process of the father being added to the internal representation of the infant and their mother helps to create psychological and psychic distance for them. Anita's turning towards other objects, in the way that she did following her mother's relationship with her fiancée developing, was suggestive of her beginning to separate from her mother in the way that (Wisdom, 1976) describes. For example, Anita began to direct her libidinal urges more towards her peers, friends and teachers, and towards me and her psychotherapy. The object-loss (the loss of her idealised internal mother) that Anita experienced, being made conscious to her through the external reality of her mother's relationship with her fiancée, and through some of the unconscious processes that took place in her psychotherapy which led to her understanding the nature of her objects better, seemed to drive her to seek alternative meanings of her self outside the mother-child dyad (Freud, 1914).

Anita's developing relationship with a male teacher who taught her English at her school is another example of her turning to other objects following the developments with her mother. She reported in the third year of psychotherapy that she was becoming attracted to this teacher. Anita substantiated her claim when she explained that she was attracted to this man's mind as opposed to being attracted to him

sexually, as they shared the same interests in books, authors and philosophy. On reflection, Anita describing her attraction for her English teacher in this way was a safer way for her to think about her emerging sexual feelings for him.

*Session 312 – 4th year of treatment*

*Anita explained that the lecturer who interviewed her at university was very interested in the types of books that she enjoyed reading. He suggested to Anita that he would like her to see one of the libraries in the university and explained that only his colleagues were allowed to use this library. Anita reported that this lecturer explained that she should visit this library as he felt that there would be books there that she would be interested in. Anita went to the library and was amazed by the vast range of books that was there. She told a teacher at her school what had happened after the interview. The teacher pointed out to Anita that it was rare for a lecturer to do this with an applicant to the university. I wondered what she made of her teacher's comments. Anita explained that she thought that she had "seduced him (the lecturer) intellectually" and that was why he let her go to this library.*

Anita was presented with an oedipal situation which had parallels with the phantasy she had about her father and his fiancée. It involved her believing that she had seduced a father figure in the way she imagined that her father's fiancée had seduced her father. Anita being allowed into the library which only lecturers could use was experienced by her as her crossing the incest boundary. She felt this way because the library was viewed by her as a place to which only people of the lecturer's generation, i.e. parental figures, had access. The library was also felt by Anita to be similar to her psychotherapy room, a space where she imagined she had crossed the boundary by imagining she had seduced me in some way. Anita felt this way in part because she recognised by the fourth year of her treatment that she had crossed the boundary of being treated in CAMHS. (Anita was over 18 years of age at this time; the maximum age for treatment at CAMHS.) This realisation compounded her idea that she had seduced me in some way because she was special and that that was the reason why I was treating her after the age when it was not technically permissible to do so in CAMHS.

Session 317 – 4th year of treatment

*Anita explained that she desperately wanted to say something to me but felt embarrassed to do so. She explained that she had seen her English teacher yesterday and had become very embarrassed in his presence. She laughed a little as she explained that she could hardly get the words out to reply to him when he asked her how she was.*

*Anita shared that she had a dream following this. She was in her school in this dream when her English teacher approached her. He said to Anita that he wanted to see her in his office at 10am the next day. I wondered what she thought her English teacher's request was about. Anita explained that she thought that they were in a sexual relationship in the dream and that her English teacher was inviting her to his office to have sex with her. Anita looked a bit upset when she added that the teacher walked away laughing after he said what he said to her. Anita thought that the English teacher was mocking her and that she believed that he would never find her attractive in this way.*

Anita's relationship with her English teacher provided her with a safer object at this stage that she could use to explore and work through her emerging oedipal feelings for me. It illustrates one of the ways that the Oedipus complex became more visible in the clinical setting, as thinking about her oedipal feelings outside of our relationship was felt by her to be a safer way to think about them initially. Anita was showing, through her preference to work with her oedipal feelings in this way at this stage, her fear that the Oedipus complex was unnegotiable. Her fusion between self and object informed Anita having this idea, as (O'Shaughnessy, 1989) suggests that the patient's inability to differentiate the true nature of their parental objects leads to their attempts to make the Oedipus complex invisible in the clinical setting. Anita's mother's relationship with her stepfather, and her father's relationship to his fiancée, presented her with irrefutable proof of the true nature of her parental objects (please refer to Chapter 6.3). These realisations provided Anita with an opportunity to begin to understand the oedipal nature of her relationship with her parents, which, in turn, gave her the platform to

explore and tolerate better her oedipal feelings in relation to me.

The dream that Anita reported in this vignette suggested that this process had already begun. Her dream occurred shortly after she had reported to me that she was worried that she was physically attracted to me. Her admission showed itself in the dream where I was in fact her teacher in it. My (this teacher) inviting Anita to my office conveyed her phantasy about having seduced me into crossing the boundary with her (Anita being seen in CAMHS after she was 18 years of age). The time (10am) that Anita's English teacher requested for her to meet with him was significant, as the number correlated to the age she was when she felt that her family had implemented a prohibition on her sexual feelings i.e. keeping boys and girls apart (please refer to session 117 in this chapter.) It also stood for the incest boundary in Anita's internal world.

Anita had shown in the transference, during her psychotherapy, that she was unsure, at times, about my motivation for working and meeting with her. This was apparent very early on in Anita's psychotherapy where a feature of the transference was her experiencing me as if I was one of the male relatives that she feared would take advantage of her sexually. Anita showed this worry in the dream as I was someone that would take advantage (the mocking teacher in her dream) of her growing dependency on me.

## **Chapter 7 – Methodology**

### **Introduction**

I will now give an overview of the methodology I used for this research.

#### **7.1 Introduction to this single case study**

The research presented in this thesis is a study of the phenomenon of cross-cultural psychoanalytic psychotherapy and its usefulness (or not) in helping adolescent patients, particularly those from a BAME background, to negotiate their identity. It is a single case study. The data from this study comes from the clinical session notes of my intensive clinical case. The clinical work with the patient (Anita) took place over four

years. Anita's psychoanalytic psychotherapy began at a frequency of twice a week for the first six months, before increasing to three times a week for the remainder of her treatment.

## **7.2 Psychoanalytic research**

Psychoanalytic theory and technique has been discovered and revised through the examination of single case studies. In a review of research of psychoanalysis, (Wallerstein and Sampson, 1971) argue that psychoanalysis's use of the single case study has contributed to research in a far greater way than other contributions from more formal research. Wallerstein and Sampson (1971) argue that the method of inquiry used in psychoanalytic research through the medium of the single case study results in... *"...a truly extraordinary range of insights into the structure of the mind, the organisation of mental illness, the forces at work in the treatment situation, the process of change and the requirements of technique* (p12). Byrne (2009) elucidates this further when he states that social sciences are often in favour of quantitative research methods as they are mostly interested in "cause", whilst qualitative research is mostly interested with "meaning".

Psychoanalytic research is interested in deriving knowledge from clinical experience rather than formal research. It uses an inductive method of inquiry similar to the one developed by (Bion, 1970), who suggests that the acquirement of "k" (knowledge) requires the analyst's suspension of memory and desire in their clinical work. (Harre, 1979) has described how intensive research methods are interested in understanding a single entity, or phenomenon, in depth. He explains how extensive research methods study common variables in populations and that their interest is in collecting data on a large number of occurrences of a phenomenon within populations. Harre explains how the intensive case study was designed to illustrate the existence of the studied phenomenon and that its in-depth analysis of a particular occurrence cannot be done statistically.

As a method of research, psychoanalysis is not without its detractors. Popper (1963) has described psychoanalysis as a "pseudo-science", whilst Grunbaum (1984) has

added to the voices of those who criticise psychoanalytic research by calling it a “failed science”. The basis for (Popper’s, 1963) and (Grunbaum’s, 1984) criticisms was that they viewed psychoanalysis as being unable to challenge or “disprove” the hypothesis developed from the research undertaken in its single case studies. Grunbaum, argues that the evidence produced by analysts working psychoanalytically is “contaminated” by the process that involves the patient’s unconscious appearing in forms that are subject to the influence and interpretation of the analyst. Grunbaum argues here that the analyst is generating their findings as a result of bias, as they lean towards understanding the data from within a certain paradigm.

(Popper’s, 1963) criticism of psychoanalysis is that it generates hypotheses that cannot be falsified i.e. that cannot be disproved as well as being proved. Rustin (2003) suggests that research undertaken in more conventional scientific approaches, such as attachment theory, has given rise to findings that are consistent with findings in psychoanalysis. (Jaffe et al.’s, 2001) and (Emde and Spicer’s, 2000) systematic review of the research undertaken by (Gergely, 2000; Tyson and Tyson, 1990) further illustrates this. As a result of this and other similar reviews, there has been a shift from viewing psychoanalysis’s view of the “psychoanalytic child” as a hypothetical figure based on the speculative reconstructions from adult narratives to a concept that has been substantiated by actual systematic observations of children. Psychoanalysis has also begun to recognise that certain theories developed in attachment theory evidence that the child’s internal world is informed by their external world and social environment, and therefore needed to be incorporated in clinical work (Downey, 2000). (Masson, 1984) and (Person and Klar, 1994) are examples of psychoanalysts who have embraced the idea of recognising both the external world and social environment in the treatment of trauma.

(Fonagy et al., 2002) have shown how a significant rise in attachment-theory-oriented randomised controlled trials (RCTs) has evidenced the general effectiveness of psychoanalysis in recent years. (Toth et al.’s, 2006) RCT in relation to parent-child psychoanalytic psychotherapy is one such example of how RCTs have evidenced the effectiveness of psychoanalysis. This particular research evidenced how this treatment reduced the rate of insecure attachment in three-year old children of chronically

depressed mothers.

### **7.3 Clinical research in child psychotherapy**

The work of Gianna Williams shows how the qualitative methods and approaches that are more synonymous with psychoanalysis and child psychotherapy informed later research undertaken in child psychotherapy. (Williams', 1974) clinical work with Martin, detailed in her seminal paper 'Doubly Deprived', showed child psychotherapy's effectiveness in treating a child from a particular population of children who were viewed untreatable prior to this. Williams's clinical work with Martin, a looked after child, whom many in his care network thought was beyond help, showed in this paper that one of the emergent theories from her work with Martin was how external reparations, i.e. responding to the child's external circumstances such as being in foster care, were limited unless the child's "internal parents" were tended to in psychoanalytic psychotherapy. Williams's work has undoubtedly informed child psychotherapy's approach and treatment of this population of children.

Comprehensive reviews into child and adolescent psychoanalytic psychotherapy have evidenced its effectiveness in treating depression, anxiety, eating disorders, disruptive disorders and working with looked after children (Midgely and Kennedy, 2011). (Shedler's, 2010) article 'The efficacy of psychodynamic psychotherapy' brought together findings from several empirical literatures that showed strong empirical evidence for the effectiveness of psychodynamic psychotherapy with adults. (Shedler, 2010) states that the empirical research he reviewed showed that... *"Finally, the evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission"* (p107). Shedler brings to our attention the phenomenon of the "sleeper effect", which is the concept that the patient continues to make progress once their treatment has ended. This phenomenon was explored in the IMPACT study (Improving Mood; Promoting Access to Collaborative Treatment), a largescale extensive study that aimed to establish the outcome of both cognitive behavioural psychotherapy and time-limited psychoanalytic psychotherapy with adolescents with depression (Trowell et al., 2007). This study has recently resulted in short-term psychoanalytic psychotherapy (STPP) being

implemented in NICE (National Institute for Health and Clinical Excellence)'s guidelines for the treatment of adolescent depression. The IMPACT study is a more recent example of Child and Adolescent Psychotherapy's movement towards using extensive research methods as a way to evidence the efficacy of this treatment.

Child and Adolescent Psychotherapy has been criticised for not being able to provide more extensive researches, such as the IMPACT studies. One of the reasons for this is that Child and Adolescent Psychotherapy research has relatively limited sample sizes in comparison to other disciplines, such as clinical psychology and psychiatry. However, there are clear benefits to more intensive types of treatment as (Williams's, 1974) and (Midgely and Kennedy's, 2011) work has shown. (Midgely, 2006) explains that Freud recognised the importance of induction as a line of inquiry in his work and explains that Freud argued that each patient's treatment allowed the analyst (as a researcher) to learn and develop theory and clinical understanding of the phenomena that the patient presented them with. By using this method and philosophy (Alvarez, 1992; Alvarez and Reid, 1999; Rhode, 1994; Williams, 1992) have mapped out aspects of behaviours in relation to autistic children that were previously inaccessible to study. Their close observations of autistic children enabled them to develop a fuller understanding of the autistic world whilst also allowing them to develop theories of working with this particular client group.

#### **7.4 The single case study**

As the title implies, single case studies are interested in what can be learnt from studying in depth the data from a single case. Stake (1994) suggests that the case study is not a methodology of choice but is in fact a choice of object to be studied. Stake makes an important distinction when he explains that the single case study is defined by individual cases, not by the methods of inquiry used. By this Stake draws attention to the role of the psychotherapist who is interested in researching the subject i.e. the patient, and that they should ensure that they do not become unnecessarily preoccupied with the psychoanalytic theories and / or psychoanalytic approaches used in the treatment of the subject.

Psychoanalysis's development is intrinsically linked to the single case study. For example, Sigmund Freud's contribution to the development of psychoanalysis largely stems from the theory and methods derived from his case studies of patients such as 'Dora', 'The Rat Man', 'The Wolf man' to name a few (Freud, 1905, 1909b, 1918b). (Fonagy and Moran, 1993) have emphasised the important contribution that the single case study brings to the field of research. They explain that the design of the single case study can advance understanding of what takes place within the clinical setting of psychoanalytic psychotherapy. (Rustin, 1997) has described how psychoanalytic psychotherapy and the methodology it draws upon in research have made important contributions to the field of research. Rustin explains that the research undertaken in parent-child psychotherapy has similarities with the research undertaken in infant observation. Rustin explains that the regularity and boundaries involved in both parent-child psychotherapy and infant observation can enable the generation of data and gathering of important findings about the emotional relationship between the mother / parent and their child.

(Fonagy and Moran, 1993) have stressed the importance of using objective sources to measure the data collected in qualitative research. (Moran and Fonagy's, 1987) research gives an example of how an objective source can be used to measure data in their paper 'Psychoanalysis and diabetic control: A single case study'. Their study used medical evidence to objectively measure the effectiveness of psychoanalytic psychotherapy in the management of diabetes in a teenage girl. The design of Moran and Fonagy's research involved measuring the glucose levels in the patient to ascertain what psychoanalytic theories and psychoanalytic approaches helped this teenager to manage her diabetes. (The measuring of this data involved twice daily urine testing over the 3.5 years of the teenage patient's five-times-a-week psychoanalytic psychotherapy.) The research identified how two particular themes of psychic conflict were found to predict short-term changes in diabetic control. The first psychic conflict stemmed from the patient's anger in response to feeling unloved by her father and how it led to her poor diabetic management. The second was the psychic conflict that arose as a result of the oedipal situation and the oedipal feelings evoked in the patient from this. Moran and Fonagy identified how using the Freudian model of therapeutic change helped the patient work through these psychic conflicts, which led

to short- and long-term improvement in the patient's diabetic control.

(Anderson, 2006) has also stressed the importance of using independent and objective sources as a means to verify qualitative psychoanalytic research. Anderson asserts the importance of “triangulating” the data that is gathered by subjecting them to impartial and objective sources as a way of testing them. Anderson identifies sources such as clinical supervision, work discussion and multi-disciplinary meetings as forums where the data can be gathered and therefore triangulated.

The single case study has been criticised (as well as other qualitative research methods) from the perspective that findings in this type of research are intrinsically linked to the subjectivity of the researcher. (Kuhn, 2000) showed that the theory generated in qualitative research was not necessarily always abandoned when falsified in the way that (Popper, 1966) has asserted, as he argued that there was a relationship between deduction “normal science” and “revolutionary science” that took place when a phenomenon was observed.

The strength of the single case study is the systematic exploration of one case through the identification of incidents and the patterns between these incidents, and understanding the recurrence of them as well as the other patterns and themes that emerge. The success of the single case study is largely to do with the unique quality of every single case, as each case will bring something different to be observed and understood due to each single case differing from all others. It is likely that there will be significant similarities between single case studies which will provide opportunities to be explored and researched more extensively. The researcher using a comparative method tool (such as Grounded Theory) can be helped to explore the nature of these similarities, using this method.

## **7.5 Grounded theory**

(Charmaz, 2006) explains that grounded theory, from its beginnings as a social science to the present, has a long qualitative tradition of ethnographic fieldwork and case studies. The grounded theory method was developed and established in the mid-1960s

by American sociologists Barney Glaser and Anselm Strauss. It emerged from their collaboration on their study ('An awareness of dying') in Californian hospitals (Glaser and Strauss, 1967). Glaser and Strauss's study of this subject focused on the effect on patients who were seriously ill and dying in hospitals and when the true nature of their conditions was not acknowledged by the hospital staff who were treating them. During their investigation, Glaser and Strauss found that US physicians were reluctant to disclose to their patients that their death was imminent and that the nurses were not allowed to do so either. It led to the physicians and nurses focusing on the technical aspects of these patients' care in opposition to the patient's psychological and emotional needs. Glaser and Strauss found that these "awareness contexts" (that were defined as closed awareness, mutual pretence awareness, suspected awareness and open awareness) led to relationships between patients and staff being fostered around suspicion, due to the lack of transparency about the nature of patients' conditions. Glaser and Strauss found that both patients and staff preferred working in a context of "open awareness". Within this more authentic context, patients were able to choose how their life ended, whilst members of staff were able to respond to their patients in a way that was more congruent to their true feelings about the situation. What emerged from this study (the emergent theory) was that acknowledging these patients' conditions was an integral function of the nurse-patient relationships and the efficacy of associated treatment regimes.

The researcher using grounded theory refrains from formulating hypotheses in advance, as preconceived or premature hypotheses can result in the collected data being "ungrounded". The researcher using this method should be constantly inquisitive and curious, open to new understandings of the data, with a hope that existing theory could possibly be altered. It is a form of inquiry that has parallels with (Bion's, 1970) assertion that the attainment of knowledge (k) requires the analyst to suspend memory and desire in their clinical work.

Grounded theory uses comparative analysis as a way to discover knowledge and theory. The researcher employing this approach is constantly comparing data with other segments of data, as well as analysing other segments of new data alongside this. (Anderson, 2003) suggests that the comparative analysis involved in grounded theory, and its being a method that requires both inductive and deductive thinking,

makes it a “well-suited partner” to psychoanalysis. Anderson describes how grounded theory is a methodology that lends itself to better understanding the type of material produced in psychotherapy sessions. Anderson explains how the line-by-line approach used in grounded theory as a way of understanding data has parallels to the process used in clinical supervision. This is because the clinical supervisor in clinical supervision aims to help their supervisee to reflect and better understand the material from the clinical session from a line-by-line exploration of the clinical note. The “microscopic” attention to detail involved in the line-by-line approach in grounded theory has been argued by Fonagy (2005) as being important in the “*elucidation of pathogenic mechanisms*” (p14).

### **7.6 Grounded theory in relation to this single case study**

Grounded theory method was used for the purpose of this single case study. The data used was gathered from the 370 clinical notes (approximately) taken from my work with my patient (Anita). I initially re-analysed the clinical notes by rereading them all. I then reread them whilst paying attention to the observations and the hypotheses that the clinical supervisor who supervised my work with the patient had made. When rereading the clinical notes in this way, I held in mind my original line of inquiries as I wanted to use these as hypotheses to partially structure the data I was observing, whilst ensuring that I left opportunities for new possible understandings of the data to emerge. My intention in doing this was to map the patient’s therapeutic journey as well as my own. Mapping my own journey involved taking account of the notes I had made about my countertransference to the patient at different times during the clinical sessions. Grounding the data in this way led to the generation of several hypotheses that facilitated further inquiry of the data.

From re-analysing the data in this way, I identified 22 clinical sessions that I felt clearly illustrated incidents of the recurring themes and hypotheses from my work with the patient. One of the recurring themes that could be observed was how the patient’s internalisation of religion informed her sense of self, her object relations and the transference relationship. One of the hypotheses that seemed to show itself in relation to this theme was the patient’s use of psychic retreats as her way to alleviate the

psychic conflict that occurred from her being in touch with the true nature of her psychic reality and the difficulties presented to her in the external world. It felt therefore important that the 22 clinical sessions reflected these themes and hypotheses. Another theme that I identified from re-analysing the data was the patient's tendency to bring her experiences of the external world (i.e. society) to her psychotherapy and the views in it that informed her sense of self. This felt particularly salient to capture in the research as it was an issue that the patient verbalised in her first appointment and throughout her treatment. As this issue was also conveyed by the patient to me in the transference, it felt important that the sessions selected reflected how it was thought about by me and us in her treatment and how psychoanalytic psychotherapy responded to it in the patient's treatment.

These 22 sessions were investigated further during doctorate supervision as a means to triangulate the data from them and to test the hypotheses and theories that I felt they generated. Following this, I selected six sessions that had been subjected to this testing (Grids 1 to 6). Two sessions were chosen that took place near the start of the patient's treatment, two near the middle phase of the patient's treatment and two near the end of treatment. This was done so that the development and undertaking of the transference and countertransference relationships could be mapped. Sessions that were from the start, middle and end of the patient's treatment were also chosen with a view to determining whether the themes and hypotheses remained consistent throughout the patient's treatment. The grounded theory analysis of these six sessions is shown in grounded analysis sessions (Grids 1 to 6). I have also used "vignettes" in the chapters that further illustrate and expand on the theories and hypotheses contained in the appendices.

By using grounded theory analysis as a method of inquiry, I am able to show the main theory that emerged in my work with Anita: how the transference relationship was used to respond to the effect that Anita's internal religious object had on her psychological and emotional development. I identified this as the main theory in my work with the patient as the effect that Anita's internal religious object had on her object relations showed itself in differing ways in the transference relationship. This research will attempt to show how the patient can over identify with this and certain other internal

objects had the effect of arresting her adolescent development. For example, grid 6 (and in particular row 28 of grid 6) illustrates how Anita's internal religious object acted to impede her emerging sexual feelings in relation to her adolescence. Grid 6 illustrates how Anita's internal religious object caused her to view her sexual feelings as "disgusting", as opposed to viewing them as a normal part of adolescence. Although the effect of Anita's internal object had lessened by this stage of her treatment, she still had to work hard to ensure that it did not imprison her adolescent development in the way that it had prior to, and at the start of, her treatment.

It was important to record how my countertransference to Anita evolved alongside Anita's transference to me, in particular as they captured the key elements of the cross-cultural nature of the therapeutic relationship. My countertransference to Anita was helpful in identifying the phenomena that emerged as a result of the cross-cultural nature of the therapeutic relationship - one of the phenomena being Anita's colonial way of relating to me as the "other" in the transference. This colonial way of relating captured how Anita's internal racism was projected on to others as a result of her initial difficulty in understanding how her self had been racialised. Anita's father was ripe for these types of projections until they could be contained in the transference relationship and worked through by her in her psychotherapy (for example, please refer to Chapter 5.3, session 99.) It also goes to show how the countertransference was used to register the changes in the patient's internal world which illustrated the growth and development that occurred for her during the treatment. I have therefore included in the grid a column (column b) that details my countertransferential experiences in relation to Anita.

Column d in the grounded theory grids reflects the observations of my clinical supervisor. This column shows the theories and themes that partially structured my analysis of the data, as well as showing how the data first began to be triangulated. The triangulation of this data went through further triangulation as a result of the doctorate supervision I received. I have included this in the column "Thoughts that arise from re-analysing Anita's clinical session notes".

By using grounded theory method, I have been able to highlight areas of importance in

the patient's psychotherapy that would not have been ordinarily identified. It enabled me also to develop a better understanding of the patient's racialisation of the self and how it organised her internal world and informed her adolescent development. Grounded theory's capacity to identify differences and patterns of relating made it an excellent tool for examining this type of data as well as the other types of data generated from my clinical work with the patient. The inductive nature of this research helps to ensure that the research is built as it ensues, as opposed to the research being set before the beginning of data collection (Charmaz, 1996). My research shows that grounded theory was particularly relevant when researching the phenomenon of cross-cultural psychotherapy, as it is a phenomenon which requires a more qualitative method of inquiry due to the lack of research previously undertaken on this phenomenon in this country.

## **Chapter 8 - Findings**

### Introduction

There are five areas that illustrate the main findings in this thesis. They are as follows:

- ⌘ The impact on the development of an adolescent from a BAME background when society does not act as a container for the development of their personality
- ⌘ The transference and countertransference
- ⌘ The effectiveness of cross-cultural psychoanalytic psychotherapy.
- ⌘ Anita's use of psychic retreats
- ⌘ The effect on Anita's development of internalising a paternal function from

her therapist

### **8.1 The impact on the development of the adolescent from a BAME background when society does not function as a container for their personality development**

I initially thought that Anita's refusal to attend school, and her experience of her family as not being able to support her development, were key factors in why she struggled in her adolescent development. However, a theme emerged in Anita's psychotherapy that challenged my initial hypothesis about Anita's school refusal, due to the significant bearing it had on her emotional life and capacity to manage the external world. This theme was the effect that Anita's belief – i.e. that she had no one to turn to who could help her with her adolescence, either inside or outside her family – had on her capacity to internalise potentially alternative objects that could help her with her adolescent development. This theme raised the question why Anita, in the absence of peers and family as objects to identify with in the way that (Waddell, 2002) suggests supports the adolescent's development, did not turn to alternative objects outside her family, such as those in wider society, to help her with her identity?

(Jaques, 1953) describes the role that society has in helping the individual's identity development by explaining that society provides the individual(s) with a container where parts of their personality and their depressive anxiety can be projected into. Jaques here seems to be suggesting that society has an important role in providing a maternal function for aspects of the self in the way that he describes. The importance of society functioning in the way that Jaques suggests poses the question: what is the impact on an individual's personality and identity when society does not provide them with a maternal function? Anita showed during her psychotherapy that what was often reflected back to her when she looked into the "eyes" and "face" of society was what (Winnicott, 1960) would describe as a "not-me" experience of her. By using the terms "eyes" and "face" of society in this context, I am referring to (Winnicott's, 1971) theory of how the mother's eyes and face act to provide the infant with an emotional environment that facilitates the development of the infant's self. Winnicott goes on to explain that the infant's self develops in relation to the ongoing mirroring process with which the mother provides them and explains how the mother's eyes and face act to

help the infant to differentiate what is them (“me”) and what is the other (“not-me”).

Winnicott’s theory of the mirroring process that the mother provides to the infant seems to capture why Anita, and other adolescents from a BAME background, may turn away from using society as an object that could potentially contain parts of their personality in the way that (Jaques, 1953) describes. This is because Winnicott’s description of how the infant turns away from their mother in their attempt to avoid the feeling of internal disintegration that occurs from their mother reflecting back to them their own mood and / or the rigidity of her own defences, i.e. a “not-me” experience, is similar to adolescents from BAME backgrounds turning similarly away from society as a result of experiencing it non-maternally, i.e. their experience of society as a “not-me” object. I would suggest that phenomena such as racism, Islamophobia and Brexit are expressions of society’s mood and / or rigidity of defence that go towards creating an anti-maternal environment, a “not-me” experience for Muslims and other BAME people. This type of environment would then act to reflect back to the person(s) from this background that they are viewed in society as “not-me” and the “other”. If we are to follow (Winnicott’s, 1960) thoughts on the infant’s experience of a mother that mirrors to them a “not-me” experience of them, it would suggest why somebody like Anita became reliant on “false-selves” - objects and personas that she could retreat into when presented with internal and external difficulties.

Anita and her mother brought the issue of Islamophobia to their respective psychotherapy sessions (please refer to Grid 4) and how it informed their beliefs that they were viewed and related to by society as “not-me”. This was one of the clearer ways that Anita conveyed her experience of society as being anti-maternal.

Anita’s tendency to idealise western culture and denigrate her own during her psychotherapy suggests that she did this, in part, as a consequence of her continual introjections of “not-me” from society. It further reiterates (David’s, 2011), (Lowe’s, 2008) and (Timimi’s, 1996) assertions that western culture becomes idealised and non-western cultures denigrated as a result of introjecting post-colonial ideas about these cultures from society and from introjecting centuries-old ideas of a way of relating to them. The effect of introjecting post-colonial ideas of the self and other in the way that

they describe further illustrates society's role in Anita's racialising aspects of her self in the way that she did. It was an important factor in why Anita's self was so fragile when she was referred for psychotherapy, as her self was weakened by her employing excessive splitting and projection in response to the racialising process (Klein, 1946).

The differing nature of Anita's transference to me provided her with an object on which she could try out the "not-me" ideas that she had about herself and others. For example, her experience of me as "not-me", particularly in the initial stages of her psychotherapy, provided her with an object where the "not-me" parts of her could be contained by me so that she could understand them better by re-introjecting them. The transference relationship therefore gave Anita the experience of the socialising function of the "village"<sup>5</sup> (from the point of African proverb) and a sense of belonging from her experiencing the "village" as a container and as an object that accepted the differing aspects of her. Anita's experience of the transference as containing her in these ways went some way to mitigating her experience of the psychic isolation she felt from not feeling that she belonged in her family and in society. Her experience of psychic isolation, when combined with the intensity of this experience, resulting in her breaking it down to more concrete bodily symptoms (Brady, 2015). It suggests why many of Anita's difficulties were conveyed bodily. An example of this was the hysterical reaction she suffered as she came to the end of her psychotherapy (please refer to Chapter 2.13).

By using the transference in this way, I am referring to it as functioning to act as a "mirror", from (Winnicott's, 1971) perspective and as a "village" for the differing parts of her to be contained by me. The transference in this way gave Anita the important experience of having an object(s) that had both "me" and "not-me" qualities to it. Anita's being contained in psychotherapy helped her to explore sameness and difference, within the safety of the clinical setting, from the "me" and "not-me" experiences that the transference gave her. My role in containing and reflecting these experiences of Anita back to her meant that I inadvertently adopted a way of working with Anita that helped her to respond to the effects on her self of the racialising process. It was a way of working that had similar values to Winnicott (1971), who explains:

<sup>5</sup> According to African proverb the 'village' refers to the role that it has in raising and socialising the child that belongs to the village

*“Psychotherapy is not making clever and apt interpretations: by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face and reflects what is there to be seen” (p5).*

## **8.2 Transference and countertransference**

My countertransference to Anita initially involved me feeling a need to assert my authority as her therapist at times. I found myself feeling angry towards Anita at these times when this happened. I mostly related to Anita in this way when she presented her more culturally informed ideas of her self and her presenting psychological difficulties to me in her psychotherapy. What was at play at an unconscious level in these moments was my efforts to impart on to Anita a more western and psychoanalytic view of her self. My response to Anita in these moments could be explained by (Dalal, 2002), who suggests that a colonising way of relating in the clinical setting is inevitable when the therapist and patient experience each other's culture and / or race as being significantly different. I would add to what Dalal says about this by suggesting that my work with Anita has shown that this way of relating is not necessarily dependent on the therapist and patient viewing each other's culture and race as being significantly different, and that even minor differences, when not thought about or understood between therapist and patient, can evoke this way of relating.

Dalal importantly identifies that this colonising way of relating occurs when the therapist and patient try to deny these differences. My work with Anita illustrates this, as I initially denied the differences between Anita and me by adopting a type of “colour-blind” approach in Anita's psychotherapy in the way that Dalal explains ultimately leads to a colonising way of relating. On reflection, adopting a “colour-blind” approach with Anita occurred in part because my training did not provide me with the tools (conceptual and theoretical frameworks) to support thinking about the type of dynamics that could occur during cross-cultural psychoanalytic psychotherapy. (Kirmayer, 2007) states (wrongly in my opinion) that psychoanalysis's concept of the person is based on western and Eurocentric values of individualism. I think my work with Anita has shown that

psychoanalytic psychotherapy is well-suited to responding to all aspects of the person's self, regardless of their background. However, Kirmayer may be highlighting how the absence of research undertaken in this country on cross-cultural psychoanalytic psychotherapy can lead people to make the type of assertion that she did.

The inevitability of adopting a colonising way of relating in cross-cultural psychotherapy, especially if differences are not thought about or understood in the way that (Dalal, 2002) asserts, seems quite gloomy. However, my work with Anita showed that the transference and countertransference can be used to make sense of the regressed aspects of the self that are being communicated by the patient during a more colonised way of relating. (Hamer, 2006) has talked about this extensively and has shown how the racial prejudice that emerges in the context of the transference relationship can be thought of as the patient's communication of the polarised aspects of their self.

Understanding the colonising process from my own perspective – through use of the countertransference - was integral in helping Anita to understand what polarised aspects of her self she might have been communicating when she related to me in this way. (Timimi, 1996) reminds us how I, someone from a minority ethnic background, -who has experience of being related to in a colonial-type way, would go on to relate to others in this way myself, when he states that this type of relating is to be expected as it arises from an introjection from society of centuries-old relations between whites as colonisers and blacks as colonised. (Timimi's, 1996) statement suggests why both Anita's and my way of relating to one another was initially organised around an attempt to dominate one another, and why the anti-concern that (Joseph, 1988) has described was a feature of it, as a colonial-type way of relating is unconsciously sanctioned by society's construction, treatment and way of relating to the other.

Through grounded theory analysis of Anita's psychotherapy sessions, what can now be observed was that impasses in her psychotherapy occurred when the differences between us were not understood between us or explored fully (a kind of colour-blind

approach to psychotherapy). What was present in Anita's transference and my countertransference to Anita in these moments of impasse was a shared feeling of what (Joseph,1988) describes as anti-concern for the welfare of the object. A more subtle example of this type of relating was the lack of regard I had at times for Anita's cultural understanding and interpretation of her self. It was a way of relating that was initially difficult for me to respond to because of how subtly it presented itself in the clinical setting.

It feels important to consider what other factors had a bearing on my relating to Anita initially in this way. (Rustin's, 1991) idea of race as being devoid of objective meaning, from its being an empty category ripe for filling up with projective content, is useful when understanding why tending to (or not tending to) issues of race and difference in Anita's psychotherapy resulted in impasses. I would suggest that thinking was unable to take place around race and difference during these impasses as they became empty (meaningless) categories that became filled with projective content by both of us. It rendered issues of race and difference devoid of objective meaning (from Rustin's perspective) because of this and impeded thinking from taking place in the way that (Bion, 1962a) conceptualises it. Bion's theory of thinking is pertinent when understanding why thinking was unattainable in these moments of impasse. I would suggest that our inability to think in these moments was related to our difficulty in containing the depth of frustration that came from race and difference being experienced by us as "empty", i.e. devoid of objective meaning. I would suggest that impasses in the transference were at times expressions of resistance and difficulty in thinking and containing race and difference, resulting in incidents of anti-thinking or (-k).

I would suggest that the way of relating between Anita and me that I am describing has parallels with the findings from the research undertaken by (Millar, 2015). Millar's research explored how issues of race (both internal and external) showed themselves in the transference relationship. Millar (2015) explains... "*...I believe my research has shown both unconscious racist communications from the patient and pre-existing hypersensitivity and preoccupation from the therapist can cohabit the same therapeutic moment*" (p142).

My own countertransference to Anita in moments when she related to me in colonising ways were not characterised by the hypersensitivity that Millar describes. However, it was characterised by my preoccupation with making sense of my experience of being experienced by Anita as “not-me” during these incidents. This led to racialised ideas of the other cohabiting the same therapeutic moment when issues of race and difference were not understood between Anita and me.

However, my work with Anita shows that thinking about issues of race and difference could take place in the transference and countertransference, once they had been contained and understood by me initially, so that Anita could then understand them better. It suggests that the initial impasses in Anita psychotherapy occurred as a result of us not having our preconceptions about talking and thinking about race, culture and difference realised. The frustration that led to “anti-thinking”, from not having the satisfying, envisaged emotional experience about thinking about race and difference, is captured by (Bion, 1962b), who suggests that there is an idea that... “...*conception therefore will be expected to be constantly conjoined with an emotional experience of satisfaction*” (p111).

### **8.3 The effectiveness of cross-cultural psychoanalytic psychotherapy**

I have shown in 8.2 and in previous chapters how the initial resistance in Anita’s transference arose from the colonial-type positions Anita and I became entrenched in, particularly when thinking about issues of race and difference could not take place in the way (Bion, 1962a) describes. Another reason why Anita related to me in a colonising way was as a result of the fear she and her mother had about mental health services. Anita reported in her third assessment appointment (please refer to Chapter 6.2) that she and her mother were worried that I (and thereby CAMHS) would view them as mad because of their cultural ideas and interpretations about Anita’s presenting difficulties. Anita’s reporting this fear to me is an expression of a type of transference that people from BAME communities have to mental health services such as CAMHS. This fear developed, in part, because of the fantasies (grounded in reality) about BAME people’s negative experience of mental health services.

(Keating et al., 2002) expand on these experiences by describing how BAME people's negative experience of feeling mistreated and pathologised by psychiatry led to a "circle of fear" developing for this group of people (in relation to how they view mental health services in this country). Anita showed very early on how much this "circle of fear" organised her view and transference to CAMHS through the content of her dreams and the type of characters she identified with in books and certain films (please refer to Chapter 2.11).

(Lowe, 2010) importantly identifies a theme for BAME people that is relevant to my work with Anita when he suggests that BAME patients' ambivalence towards accessing mental health services, when explored, can be understood as an expression of a difficulty in relinquishing familiar defences and a fear of betraying attachment figures, even those that may have caused them pain and suffering. My initial colonial way of relating to Anita undoubtedly augmented her "circle of fear" belief about mental health services, as in these moments she would have likely experienced my way of relating to her as me pushing her to betray her attachment figures, in particularly her mother. What emerged in Anita's psychotherapy was that part of the resistance in Anita's transference to me arose from her viewing me as an object that represented the thoughts, beliefs and views within the circle of fear that (Keating et al., 2002) describe, whilst another part of the transference resistance was underpinned by her worry about betraying attachment figures, even those that have posed her harm (Lowe, 2010).

Anita showed initially how her worry about betraying attachment figures was anxiety-provoking for her. For example, Anita initially responded defensively and ambivalently when I made direct transference interpretations, as in these moments she experienced my invitation to work in the transference as being akin to betraying her parents or other attachment figures in some way. Another aspect of Anita's transference resistance resulted from her deep fear that I would be damaged by her more ambivalent thoughts and feeling in the same way that she fantasised that she had damaged her mother.

Helping Anita to explore her attachment figures in her psychotherapy involved us understanding her experience of them in alternative transference objects. It involved

using what (Havenaar, 1990) describes as culturally acceptable transference objects, such as her transference to school (an object with both maternal and paternal functions), and her transference to CAMHS, to think about her attachment figures and the transference relationship. By using Anita's transference to institutions initially in her psychotherapy in this way, until she was able to think about it more in relation to me, enabled her to develop a capacity to contain and permit the thoughts and feelings she previously felt were not acceptable to have about her attachment figures.

Anita's return to school provided her with a number of alternative transference objects that supported this way of working with her. An important transference figure for her oedipal feelings was her English teacher. Much of her sexual feelings and experience of being in the third position (by virtue of this teacher's marriage) enabled us to respond to the issue of Anita wanting to make her oedipal feelings invisible in the clinical setting (O'Shaughnessy, 1989). The process of thinking about Anita's oedipal and sexual feelings outside of us, and reintroducing them through how they were being shown in her transference to me, helped Anita to understand why she was driven to make them invisible in the clinical setting. This way of working with Anita proved useful when exploring her relationship with her mother and with religion. For example, Anita found it easier to think about her relationship with her mother in the transference she had with female teachers whom she experienced maternally.

#### **8.4 Anita's use of psychic retreats**

A theme of Anita's internal world was the way she used psychic retreats to take refuge from the difficulties that certain realities presented her with (Steiner, 1993). For example, Anita's school refusal can now be viewed as a symptom of her retreating psychically from her experience of school becoming a "not-me" object, (Winnicott, 1971). A consistent theme in Anita's psychotherapy was how driven she could be to identify with objects, often in intrusive ways, in her attempts to take refuge from internal and external difficulties. An example of this was Anita's over identifying with atheism - her attempt to mitigate the adverse effects on her psyche that her internal religious object caused.

The effect that Anita's internal religious object had on her internal world was often conveyed in the dreams she presented. Her dreams contained examples of the phantasies and beliefs about the fate that she believed would befall her if she did not follow Islam in the way she felt her family asserted. Anita's dreams regularly conveyed punishments such as dismemberment and beheading and her fantasy of her paternal figures implementing them. How Anita presented her family, in particular the men in it, showed that they had what could be described as a shared fundamentalist state of mind. Describing Anita's family in this way captured their tendency to relate aggressively to those they experienced as posing a threat to their religious identity (Fanon, 1963). Anita's family relating to her as if she was an enemy and a threat to family life illustrates a symptom that developed from the family's wish for her to develop a lifestyle that was more synonymous with the values and beliefs held from their country of origin. Anita's identification with atheism and her maternal object illustrates the attempts she made to take refuge from her family relating to her as if she was a threat to them. These identifications were also Anita's way to take refuge from the dominance that her internal religious object previously had on her internal world (Bollas, 1987).

I have come to view that Anita's experience of Jinn arose from how the shadow of her internal religious object shaped the objects (especially her paternal objects) in her internal world. The Jinn came to embody Anita's experience of the men in her family in her parent's generational level, as well as the patriarchal nature of her extended family (informed by how the men in her family took on imam-type roles). In Anita's mind the Jinn represented Allah, the father, objects that captured the phantasies and beliefs about her own internalised father. They became a link to a father (Freud, 1962), albeit one that was angry with her for wanting to adopt a western and secular life. Anita's internalisation and phantasy of her father was undoubtedly informed by his absence, resulting in him being internalised by her as a 'demonised father representation' in the way that Mitscherlich (1969) describes. It suggests why Anita could experience Jinns as demons and not benignly in the way that Islam describes them. Her solution to her experiences of feeling terrorised internally by these demonized, paternal objects (Jinns) was to attempt to split them from her psyche and evacuate them forcibly into the external world, (Bion, 1957). The force and quality of this type of projection gave

these objects (experienced as Jinn) a literal feel, thus resulting in visual hallucinations that a part of her viewed as being real.

The grounded theory analysis sessions (in particularly Grid a) give several examples of how Anita retreated into her internal religious object during her psychotherapy. At times, it involved Anita retreating to an omniscient part of her where my authority and expertise as her therapist could be avoided, especially when the issue of religion and culture was talked about. It was an aspect of the transference that involved Anita in attempts to abolish the links I made for her at times, as retreating psychically to her maternal and religious objects was her attempt to avoid being reminded of the differences that existed between us, such as the power differentiation in the therapeutic relationship (Lombardi, 2009). Anita's way of understanding her transference to me in these moments involved her viewing it as her response to me as an "infidel" (please refer to Grid 4), a figure who was unable to grasp the complexities of her culture and religion.

### **8.5 The effect on Anita's development from internalising a paternal function from her therapist**

Anita's more colonial-type way of relating to me seemed to be informed by her racialising of me in the transference. I have previously described how (Davids, 2011) describes the racialising of the other as occurring as a result of the individual's racialised aspects of their self being located in the other through the process of projective identification. Anita's projective identification with me, during incidents of her relating to me in a colonial-type way, was helped by times she experienced me as a "typical Bengali man" in the transference. The incidents when she experienced me in this way were coded in the grounded analysis sessions under the code (REL). I decided on coding these incidents as (REL) as much of her views of men, and her father figures, were informed by the effect that her internal religious object had on her internalisation of her male and paternal objects.

The type of projective identification that came from this particular type of transference

captured how much Anita's paternal object had been racialised. It suggests why much of Anita's initial way of relating to me was from a position of contempt and anti-concern that (Joseph, 1988) describes. However, it proved ultimately helpful to understand the content of this "anti-concern", from the containment of it in Anita's psychotherapy, as it proved to hold much of the ambivalence she had towards her father. My work with Anita would seem to illustrate that she found it difficult to be in touch with the ambivalent feelings she had for her parental objects, until she felt safe enough in the transference relationship and the clinical setting to be helped in the containment of them. It suggests that the transference relationship provided her with an object with which she could work through the relationship difficulties she had with her parental objects, particularly the ones she had with her father, as a result of the types of containment I have described. (Wineburgh, 2000) explains:

*"The child often unconsciously enacts his/her psychic experience with the father onto the father substitute, perhaps behaving in provocative and angry ways and thus unknowingly ensuring that the new man responds in a way not dissimilar to the father, i.e. rejecting" (p256).*

I hope to have illustrated in this thesis how Anita often enacted her relationship with her father in her transference to me. An example of this enactment involved Anita retreating to her "Good Muslim girl" (GMG) persona and object in the transference, in particularly in the moments she experienced me as a father figure that she felt needed to be placated. (Please refer to grounded theory analysis, Grid 2 in particular, for examples of this). Anita often retreated to her GMG object in her attempt not to be in touch with her ambivalent feelings, such as her hatred and sexual feelings in relation to me. Retreating to this object in this way involved her phantasy of feeling incapable of having ambivalent feelings, such as her sexual ones, as these feelings were not associated with being a GMG. Anita retreating to this object in particular was also used by her to make the oedipal situation invisible in the clinical setting (O'Shaughnessy, 1989).

The grounded theory analysis of Anita's sessions showed how her use of psychic retreats (coded by the term COCOON) began to decrease as her psychotherapy

progressed. It suggests that Anita had developed a capacity to bear the demands from her external realities better whilst also showing how she became more able to use the transference relationship in this regard. Anita's being more able to use the transference relationship as her psychotherapy progressed is supported by incidents of her true self (TRUE) and incidents where she was contained in her psychotherapy (CONTAIN) increasing as her psychotherapy progressed. These developments had the effect of Anita's attendance at school and at her psychotherapy improving.

My work with Anita illustrates how she became increasingly able to use the transference relationship to explore the nature of her parental objects - something that she was previously extremely reluctant to do as a result of believing that it was "disloyal" to do so (Lowe, 2010). The more colonial aspect of the transference relationship was used by me to help Anita explore all aspects of her parental objects. This is because it enabled me to "feel" all the aspects and characteristics of Anita's parental objects, in particular her paternal object, in the way that (Bollas, 1987) describes leads to the patient understanding how the shadow of these objects inform their object relations and sense of self. An outcome of Anita's psychotherapy was her realising how the "shadows" of her object(s), in particular the shadows of her internalised father and internal religious object, informed her sense of self, in particular her view of her gender.

My countertransference to Anita enabled me to "feel" and understand the differing aspects of Anita's internalised father. It initially involved a type of transference that oscillated between her relating to me as the father she had denigrated in her mind to relating to me as the idealised father she had internalised. These ways of relating are coded in the grounded theory analysis where (COL) represents a more denigrating way of relating which resulted from her projecting her racialised object (her internalised father) into me. This way of relating would then change as a result of Anita's identification with her GMG object. Anita identified with this particular object, at times, in her attempt to have an experience of me as her internalised idealised father. Anita's identification with her GMG object was complicated as it was informed, in part, from her at times feeling the need to placate me. However, what developed from helping Anita to understand fully why she identified with this object was that she did so, partly

as her attempt to elicit from me (or her response to) an experience of a father that provided her protection, containment and safety. Grid 2, rows 26 to 27, column c captures how this type of transference is elicited from Anita's experiencing me as an object that she experiences as providing her with safety and protection.

The Good Muslim Girl type of transference seemed to be elicited more at times when Anita experienced me as being similar to her experience of her father in her childhood, when she experienced him as instructive, whilst also being thoughtful and caring towards her. This type of transference involves what I would describe as Anita's experience of me as a father-Imam object - her transference to a paternal object that she wanted to learn from. Anita experiencing me as this father-Imam object in the transference went some way towards her internalising an idea of men as being useful in terms of her development and not redundant in the way that she previously believed. Her experiences of the more creative and loving elements involved in the emotional intercourse we engaged in during her psychotherapy seemed to go towards her developing this idea. Grid 5 illustrates how Anita had begun to develop the idea that intercourse between a man and woman could be creative, loving and safe, in the latter stages of Anita's psychotherapy.

## **Chapter 9 - Conclusion**

The findings from this study would go to show how the transference relationship that occurs within cross-cultural psychoanalytic psychotherapy, when understood within the frames of reference that capture the total experience of the adolescent patient from a BAME background, can help this patient to negotiate and develop an identity that is congruent with the drives held in their “true-self”. The ways of working with this client group, in the way that I have described in the Findings section of this thesis (Chapter 8), would seem to show how psychoanalytic psychotherapy has the potential to help patients from this background to develop selves that can inhabit the differing cultural and social contexts without compromising the integrity of their “true-selves” (Winnicott, 1960).

My work with Anita illustrates the importance of initially tending to the issue of how society, and the external contexts that the patient from this background inhabits, informs their self and the presentation that informed their referral to psychoanalytic

psychotherapy. (Dalal, 2006) seems to also assert the importance of the analyst, in the first instance, working with the patient from this background to understand how their internal world is informed by the social and cultural contexts they inhabit by suggesting that *“any single individual ‘simultaneously’ inhabits not just one but a great range and variety of contexts and overlapping cultural frames – each with their own demands and claims on the individual”* (p40). Anita showed how difficult it was for her to use the transference relationship effectively until all aspects of herself (in particularly her cultural self) were understood intersubjectively.

An important finding from this study came from illustrating the processes and events in Anita’s life that informed the racialising of her self and others. Anita constantly brought to my attention, in the transference, how the more polarised (part-object) parts of the self were informed by her introjecting society’s view of her as the “racial other” (Foulkes, 1990; Davids, 2011). It seems to add further credence to (Bhugra and Bhui’s, 2006) and (Dalal’s, 2006) assertions that identity formation for the person from a minority ethnic background is racialised as a result of their having internalised idealised and denigrated racial images from society.

I hope to have shown in this thesis how the transference relationship is an important tool in understanding how the patient’s self becomes racialised and how it can be used to “deracialise” the self of the patient from this background. (Hamer’s, 2006) idea of racial prejudice in the transference being thought about as a regressed state of the transference, characterised by the polarised representations of the self and other, was helpful when conceptualising Anita’s transference, as much of the more racialised and split-off aspects of her self were indeed conveyed in the transference. Anita’s use of her psychotherapy to work through this issue suggests that cross-cultural psychotherapy is indeed a facilitator of the type of transference relationship that lends itself to work around “deracialising” the self in the way that (Hamer, 2006) asserted.

The clinical supervision I was offered on my work with Anita as well as my own analysis helped me to fully understand the relationship between Anita’s internal and external world, and how it informed her presenting difficulties. They helped me to develop a way of working that tended to the “total situation” (Joseph, 1985) in the

transference that the racialised and non-racialised aspects of Anita's self informed, whilst maintaining my psychoanalytic stance. A technique developed where initially working with Anita involved us thinking about the transference in alternative transference objects until she was able to think about the transference in relation to me. This helped to preserve Anita's loyalty to her attachment figures until the therapeutic relationship was felt by her to be suitably secure enough to explore the more non-cultural understanding of her attachment figures (Lowe, 2010).

(Dalal, 2002) proposes something quite radical for the discipline of psychoanalysis when he suggests that work with BAME patients could potentially be more helpful when starting from the point of understanding the patient from this background's external reality, before moving to tend to their internal world. Dalal explains why he proposes this approach when he suggests that an acceptance and understanding of this patient's external world and experiences of it invariably inform the work of tending to their internal world. (Kirmayer, 2007) and (Jones, 1985) have asserted similar views, by suggesting that an understanding of the patient's relationship to the external world results in the therapist developing a comprehensive view of the patient's self and their object relations. I would suggest that my work with Anita would concur with the approach that (Dalal, 2002) proposes for work with a patient from a BAME background, as a similar approach was paramount to the efficacy of Anita's treatment. Working in this way with Anita enabled me to fully understand how the shadow of religion came to be and how it informed Anita's internal world and her object relations. It also proved helpful in work with second generation immigrants, whose presenting symptomology is informed by the differing, and at times opposing, views held about their self in their family and in the wider community.

The request that Anita made to the Child and Adolescent Psychiatrist who referred her for psychoanalytic psychotherapy – i.e. that she wanted a psychotherapy that was “autobiographical in nature” - has stayed with me when writing this thesis. The nature of Anita's request, and the story of Anita's psychotherapy, has reiterated what I think is the strength of psychoanalytic psychotherapy. My work with Anita goes to illustrate that one of the strengths of psychoanalytic psychotherapy is its potential to enable the patient to rewrite their autobiography about their identity, in a way that is more

synonymous with their true feelings, drives and wishes.

I truly doubt that Anita, and the story of her psychotherapy, could have been understood in the way that I have come to understand them (and hopefully conveyed in this thesis), except by capturing them through the single case study. The methodology used in the single case study has allowed me to elucidate the nuances that occur within cross-cultural psychoanalytic psychotherapy and some of the phenomena in it. I am conscious that I have not answered all of the questions that I posed in this thesis about these phenomena and have, perhaps, inadvertently raised further questions that I and others can hopefully explore through further research. However, I feel that I have shown some of the ways that cross-cultural psychotherapy, when thought of and applied in the ways that I have described in this thesis, has the potential to help patients, such as Anita, in their journey to negotiate their identities.

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**A summary of the Grounded theory codes**

<b>Code</b>	<b>Meaning</b>	<b>Description of code</b>
PT	Paternal transference	Incidents where the paternal transference involves the subject's experience of me oscillate between idealisation and denigration.
MT	Maternal transference	Incidents where the subject experiences me as a maternal containing object. Also where the patient experiences me as her internalised mother, fragile, unable to hold her in mind, symbiotic.
CONTAIN	Containment	Incidents where the patient experiences and shows signs of being contained.
REL	Internalised religious object	Incidents where the influence of her internalised religious object shows itself in the clinical setting, how she describes herself and others.
COL	Colonial object relations	Incidents where a more colonialising way of relating shows itself in the clinical setting. Also where there are incidents of a racialising of the self and other.

FOLIE	'Folie à deux'	Incidents where more delusional ideas of the self and other have been communicated to the subject and incorporated by her.
TRUE	"True self"	Incidents where Anita shows and conveys that she is in touch with the "true" thoughts, feelings and beliefs held in her self.
COCOON	Psychic retreat	Incidents where the subject retreats psychically.
OED	Oedipal thoughts and feelings	Incidents where the subject's oedipal thoughts and feelings are conveyed in the clinical setting.
GMG	"Good Muslim girl"	Incidents where the subject is in identification with a persona whose characteristics are deferential, coquettish, placating and child-like.
INFIDEL	Anita's experience of me as a non-Muslim	Incidents where the subject experiences me as being completely outside of her experience and her experience of me as someone who harbours Islamophobic views and attitudes

## GRID 1

	<i>Session 1 (First year of treatment)</i>	Thoughts and feelings from the session	Thoughts that arise from re-analysing Anita's session notes	Thoughts from clinical supervision at the time	<b>Codes</b>
	<b>Column a</b>	<b>Column b</b>	<b>Column c</b>	<b>Column d</b>	<b>Column e</b>
<b>1.</b>	Anita explained that she arrived early for her appointment as she was unsure what time it was meant to start. She initially thought that her appointment started at 12.30pm but realised on the way to the clinic that it started at 1pm.	I felt that Anita was trying to let me know that she was keen to meet whilst also wanting to please me in some way.	Difficulties with boundaries being shown in her uncertainty about when her appointment is due to start.		<b>GMG</b>
<b>2.</b>	I noticed that Anita presented differently to when I first met her. She seemed more age appropriate in how she carried herself. Her face looked more mature and her eye contact was better than before. When I first met Anita she avoided	I was struck by how Anita presented in a more mature way than what I remembered.	Anita seemed more able to be herself when her parents are not present.		<b>TRUE</b>

	eye contact with me quite a lot.				
3.	When Anita sat down in her chair I revisited what her assessment appointments entailed. I explained that we would meet for three appointments and then review to determine whether further psychotherapy appointments for her would be helpful. Anita nodded to convey that she understood. She then explained that her mother had mentioned about the possibility of her seeing a therapist at another clinic. I wondered what her thoughts were about this. Anita explained that she wasn't sure.	I recalled that her mother had enquired whether Anita could be seen by seen at another clinic by a Consultant Child and adolescent Psychotherapist from their own culture when I first met Anita with her parents.	Early indications of the influence that Anita's mother had on her beliefs, thoughts and views.	An elitist idea, i.e. that Anita would get a better treatment from another clinic and from someone from her own culture. Where does this come from?	<b>FOLIE</b>
4.	I wondered with Anita what she felt would be important to talk about today. Anita explained that she felt it was important to talk about culture as she felt that this was a main	I was taken by Anita identifying culture as the most pressing issue for her.	Anita immediately brings the issue of how she could negotiate her identity in the way she would		<b>TRUE / RELIGION</b>

	cause of her presenting difficulties.		like. Anita was also referring to how religion informed her family's culture and her sense of self.		
5.	She explained that she stopped wearing her headscarf (hijab) in year 10. She quickly went on to explain that her mother has an "abstract" idea of Islam which Anita felt was in opposition to many people in her family.	Unsure of how to respond to what Anita was presenting me with from wondering what my training would say about how a Child and Adolescent Psychotherapist should talk to their patient about their religious beliefs.	Anita was making a statement about herself from reporting that she had stopped wearing her hijab. Again, Anita was letting me know that she felt it was important to clarify that she was struggling to negotiate her identity as a result of the ideas that her family had about it.	Anita referring to her mother's understanding of Islam as being "abstract" also relates to the uncertainty she has about herself.	<b>REL / FOLIE</b>

6.	I wondered if she could share what she felt the difference was between her mother's idea of Islam and other ideas about it. Anita explained that a traditional idea of Islam would involve girls from her culture forsaking their career and education in order to enter into an arranged marriage. She explained that her mother was "abstract" as she had done this but was now the main breadwinner as she had a career as a social worker.	Anita seemed to be showing me that she aspires to be like her mother	Anita seemed to identify with her mother, a woman who had embarked on a career and who had separated from her family's culture. Anita also uses the word "abstract" here to capture her idea of uncertainty and difference.		<b>REL / FOLIE</b>
7.	I wondered whether Anita was telling me that her mother's path – her career and independency – was something that she wanted for herself. Anita nodded in agreement.	Anita confirmed my thought about her aspiring to be like her mother	Anita was showing me from the start that she was exploring whether psychotherapy could help her to attain the identity that she wanted for herself.		<b>FOLIE</b>

<p>8.</p>	<p>Anita looked sad and seemed to be in touch with some thought or feeling. She shrugged her shoulders. I shared with Anita that she seemed to be thinking or feeling something at this time and wondered what it might be? Anita explained that she was thinking about how individuals came together in society in selfish ways. She explained that she thought that that “this was the problem” as individuals came together for selfish reasons”. Anita adopted a knowledgeable and mature persona as she explained that she felt that religion contributed to society’s ills and that individual people should stop being selfish and think differently.</p>	<p>I was struck by how much Anita had to say about society and how complicated her views on it were.</p>	<p>Anita came alive in moments when she talked about, society, academia and her ideas on religion. Anita was also alluding to her experience of certain family members being selfish and doing wrong things</p>	<p>Anita’s identification with internal academia. She referred to it earlier when she talked about her idea that academia was something for the elite in society.</p> <p>Anita was also alluding to her thought about whether her mother and her came together in ‘selfish’ ways</p>	<p><b>REL</b></p>
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9.	Anita explained that she recently read a book (I forgot the title of the book and the author's name) about a man who had turned his back on society. She explained how this man didn't use electrical equipment and no longer contributed to society in a traditional sense. I suggested that it seemed that this type of lifestyle appealed to her. Anita did not answer but explained that the man in the book did contribute to society in different, positive ways. She gave an example when she explained that this man went on to start a farm which became very successful.	I wondered if she was talking about herself here and whether she saw herself in this man; someone who had turned his back on society in the way that she had done when she stopped going to school.	Anita is again exploring whether I was someone that could help her with the questions she had about herself and her identity.  Anita is trying to make sense of her school refusal by referring to the nomadic lifestyle she identified with.		<b>FOLIE /REL/ COCOON</b>
10.	I suggested to Anita that she seemed to like the idea of not being part of society. Anita said that she was unsure about her A levels as	Anita seemed more engaged from feeling that I had understood her experience of 'not	Anita is showing quite early on how she uses ideas as objects to take		<b>REL / COCOON</b>

	<p>she thought that they may result in her “inadvertently contributing to a selfish society. I wondered if she could say more about what she meant.</p>	<p>feeling that she belongs to society’.</p>	<p>refuge in. She is able to avoid certain difficulties in this way. In this instance Anita was using an idea of a selfish society to take refuge in, to justify her absence from school and to avoid the difficulties school presented her with.</p>		
<p>11.</p>	<p>Anita slumped down in her seat and seemed to relax for what felt was the first time in the session. She said “I just don’t know what I want I want to do.” She looked sad, genuinely disillusioned and lost at this point. She went on to say that not knowing what she wants to do is not a good thing. I said to Anita</p>	<p>Anita seemed much less defensive at this point. It felt that this was in response to me capturing her dilemma.</p>	<p>It shows how much Anita appreciated that I could understand and contain her difficulties.</p>	<p>Anita was in touch with an internal difficulty for the first time in the appointment</p> <p>I was too tentative at this</p>	<p><b>TRUE / CONT</b></p>

	“isn’t it?”			point as I was not tending to her feeling of psychic isolation.	
	Anita smiled a little and went on to say that her mother and extended family expect her to study A levels. I said to Anita that she seemed to be pulled in lots of different directions at the moment, as what she wants and what other people want her to do, may differ. Anita nodded and said that it [what I had suggested] was like this.	Anita seemed interested in my interpretation	Anita, from feeling more contained, went on to describe how much her familial self and her relationship with her mother informed the view she had of herself		<b>FOLIE / MAT / CONT</b>
<b>12.</b>	Anita quickly composed herself and said that she was at her happiest when she was learning as “this was the time when her world made sense.” She lit up as she explained that she likes learning in radical ways that were outside of the	I was thrown by the sudden change in Anita’s mood and attitude which seemed incongruent to her being in touch with her internal	Anita showing how her defensive structure operated to keep her out of touch from painful realities. Taking flight to her internal academia.	Avoidance of reality – the more delusional part of her being shown.	<b>COCOON</b>

	<p>syllabus. She explained that she dropped out of her last year of school as she was not stimulated by the teaching there which she felt was too “rigid.”</p>	<p>difficulties previously.</p>			
13.	<p>Anita went on to explain that when she was two years of age a Doctor had told her mother and her that she was gifted academically. She felt that her family pushed her very hard academically from this point.</p>	<p>Anita wanting to show me that she was special.</p>	<p>Anita’s view of herself as being gifted and special is an indication of how the religious ideas in her family inform her view of herself as a prophet.</p>	<p>Not in touch with her own ambition from projecting it into others. Anita also showing a grandiose side to her.</p>	<p><b>REL / FOL</b></p>
14.	<p>Anita explained that she had been given a place at a grammar school for September. She explained that this school’s syllabus appealed to her as it is less structured than the one at her previous school. Anita explained that the grammar school’s syllabus operated on an American</p>	<p>Taking flight to a triumphant and coping side to her.</p>	<p>Anita often turned to this side of her in her attempt to reduce the differences between us during her therapy. It involved Anita attempting to avoid being in the</p>	<p>A sign of delusional thinking.</p>	<p><b>COCOON / FOLIE</b></p>

	model, where there is a research element to studying.		position of a patient who needed my help, by preferring to see herself as a therapist-type figure who had the answers to her own dilemmas.		
15.	Anita explained that the teachers at her previous school had said to her that she is producing degree standard work		There was some truth to what Anita had said as it transpired that she attained very good GCSE's when she left Secondary school. Anita completed her exams but did not attend school	The idea that Anita has of being able to do degree standard work shows her tendency to identify with a more grandiose side to her.	<b>COCOON / FOLIE</b>
16.	Anita explained that a teacher in her previous school, someone that she had a good, close relationship with,	Anita seemed very engaged when talking about her	Anita's relationship with this teacher had a striking effect on	Anita is starting to tell me about a problem – that	<b>TRUE</b>

	<p>gave her an ultimatum as a result of her not attending school. This teacher said that she should return to school and complete her exams, or leave school. Anita looked sheepish as she explained that she took the option to leave school. Anita felt it was impossible for her to study in year 10 as she was easily distracted there. She therefore felt that there was no point in staying at school.</p>	<p>previous school.</p>	<p>her. It transpired that she experienced this teacher maternally whilst also experiencing her in this instance, as having a paternal function. Anita was interested in an object having different but complementing qualities</p>	<p>she can become distracted to the extent that she takes flight from the cause of the distraction.</p>	
<p><b>17.</b></p>	<p>Anita reflected on this teacher's ultimatum. She shared that she felt that this teacher gave her this ultimatum for the right reasons as she knew that she should have returned to school.</p>	<p>Anita showed a more depressive side to her.</p>	<p>Anita is showing that she desired someone that could offer her a paternal function, i.e. boundaries and containment for her out of control type</p>		<p><b>TRUE</b></p>

			feelings.		
<b>18.</b>	Anita reported that she started to tutor children after she stopped attending school and that she enjoyed doing this. She seemed happy when she reported that she is currently undertaking her own research at the moment. Anita reiterated that she loves to study and learn in this way.	It felt that Anita was trying to impress me.	Anita showing a more adversarial way of relating to me as well as her need to feel superior to me. By this, Anita was showing me that she did not need to be taught (that she did not need to be my patient) as she could tend to her difficulties herself.	A narcissistic and delusional side to Anita is shown through her belief that she doesn't need others to learn and develop. It also illustrates how Anita finds it hard to learn from others, i.e. being in the role of a child.	<b>GMG / COCOON</b>
<b>19.</b>	Anita looked quite angry when she added that her father had not taken an interest in her learning in the way that her mother had. She explained	I was struck by the depth of negativity Anita had towards her father.	Anita's view that her father wasn't "bright" reflected the view she had of her		<b>PT / COL</b>

	that her father had always been on the periphery of her life and that he wasn't bright. She explained that he struggles to speak English and that he only married her mother so that he could get a better life in this country.		culture. Her statement also alluded to the initial stages of the transference where she viewed me as not being "bright".		
<b>20.</b>	Anita said that her father makes her "squirm". She qualified this by explaining that her father often visits her at home to talk to her but that she does not want to talk to him. She explained that she doesn't like having contact with her father but said, "that's the way it is".	Absence of warmth in the words Anita used to describe her father.	Anita describing her father as someone that makes her "squirm" captures some of the discomfort she felt in this appointment.		<b>PT / OED / COL</b>
<b>21.</b>	Anita reported that she is aware that her father slapped her mother once. She went on to say that she did not feel that there was any domestic violence between her parents.	I felt confused by Anita's paradoxical view of her parent's relationship.	Anita's confusion about parental intercourse; her idea that intercourse between a man and a woman is violent.	Skewed idea of masculinity and femininity. Anita is also showing her uncertainty about the true	<b>OED</b>

				nature of her parental relationships	
22.	Anita explained that she knew that her parents argued and that she thought that her mother attempted to protect her from these arguments. She reported that her father did not want to leave the family home when his marriage to her mother ended. Anita explained that she remembered how tense the atmosphere was at home and how this atmosphere remained until her father eventually left the family home.	Very vague description of the parental couple. It made it difficult for me to explore Anita's experience of it.	It felt that Anita's view of her parent's relationship was informed by the view that her mother had of it.		<b>FOLIE</b>
23.	I suggested that it might be an adjustment for her to speak to a man (me) about these types of experiences, considering that she has told me that she does not talk to	It felt important to let Anita know that I was holding in mind how different it might be for her to have a	Helpful to identify this difference from the start, especially as it became pertinent to helping Anita to think		<b>CONT / PT</b>

	<p>the men in her life much, such as father, about things. Anita seemed slightly anxious from what I had suggested before enquiring what I meant. I said that I was referring to her seeming to suggest that she has a different experience of men than she does of women. Anita explained that she had a good relationship with RL (The male psychiatrist who had referred Anita for psychotherapy) and that she did not feel that he, being male, had been a problem for her.</p>	<p>different kind of relationship with a man.</p>	<p>about the type of transference she had to me.</p>		
<p><b>24.</b></p>	<p>I explained to Anita that we had come to the end of her appointment. I reminded her of the day and time of her next appointment. I explained that I would see her next week.</p>	<p>Anita looked taken aback that we had finished so punctually.</p>	<p>Anita's response to the ending expressed how initially difficult it was for her to adhere to boundaries.</p>	<p>Does Anita feel that there is a problem that needs to be worked on?</p>	

**GRID 2**

	<i>Session 93 (Second year of treatment)</i>  <b>Column a</b>	Thoughts and feelings from the session  <b>Column b</b>	Thoughts that arise from re-analysing Anita's session notes  <b>Column c</b>	Thoughts from clinical supervision at the time  <b>Column d</b>	<b>CODES</b>  <b>Column e</b>
<b>1.</b>	Anita looked at me and smiled a little when I collected her from the waiting room.	I felt happy to see Anita and found myself feeling quite warm towards her. She looked quite young and vulnerable.	I was looking forward to meeting with Anita. This seemed to be communicated by Anita also in the countertransference.		<b>TRUE / PT</b>
<b>2.</b>	I had a sense that she was full of anxiety and trepidation. I felt this further as we climbed the stairs to the room that we meet in.	There was a shift in Anita's mood as we made our way to the room we were meeting in.	Her transference to me as a belligerent-father figure added to her worry that I would criticise and chastise her for not going to school. (Anita reports	Anita is worried that I will criticise her for missing her appointments	<b>PT / REL</b>

			not going to school later on in the session.)		
3.	At one point I had to stop at the top of the stairs so that Anita could catch up to me as she was lagging quite far behind.	I felt that Anita did not want to face me.	Anita's physical distance indicates her attempt to distance herself from me emotionally.		<b>PT</b>
4.	I opened the door and Anita slowly walked in. She sat down in front of me, looked at me and smiled a little. Her eyes widened as she looked at me anxiously.	I felt full of Anita's anxiety at this point.			<b>GMG / PT</b>
5.	Anita explained that she had not been to school today. She puffed out her cheeks and looked defeated by this.	My countertransference to Anita involved me feeling very sad and sympathetic to her difficulties.	It felt that her statement reminded her of her failure to complete the task of attending school in the way that she had hoped. It gives an	Anita does not like to be in a position of a child who is not able to do things in the way that she would like.	<b>GMG</b>

			example of the high expectations Anita puts on herself. I also felt that Anita was trying to ascertain whether I would be a sympathetic father in opposed to the belligerent-type father she had internalised.		
6.	Anita explained that she woke up at 8am with the intention of going to school, but that she did not get out of bed until 11.30am. She explained that no one was at home at this time and the house was silent and still. She smiled a little as she said that she liked her home when it was like this.	I was unnerved by Anita smiling in what felt like a secretive, private way.	Anita is referring to her liking the feeling that the claustum-type experience gives her. (A similar feeling to inhabiting her mother in phantasy). Her craving these claustum-type experiences greatly	Anita becoming housebound prior to therapy, and during therapy on occasions, served the function of giving her an experience of being inside her mother's womb. Her smile	<b>COCOON</b>

			informed her previous refusal to go to school.	in this moment conveyed the pleasure that this experience gives her.	
7.	Anita paused and said that she has been feeling tired all of the time.		A somatic response to her depressed feelings and from being put more in touch with her psychic reality.	A somatic response in relation to her depressed feelings.	<b>TRUE</b>
8.	Anita explained that she hasn't been able to do any chores because she feels tired all of the time. She reported that her siblings call her "useless" and "lazy" because of this. Anita shared that she agrees with their view of her and that she feels terrible for not doing chores and keeping her room		An example of how Anita's critical type super-ego causes her to reproach and attack herself.  The words "useless" and "lazy" are descriptions she has used to describe her		<b>REL</b>

	tidy.		culture.		
<b>9.</b>	I wondered if we could go back and spend some time thinking about what happened when she woke up today. Anita grimaced visibly in what felt like was her response to what I had suggested.	In my countertransference to Anita it felt that my words had caused her pain.	Anita's grimace indicated the pain she felt from thinking about this particular difficulty, a main theme of her emotional life.		<b>TRUE / MT</b>
<b>10.</b>	She talked slowly as if she was falling asleep as she explained that she felt paralyzed with lethargy. Her words were slurred at this point.	I found myself switching off and becoming sleepy, despite the importance of what she was reporting.	Anita's sleepy presentation was from her free associating more at this stage.		<b>CONT</b>
<b>11.</b>	Anita explained that she was woken at 8.30am by the sound of her siblings leaving the home to go to school. She remembered feeling very worried after they left. Anita explained that the thought of getting in trouble at school for		Anita projects her critical super-ego onto her teachers.	Nameless dread (Bion, 1962a).	<b>REL</b>

	not having completed her homework was what worried her.				
<b>12.</b>	Anita said that she knew that not doing her homework wasn't a big deal as lots of people she knew didn't do their homework.	It felt that Anita was trying to talk herself out of her anxious feelings.		Anita is trying to manage the anxiety she feels by identifying with the peers who do not hand in their work. However, being delinquent in this way makes her feel more anxious.	<b>CONF</b>
<b>13.</b>	I suggested that there seemed to be another conversation taking part in her which involved her deeply believing that she would be in the biggest trouble if she was to go to school without having done her homework. Anita smiled a	Naming what was going on for Anita internally made her feel more contained	Anita is also worried that she would be in the deepest trouble with me for believing that I will be angry with her for not going to school.		<b>CONT / PT</b>

	little and nodded in agreement				
<b>14.</b>	Anita seemed less sleepy as she explained that she does worry about her homework as she does not think that she has a genuine reason for not doing it. I suggested that it seemed that in her mind, teachers are unsympathetic to her difficulties. Anita nodded and seemed more animated as she began what felt like attacking the part of her that is struggling at present.	Anita is feeling more alert and alive from feeling connected to a containing figure.	Anita becoming more animated was from making contact with me.		<b>TRUE / CONT</b>
<b>15.</b>	Anita stated that other people can manage school and don't complain about their [psychological] difficulties.	I felt that Anita was very reproaching and critical of herself at this point.	Anita is taking flight to a very critical and harsh part of herself. She did this at times when she retreated into her internal religious object.		<b>REL</b>

16.	I suggested that she seems very sad and disappointed for not being able to do the things that she feels that she should be doing. Anita agreed and said that she feels “silly” for having these things [psychological difficulties] wrong with her.	Anita seemed to be more in touch with the “infantile” part of her and is beginning to view it a bit more sympathetically at this stage.	Anita using the word “silly” captured her association to the infantile part of her.		<b>CONT / PT</b>
17.	I said that she is again showing us that she has very little sympathy and tolerance for the part of her that finds things difficult. Anita agreed and said that she has tried to love herself a bit more in the way that I suggested previously but that she still can't.	Anita showing that she had held on to her therapy in her absence from it.			<b>CONT</b>
18.	I wondered what she meant. Anita said that she had	I felt Anita's hopelessness and that Anita experienced	My counter-transference		<b>CONT / TRUE / REL</b>

	<p>remembered what I had said about her trying to be a bit more sympathetic to her difficulties and more understanding of them. She explained that she still finds it hard to do this, despite her efforts.</p>	<p>me as someone that could not make things better for her</p>	<p>registered Anita's desire for me to transform her internal experience in a total way. It illustrates how she would like a more religious experience of her therapy.</p>		
<p>19.</p>	<p>Anita said "I don't want to be seen as an attention seeker". She explained that she doesn't want to draw attention to her difficulties because they are silly</p>		<p>There was a part of Anita that also felt that she was making too much of her psychological difficulties in her psychotherapy.</p> <p>Anita's transference to me at this time is more maternal. She has continual</p>		<p><b>GMG / MT</b></p>

			described how she believes that her mother thinks that she makes too much of her psychological difficulties.		
20.	<p>“I told you about the flashes I get”, Anita said. I suggested that she seems to think that I am someone that forgets her struggle with things. I explained that we did talk about her “flashes” and the worries in her stomach being linked to the thoughts and feelings she has about her mother being proposed to by her fiancée</p>	<p>I felt myself trying to prove to Anita that I was someone that took what she said seriously and that I held her in mind.</p>	<p>I was working hard to show Anita that I did hold her in mind; something that she felt her mother was not able to do. On reflection I was acting out in the transference at this point.</p> <p>Anita referring to her “flashes” at this point is in response to the punishment she fears</p>	<p>Anita’s ‘flashes’ are the effect of the violent phantasies she has against herself. It results in her feeling ‘cut up’ in side.</p>	REL / MT

			from having ambivalent thoughts and feelings for her mother		
<b>21.</b>	Anita reported that she does not like talking about her worries as she feels that it makes things worse. She curled up into a foetal position in her chair and repeated that she does not like talking about things as it makes things worse.		Anita's mind and body is attuned to what is being thought about. She regularly used her body this way during in her sessions.		<b>TRUE</b>
<b>22.</b>	I said that of course she does not have to talk about how she is feeling if she doesn't want to but that it seemed that she does want me to know that things are difficult for her at present. I wondered if she could try to tell me what is like		I felt parental towards Anita here.		<b>PT+MT=CONT</b>

	for her when she thinks about difficult things.				
<b>23.</b>	Anita said that whenever she thinks about difficulties things “she feels cut up inside.” She reiterated that this was why she tries not to think about difficulties.		The containment I offered Anita enabled her to bear thinking and understanding her self-harming thoughts and feelings	Anita’s “flashes” are linked to her self-harming thoughts and feelings.	<b>CONT</b>
<b>24.</b>	I suggested that she seems to worry whether we can survive her “flashes” experiences together. I added that I realised that she is very scared when these experiences happen but that I thought that her holding onto them was like holding onto food that had not been digested – it was making her feel awful. Anita said “I do feel awful”.	I also felt awful for feeling responsible for Anita’s difficulties.	Anita is expressing the ideas of punishment she believes will befall infidels. Anita viewed herself as an infidel as she believed that Allah was displeased with her for having ‘unholy’ adolescent feelings.		<b>CONT / REL</b>
<b>25.</b>	I suggested that it was	I felt that Anita was more	Anita is in touch with	Ideas of	<b>REL</b>

	interesting that she used the word “cut-up” to describe how she felt inside and that her flashes usually involve her being cut-up in some way. Anita said that the ones [“flashes”] she had today involved her belly being cut open and her intestines oozing out	able to explore these types of experiences from feeling more contained by me.	a more psychotic side to her.	punishment held in her culture	
26.	Anita reported that her “flashes” were why she wanted to stay at home in bed today. She explained that they started after she had started to think that her teachers would punish her for not doing her homework.		Anita’s transference to her school and teachers is as a result of her projecting her harsh, super-ego onto them.		REL
27.	I suggested that she may have had a conversation with her duvet that resulted in her being		I found myself feeling very warm to Anita and talking and	A more parental type of transference is	PT / CONTAIN

<p>enticed back to bed – a place she felt safe and protected in; the “cocoon” place she talked about. I pointed out that she seemed to have responded differently to this conversation as she had woken up determined to go to school. I said that it was a start – that she had a determined thought of succeeding and that it suggested that she was taking small steps in the right direction. I suggested to Anita that I realised that she wasn’t taking running steps in the way that she would like, and that maybe it was hard for her to take little steps when in other areas of her life she had been used to running. Anita smiled</p>		<p>relating to her as if she was much younger.</p> <p>On hindsight Anita liked this experience as it felt that she was never truly able to be a child before. The safety and the protection she felt from me and her therapy gave her an opportunity to be a child in the presence of a father-figure.</p>	<p>elicited from me tending to the neglected infantile aspects of her.</p>	
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	for the first time in the appointment.				
28.	Anita seemed to notice that I had noticed her smile and looked away sharply. I suggested that it seemed that she did not like that I had seen her smile. I suggested that she does seem to find it hard when I notice that she is happy or embarrassed – that she is feeling things. Anita said “I don’t like that you see that”.	It felt that I was talking to a much smaller child	Anita could find it difficult, on occasions, when the differences in our relationship became highlighted, i.e. that I was Anita’s therapist and that she was my patient. Her anger also indicates the ‘displeasure’ she feels from this and from this boundary being brought to her attention.		<b>CONTAIN</b>
29.	I wondered why she felt this. Anita replied that she did not want me to view her as someone that was “attention		Anita’s previous absence from therapy was in relation to the impact that her		<b>GMG / MT</b>

	<p>seeking.” I suggested that she seems to work very hard to keep her difficulties from me from worrying that I will view her as attention seeking. Anita agreed. She said “kind of”.</p>		<p>mother’s plans to marry had on her. She reported that her mother had said that she was attention seeking for not liking her plan to marry.</p>		
<p><b>30.</b></p>	<p>Later in the appointment I brought Anita back to the start of the appointment where it felt that she was deeply worried and anxious. I wondered whether there were other things that she had not spoken about. Anita composed herself before saying “well, my mother has gone off and got married. I am not happy about it but I won’t say anything to her as I can control her.”</p>	<p>It felt like a dramatic statement and it was.</p>	<p>Anita has identified the content of her anxiety regarding today’s appointment, i.e. talking about the feelings she has about her mother’s marriage.</p>		<p><b>REL</b></p>

31.	I wondered what she meant by being able to control her mother. Anita said that she knew that her mother would not go through with the marriage if she was to tell her how she felt about it.	Anita seemed a bit desperate at this point and wanted to present as if she was in control.	Anita viewing herself as a parent to her mother is a product of her folie-a-deux to her.	Anita taking flight to an omnipotent part of her and to a phantasy where she is a parent to her mother	<b>FOLIE</b>
32.	I suggested that she is giving us an example where she keeps something important (her feelings about her mother getting married) inside of her instead of conveying them. I wondered whether her mother marrying had contributed to her “flashes” and had made her think about the worry she had about having a marriage arranged for her. Anita explained that she had been thinking about the possibility of	I wondered whether I had linked too much here.	Underpinning much of Anita’s presenting difficulties was her fear of having a marriage arranged for her. It was an issue that informed her mental life greatly and her fear of her own sexuality in particular.	Anita’s fear of her own culture	<b>REL</b>

	a marriage been arranged for her but that she did not feel this contributed to her staying away from school or her 'flashes'.				
33.	I suggested that she is again showing us how she has a tendency to put her problems into something external, like her school; she can then worry about it outside of her but it still leaves her anxious inside. Anita shrugged her shoulders and said that she wasn't sure whether she agreed with what I suggested. She looked to be in pain in response to my suggestion.	I was worried that my words were hurting Anita	Anita showing how making links and getting her in touch with her internal world causes her discomfort – the pain of thinking.		<b>CONT</b>
34.	I said that I realised that things were difficult at present but that I felt that coming to all of	I sensed that Anita was ambivalent about attending all three of her	Anita struggled with the idea of attending all three of her		<b>GMG / PT</b>

	<p>her appointments would give her the best opportunity to work on what she is clearly carrying. Anita said "I do come to two out of three sessions." I said that I was aware of this but that it was important for her to come to all of her appointments as it gave her the best opportunity to work through what she is being presented it. Anita nodded in agreement.</p>	<p>appointments, despite her not conveying this at this time.</p>	<p>appointments as she worried about how she would manage this level of contact with me.</p>		
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**GRID 3**

	<i>Session 154 (Second year of treatment)</i>	Thoughts and feelings from the session	Thoughts that arise from re-analysing Anita's session notes	Thoughts from clinical supervision at the time	<b>Codes</b>
	<b>Column a</b>	<b>Column b</b>	<b>Column c</b>	<b>Column d</b>	<b>Column e</b>
<b>1.</b>	<b>Anita was 20 minutes late for this appointment</b>				<b>COCOON</b>
<b>2.</b>	When she arrived Anita explained that she feels safe here. She explained that there are no consequences to what she says here.	Anita quickly felt very contained in her appointment.	The issue of safety was very important for Anita. She was a young person who did not always feel safe outside of her therapy.	Fear of retaliation – a theme of Anita's internal world	<b>CONT / REL</b>
<b>3.</b>	She described that she often felt a paralysing worry about conveying her true feelings to people because she is "worried that they [her feelings] will hurt them [people]".		I felt that Anita worried that her attacks of me (in phantasy) would hurt me fatally. It was also a feature of the maternal transference where she experienced	Fear of her own murderousness	<b>TRUE / MT / REL</b>

			me as a fragile, brittle maternal object.		
4.	Anita gave an example of this. She explained that she is unhappy with her music teacher because she thinks he is not teaching her correctly. She shared that she could not bring herself to talk to him about this issue and explained that she said that things were fine when he asked her how things were.	I felt frustrated with Anita for not asserting herself with her music teacher more.	My countertransference to Anita felt to be in relation to the non-assertive and masochistic side to her that seemed to invite anger on an unconscious level.	Fear of retaliation. Anita fears that asserting her true feelings to her mother would damage her in some way.	<b>PT / GMG / REL</b>
5.	Anita agreed when I suggested that her fear about hurting people is similar to the fear she has about hurting her mother with her true thoughts and feelings.				<b>CONT</b>
6.	Anita wondered why I often relate things to her relationships. She explained that she has noticed that I often suggest to her that what		Anita had digested my previous interpretation and was becoming more exploratory from		<b>CONT</b>

	she reports is similar to how she may relate to me or others.		this point.		
7.	I wondered why she thought I did this. Anita explained that she felt that I did this so that she can understand her experiences of others better when she is not here (in her therapy).	Anita was open to following the link that I was making for her.	Anita was showing how she had internalised her psychotherapy.		<b>CONT</b>
8.	I took Anita back to the start of her appointment and the issue of her late attendance. I suggested that her lateness may be, in part, her way to stop things coming out in her appointments. I acknowledged that this was a big worry for her, as is her worry about needing therapy and me too much to help her with things.	I was worried that this interpretation may be too direct for Anita.	I felt that I was expanding on an aspect of her maternal transference where she felt a need to protect me from the true thoughts and feelings she had about me.		<b>CONT</b>
9.	Anita agreed with what I had suggested. She explained that she doesn't like feeling dependent	I was surprised (and pleased) that Anita was able to think about this	Describing to Anita the boundary of her therapy and what she	Sign of health. Anita is focused towards	<b>CONT</b>

	as she feels that she is over-dependent on her family. Anita explained that she wants to be more separate to them but realised that she had work to do this.	issue.	tries to do to it is helpful	attaining individuation so that she can enjoy her adolescence	
10.	Anita explained that she had something to tell me. She reminded me that she had told me previously that her aunt had run away from home. Anita explained that this aunt returned home recently (after a day away).		My previous interpretation seemed to facilitate her thinking about the issues she has been faced with in her own adolescence. Her identification with her aunt also helped her to do this.		<b>CONT / REL</b>
11.	I wondered why she felt that her aunt had run away from home. Anita explained that she felt that her aunt had run away because she (her aunt) is constantly “attacked” for who she is and for what she does.	It felt that Anita seemed to identify with this aunt a lot.	It felt that Anita was talking about her own experience of her family from thinking about it through her aunt’s experiences of family life.	Anita’s identifies with her aunt as she is also fearful that her family will attack her for not being a Muslim in the	<b>REL</b>

				way they would like.	
12.	Anita's explained that her uncle and his wife (this aunt's parents) believe that this aunt does not behave appropriately enough in order for her to be married. Anita explained that they don't like that this aunt plays football and socialises with boys of her age. Anita felt that they did not think this was feminine enough.	Anita was making parallels with this aunt's experiences and her own.	Anita had faced similar criticism about her lifestyle when she was younger.	Anita is illustrating a plight that she feels happens to girls in her family if they don't conform to their ideas about being a girl / woman.	REL
13.	Anita gave an example of what her aunt's family did not like her doing. She explained that her aunt wanted to take part in an 'X factor' type competition at college but her parents did not let her. Anita stated that she felt "that it was better to be a boy in her family".	I felt very sad for Anita	Anita is describing her experience of belong to a family that she feels is patriarchal.		REL

<b>14.</b>	Anita explained that the children in her family also have this idea about gender (that it is better to be a boy in their family). She explained that they don't talk about it because they would be punished for having this view.		Anita is showing how her internal religious object shapes her internal world.  A theme of Anita's therapy was that she feared being attacked by her family if they experienced her developing adolescent wishes as a threat to family life.	Anita is illustrating the hierarchy that exists in her mind in terms of boys and girls in her family. She is also showing how she fears retaliation from her family.	<b>REL</b>
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**GRID 4**

	<i>Session 263 (Third year of treatment)</i>	Thoughts and feelings from the session	Thoughts that arise from re-analysing Anita's session notes	Thoughts from clinical supervision at the time	<b>Codes</b>
	<b>Column a</b>	<b>Column b</b>	<b>Column c</b>	<b>Column d</b>	<b>Column e</b>
<b>1.</b>	Anita smiled politely when I collected her from the waiting room.	Anita's smile seemed incongruent to what she seemed to be really feeling. Anita felt quite cold and angry in my countertransference to her.	Anita taking refuge from her true feelings.		<b>GMG / COCCON</b>
<b>2.</b>	She was listening to music on large headphones that seemed to engulf her head. Anita kept, what felt like a large distance from me as she followed me to the room that we were meeting in.	I felt annoyed by the distance that Anita kept from me.	The physical distance that Anita kept from me was an indication of the emotional distance she wanted.		<b>COCOON</b>
<b>3.</b>	We sat down in front of each other. I smiled at Anita and she smiled back		Anita was assessing whether I was		<b>PT / GMG / COCCON</b>

	at me.		disappointed and angry with her – her belief about the father she has internalised being projected onto me.		
4.	Anita explained that she felt that her mother had begun to treat her suspiciously as she had begun questioning her about who she communicates with on social media. Anita looked upset when she explained that her mother had asked her whether she had a boyfriend.	Anita's anger was palpable but she seemed to be work hard to keep it at bay.		Anita feels persecuted for being an adolescent who has sexual thoughts and feelings.	<b>REL</b>
5.	Anita explained that her mother had asked her sisters whether she (Anita) is dating someone. Anita felt that it was very bad of her mother to try to find out things about her in this way.	I felt aggrieved for Anita	Anita's experience of her mother is more depressive at this point as she is allowing herself to view her as having undesirable		<b>TRUE</b>

			qualities.		
6.	After a moment Anita said that she was furious that her mother does not trust her. She explained that she feels that she has done nothing wrong to warrant her mother treating her this way. She turned to me and stressed that she has never had a boyfriend.	I resisted the urge to explore why she is now saying that she does not have a boyfriend as she has told me that she has had a boyfriend previously. Anita stressed that this relationship was not sexual when she told me this.	Anita seemed to want me to reiterate that she is not sexually active and that she is a virgin, something she feels is important in her community.	Anita is worried about how I see and view her.	<b>GMG</b>
7.	I said that I wonder if talking to me previously about her friend Asha (not her real name) may now make her believe that I view her like Asha – someone that she has told me is sexually active. Anita paused before agreeing.		An aspect of the paternal transference where Anita is worried that I will not see her as a good Muslim girl.  Anita also has an idea that her father	What are Anita's views about girls being in relationships with boys? Her views about this seem a bit hidden.	<b>PT / COCOON</b>

			sees her lifestyle as a sign that she is sexually active.		
8.	Anita explained that she felt that her mother's attitude to her had changed since her mother had been working with AG <sup>1</sup>	The mood of the session had changed. I felt a sense of foreboding.	The change in the mood of the session signified that the clinic had become an unsafe, Islamophobic object in Anita's mind.	Anita had put AG and me together in her mind.	<b>COL / REL / INFIDEL</b>
9.	I wondered why she felt this was. She paused a little as if she was trying to compose herself. She then explained that her mother had told her that AG refers to Muslim's in a racist and stereotypical way, as she had inferred that her brother would look to fulfil his adolescent sexual needs with white British girls if he felt that he could not fulfil them with		My previous interpretation had brought Anita in touch with the thoughts she has about her own adolescent, sexual feelings.	Anita showing a shared idea that she has with her mother where non-Muslim Therapists hold potentially racist and pathologising views about their culture.	<b>REL / FOLIE / INFIDEL</b>

<sup>1</sup> AG was the Child and Adolescent Psychotherapist who offered Anita's mother parent-work appointments in parallel to Anita's treatment.

	Muslim girls.				
10.	Anita explained that her mother had been talking about the issues for adolescents with AG for a while. AG had then referred to her brother to illustrate how adolescents may feel that they have to get their sexual feelings met outside of their community. Anita explained that she was also angry with AG for suggesting that her brother would do this.	Anita felt unreachable. I am finding it difficult to think.	A very intense quality of the transference was present here as a result of Anita putting AG and me together in her mind. It resulted in her experiencing me as an object that opposed Islam.		<b>REL / COL / FOLIE / INFIDEL</b>
11.	Anita said that she thought that what AG said was very insensitive as it was similar to what tabloid newspapers regularly reported about Asian men – that they “prey” on vulnerable white British women.	Anita seemed very vigilant and seemed to be assessing my thoughts and feelings to what she was telling me.	I wonder if Anita was also referring to her experience of me in the transference as an infidel-type male, object that preyed on women in the way that she was aware that men in	There is a side to Anita that joins with her mother and quickly becomes suspicious of her objects	<b>FOLIE /PT /REL /COL / INFIDEL</b>

			her family had done.		
12.	Anita stated that “no-one is qualified to talk about Asian culture unless they have done research on it”.	It felt that Anita was challenging my competence to help her with the issues that related to her culture. (This is something that Anita’s mother referred to at the very start of Anita’s treatment)	AG and I were viewed by Anita as infidels. She was unable to separate us in her mind at this point. Also Anita’s experience of me in the paternal transference was, at times, as someone that was unqualified (referring to my status as a trainee) and therefore ignorant.		<b>COL / PT / MT / FOLIE / REL / INFIDEL</b>
13.	Anita revisited the article that her mother had brought to AG. She explained that it was statistically incorrect to assume that a large percentage of Asian men were	I found myself agreeing with Anita and feeling very angry towards AG at this point.	An aspect of Anita’s transference being showed here where she viewed me as not being able to	It is difficult for Anita to view me as someone that is respectful of her culture at this	<b>COL / FOLIE / REL / INFIDEL</b>

	paedophiles. Anita explained that this idea invites people to view Asian, Muslim men as being the only people that are paedophiles.		know her fully because I did not belong to her culture. She experienced me in the transference in these moments as an 'infidel'.	moment.	
14.	Anita then said that paedophiles are the last thing that her mother should be thinking about.	The issue of familial abuse seemed to be very present in Anita's mind	Anita seemed to be bringing my attention to this issue in a roundabout way.		<b>REL / INFIDEL</b>
15.	I wondered if she was also thinking about her cousins who had been referred here for similar reasons (familial sexual abuse). She became a little more still and nodded in agreement. Anita stated that she felt that her cousins had been helped by the clinician who was seeing them.	I felt I was working hard to repair the therapeutic relationship and that Anita had lost me in her mind	Anita had encountered her cousins in the waiting room a few sessions prior to this one. They were referred to the clinic having been sexually abused by		<b>INFIDEL</b>

			a family member.		
16.	After a while I suggested that she seemed to want to establish whether I was someone that thought similarly to how she believed AG did. Anita said that she did not think that I thought like AG		On hindsight Anita could experience me as someone that thought in the way that Anita and her mother felt AG did. It was one of the causes to her absenting herself from psychotherapy sessions.	Important to clarify for Anita who had brought what to therapy	<b>CONTAIN</b>
17.	There was a brief pause before Anita explained that she would be changing some of her lessons at school. She felt that this would mean that she would not be able to attend one of her therapy appointments each week. She asked whether I could change the time of her therapy. Anita was very curt in her request	I wondered whether Anita was making this request as her way to move away from her therapy.	Anita was beginning the process of retreating from me.	Anita showing that she has a tendency to join with things that undermines her therapy.	<b>COCOON / COL</b>

18.	I explained that I did not have any alternative times at present but that I would keep her request in mind. Anita glared at me. She seemed furious with this.		I seemed firmly located in Anita's mind as an unhelpful figure.		<b>COL / INFIDEL</b>
19.	I wondered if she was still going to do the taster day at the University next week as she had planned. Anita nodded	It felt that Anita did not want to expand on this as she wanted to keep it separate from me.	On hindsight this was my way of trying to lighten the mood of the session.	Anita wants me to feel outside and isolated.	<b>OED / PT / COL / INFIDEL</b>
20.	I explained that we had come to the end of the appointment and that I hoped to see her next week.	I felt relieved that we had come to the end of the session.	My referring to "hoping" to see her next week is a communication from Anita in my counter-transference to her that she planned to not attend her appointments.		<b>COCOON</b>

**GRID 5**

	<i>Session 348 (Fourth year of treatment)</i>	Thoughts and feelings from the session	Thoughts that arise from re-analysing Anita's session notes	Thoughts from clinical supervision at the time	<b>Codes</b>
	<b>Column a</b>	<b>Column b</b>	<b>Column c</b>	<b>Column d</b>	<b>Column e</b>
<b>1.</b>	Anita looked at me quizzically when she sat down. She seemed to compose herself as she explained that she had a "difficult time at school today".	It felt that Anita was building herself up to tell me something important.	Anita composing herself in this way was usually a sign that she had something important to tell me.		<b>TRUE</b>
<b>2.</b>	She paused before explaining that she had English today. She looked at me knowingly before saying, "with that English Teacher".	Anita was ascertaining whether I remembered her telling me about the anxiety she had about her growing attraction for her English teacher.	Anita previously found it difficult to talk about, or name her difficulty at the start of her appointments. It shows that she has moved on in this regard.	Anita is referring to the difficult feelings evoked in her from the oedipal situation with this teacher.	<b>TRUE / OEDIPAL</b>
<b>3.</b>	I looked at Anita to convey that I understood what she was referring	Anita was working hard to focus on what	At this stage the therapeutic relationship		<b>MT / CONTAIN</b>

	to. She nodded as if to indicate that we were going to talk about something that would be very difficult for her.	she wanted to tell me.	had developed to the extent that the meanings behind our gestures were clearly understood by us. For example, Anita knew that I understood what she was saying by the way I looked at her.		
4.	Anita became a bit more animated as she said that she feels “stupid” for having a crush on this teacher.	Anita was staying in touch with her thoughts and feelings, despite feeling vulnerable.	Anita’s oedipal feelings were felt by her to be “stupid” as they were often denigrated by her internal religious object.  Anita’s oedipal feelings for me were often projected into this teacher because she found it safer to distance herself from them in this way		<b>TRUE / CONTAIN / REL / OED</b>

5.	I wondered what she was referring to. Anita replied that she felt that she should have a more “normal” reaction to her feelings by now.	It felt that Anita was angry with me for not helping her to contain her difficult feelings in the way that she hoped, although she did not refer to this directly.	Anita was also criticising me for not ridding her of the difficult experience she had in relation to her sexual feelings.	Anita’s omnipotence had been punctured	<b>PT / OED</b>
6.	I suggested that she seemed to be saying that she feels that she should not have any difficulty as a result of being attracted to her teacher and that she feels that she is dealing with this difficulty incorrectly because of this. Anita paused and said that she agreed with what I had said. She returned to the issue of her still struggling with difficult feelings, despite being in therapy.	I felt that Anita had a secret grievance against me for not ridding her of the difficulty she felt from being in an oedipal position, i.e. her experience of feeling excluded from being in the third position.	Anita is more able to bear staying in touch with her ‘true’ thoughts and feelings, such as her sexual ones, as well as her thoughts and feelings for others at this stage, in opposed to taking flight to internal objects where they could be avoided		<b>TRUE / OED / PT / CONT / REL</b>

7.	Anita said that she felt that this English teacher was staring at her throughout an English lesson. I wondered what she thought his stare may have meant. Anita said that she was unsure before saying that she felt that this teacher was staring because he knew that she was attracted to him.	It felt more comfortable for Anita to think about her oedipal feelings for me in relation to this teacher	Anita is also alluding to her experience of me as someone that she feels knows that she is attracted to me.	Anita is worried about being viewed as an adult that is sexually available. She sees this as being dangerous and forbidden.	<b>OED / PT / CONTAIN</b>
	Anita explained that she asked her friend whether she experienced this English teacher in the way that she (Anita) did. Her friend said that this English teacher always looks at people in the way that Anita was describing. Anita seemed relieved to recall the words of this friend.		Anita's friendships helped her to explore her adolescent feelings.	Anita is showing her confusion about what does it mean to be cared for by a man.	<b>OED / PT</b>
8.	I wondered what other things she thought made it uncomfortable for her to be around this English	Anita seemed very comfortable and interested in	Anita also felt in a special 'Top Trump' type of position in relation to me		<b>OED / PT</b>

	<p>teacher. Anita explained that she noticed that she became more uncomfortable in this English teacher's presence after he had introduced a game in the English lesson that was similar to the 'Top Trumps' game. She explained how this 'Top Trumps' game involved pupils from the class competing against pupils from other classes in terms of their knowledge about English literature. Anita explained that she felt uncomfortable that this teacher regularly chose her as his 'Top Trump'. She explained that she felt that he did this because he knew that she was the brightest in the class.</p>	<p>understanding her oedipal feelings better.</p>	<p>for a few reasons. For example, a part of her felt special after I asked her if I could write about her therapy for my thesis. (I had introduced this idea to Anita a few months prior to this session). Anita also felt special that I continued to work with her after her eighteenth birthday. Anita knew that she was not technically eligible to be seen in CAMHS after her eighteenth birthday.</p>		
9.	<p>I suggested that she seemed very annoyed that this teacher gave her</p>		<p>Anita was very insightful here. A part of her</p>		<p><b>CONTAIN / OED</b></p>

	<p>this kind of attention but I felt that she may have other thoughts and feelings about it. Anita looked thoughtful for a while. She then described how rejected and jealous she could feel whenever she felt this teacher was giving other pupils his attention. She felt that this happened when this teacher turned to other pupils to promote them as 'Top Trump' pupils in the competition.</p>		<p>recognised that her response to this teacher was from her subjective experience of him.</p>		
10.	<p>I wondered if the 'Top Trump' competition reminded her of her experience of being in her family. I reminded her of the 'special' position she had in her family from the type of relationship she had with her mother. I reminded her about how she has told me about the times when she also felt</p>	<p>It felt that Anita was very angry with me for referring to this issue directly. She directed some of this anger to me but seemed to also work hard to spare me from the full intensity</p>	<p>Anita was quite contemptuous and resentful of my capacity to make links for her, in part because she envied my capacity to do this. It felt that a grievance against her mother was being transferred to me.</p>	<p>Anita's omniscience and omnipotence was challenged here.</p>	<p><b>CONTAIN / MT / COL</b></p>

	jealous and rejected when she thought that her mother had related to one of her siblings in a 'Top Trump' type of way. Anita became angry very quickly. She said that I was very wrong and that "I couldn't be right all of the time".	of it.			
11.	I said that she was right – that I couldn't be right all of the time. I added that it did seem that she did not like thinking about the thought of not being 'Top Trump'. I suggested that I wondered whether a part of her was worried about the type of position she will have when she goes to university next year. Anita seemed to collapse into her chair and became very still.	My interpretation seemed to have a big impact on her which she expressed bodily.	Anita is also worried about losing the oedipal positions she enjoyed in relation to her mother, her English teacher and with me, when she goes to university.		<b>PT / CONT / OED</b>
12.	Anita said that she was worried about how she will fit in at university as she worried about	Anita became very childlike at this point.	Anita is also referring to her worry about being in the minority (in regards to		<b>CONT / TRUE</b>

	having to change in order to fit in there.		her ethnic background) when she is goes to university.		
13.	<p>I said that she seems to be again saying that she must change something about her as what she has, or is, is not good enough. Anita's head was facing down but she nodded in agreement. I reminded her that she had described to me that she remained true to herself and that she had not tried to be something that she wasn't when she went for her interview at university. I reminded Anita that she had said that the person who interviewed her commented that they really liked this about her and had said that she came across naturally in her interview. Anita nodded.</p>	<p>I felt very paternal towards Anita and almost drawn out of my role as her therapist at this point.</p>	<p>I was talking to a salient theme for Anita. It involved her believing that she would not be accepted at University because of her ethnic background. It illustrates how her internal racism had the effect of undermining her confidence and impeding her psychological transition into the world outside of her family and her community.</p>		<b>PT / COL</b>

14.	After a while I wondered whether a part of her may worry that she has gotten herself into a special position here with me. I explained that she may feel that I think that she is special because I am working with her past her eighteenth birthday and that I see her three-times-a-week. She thought about what I said and said "kind of".		Anita seemed very interested in re-working the oedipal complex before she went to university.		<b>CONT / OED</b>
15.	Anita explained that she knew that her treatment was ending in July and this is why I was seeing her past her eighteenth birthday. I wondered if she was now taking flight to the part of her that doesn't want to think about the possibility of losing her position here.	Anita seemed in touch with the thought of losing her therapy.			<b>CONT / TRUE</b>
16.	Anita said that she doesn't agree with what I said now that she had		Anita showing that she can be and wants to be	The omniscient part of Anita being	<b>TRUE / COL</b>

	<p>thought about it. She explained that she doesn't agree with me as she can't see it herself. I suggested that she is reminding us of a theme of her therapy – that a part of her resents me for giving her some insight into her difficulties in the way she would like to do herself. Anita did not respond.</p>		<p>assertive. Her 'true-self' is more developed and prominent at this stage.</p>	<p>expressed here.</p>	
17.	<p>I acknowledged that she may not like thinking about her dependency to me as she has told me that she doesn't like feeling dependent. Anita looked quite enraged at this point.</p>	<p>Anita was very angry with me for bringing this salient issue to her attention.</p>	<p>Anita was more able to bear this type of interpretation at this stage of her treatment.</p>	<p>I was speaking to the infantile part of Anita here</p>	<p><b>MT / TRUE</b></p>
18.	<p>I said that we had come to the end of her appointment and that I would see her next week. Anita got up very sharply from her chair and walked quickly out of the door when I opened it for her.</p>	<p>Anita was livid with me for being in touch with the part of her (her infantile self) that she resented.</p>			<p><b>TRUE</b></p>

**GRID 6**

	<i>Session 359 (Fourth year of treatment)</i>  <b>Column a</b>	Thoughts and feelings from the session  <b>Column b</b>	Thoughts that arise from re-analysing Anita's sessions notes  <b>Column c</b>	Thoughts from clinical supervision at the time  <b>Column d</b>	<b>Codes</b>  <b>Column e</b>
<b>1.</b>	Anita was sitting very pensively in the waiting room when I came to collect her for her appointment. She smiled briefly but did not make eye contact when I said hello to her. She looked towards me but past me when she got up from her seat to come with me to the room we were meeting in.	I felt that there was something pressing on Anita's mind			<b>PT / GMG</b>
<b>2.</b>	I heard Anita sigh as I opened the door to the room we were meeting in. Anita sat down and seemed to compose herself. She looked at me, smiled, before saying how sorry she was from not coming to her last two	Anita seemed to want to placate me	Anita regularly became persecuted internally from not being able to adhere to the boundary of her therapy. She		<b>GMG / PT</b>

	appointments		would often fear that I would criticise her in these moments		
3.	She looked at me anxiously before explaining that her non-attendance to her last two appointments was because she was busy studying for her upcoming exams.	I felt that Anita was being duplicitous here.	Anita showing a feature of the transference where she invited me to view her as someone that was studious and a 'good girl'.	Anita was worried from the start of the appointment that I would be angry with her about her missed appointments.	<b>GMG</b>
4.	"It [her exams] was the last one of the school year" she stated. She looked saddened and paused from what felt like her taking in the significance of what she had just said. Anita then explained how sad she felt now that school had finished.	Anita was less anxious and more depressive at this point.	Anita was in touch with the loss of her good object (school). Something that she has struggled to be able to do previously.		<b>TRUE / CONT</b>
5.	Anita explained that she was sorry that she would not see her English		Anita's feelings for her English teachers		<b>TRUE</b>

	teacher again now that school had finished.		had always been difficult for her to think and talk about. She had become more able to do this at this stage of her therapy.		
6.	She seemed to scan my face before explaining how foolish she felt when she saw this teacher during the break at school recently. She explained that she was sitting with her friends on the stairs when he walked past her. Anita explained that she desperately wanted to say something to him but felt embarrassed to do so. "I was worried he would know about the crush I have on him" she explained.	I was struck that Anita was able to acknowledge and bear the nature of her oedipal feelings for her English teacher.			<b>TRUE / OED</b>
7.	Anita leaned forward in her chair and put her head in her hands. "I feel so silly" she stated.	I felt a desire to comfort Anita at this point. My counter-	It was difficult to know whether my counter-transference to Anita		<b>CONT (PT / MT)</b>

		transference to Anita was parental.	had a paternal quality to it or not. Was this a sign that she had begun to bring her parental internal objects together more?		
8.	Anita explained that she was worried that this teacher was aware how nervous she was around him. She explained that she was also worried that it would show him that she had a crush on him.	Anita is remaining open about the true nature of her feelings for this teacher	Anita has used this teacher to revisit and rework the oedipal complex during her psychotherapy.	Anita's crush on her teacher is her way to exclude me – to give me an experience of an oedipal situation	<b>OED / TRUE</b>
9.	I acknowledged how difficult it is for her when she has these types of feelings – she then seems to become worried about these feelings from believing that they are forbidden in some way. Anita agreed. "They kind	Anita seemed very engaged in the task of thinking about these types of issues. Less evasive that what she has been in the past	Surprised how open Anita is being with her feelings at this time		<b>CONT (PT / MT) / OED</b>

	of are” she stated.				
<b>10.</b>	I wondered what she meant. Anita explained that she shouldn't really have a crush on a teacher. I wondered if she was also thinking about the time when she acknowledged to me that she did not like having a crush on me.	Even though Anita had talked to me about her 'crush' on me at her last appointment I wondered if this type of interpretation would be too much for her	Anita was able to tolerate a more direct transference interpretation here.		<b>CONT / OED</b>
<b>11.</b>	That's disgusting” she exclaimed, becoming more infant-like by the second. Her demeanour changed and it was as if I was with a small, embarrassed child.	Anita' seemed open to thinking about this issue, despite her protestations.	Anita is not trying to make her oedipal feelings invisible in the way that she had a tendency to do previously. She is able to communicate her belief about them (i.e. that they are disgusting). Anita is more able to stay in touch with her infant-self at this stage of		<b>CONT / OED</b>

			her therapy which facilitated her revisiting and reworking the oedipal complex.		
12.	What's disgusting?" I enquired. "What you are talking about – it's disgusting," Anita replied.	Anita protestation did not seem heartfelt but I still worried that linking her feelings directly to me may prove too much for her to bear.	It felt that my enquiry had a parental quality to it – something that a father might say when talking to their child about their adolescent relationships.		<b>PT / OED</b>
13.	I suggested that she seemed to want to view these feelings as disgusting whilst also knowing somewhere that they are quite normal. I added that I did wonder whether this 'disgusting' idea is one of the reasons why she did not come to her last two appointments – that she wanted to	It felt important to name for Anita her tendency to retreat psychically from difficulties.	I was tending to Anita's previous tendency to retreat from me when I brought her in touch with an internal difficulty she would rather avoid. This		<b>PT / COCOON</b>

	distance herself from these feelings by doing this.		way of relating had decreased considerably at this stage, but increased slightly as her therapy approached the end.		
14.	Anita seemed taken by my interpretation. She smiled a knowing smile and paused for a while	Anita was able to take in my interpretation	Anita confirmed that she agrees with my interpretation. She is a capacity to bear a more direct interpretation like this at this stage, in opposed to retreating from it.		<b>CONT</b>



Sean Junor-Sheppard

c/o Paru Jeram  
Academic Governance and Quality Assurance  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

03 March 2016

Dear Sean

**University of East London/The Tavistock and Portman NHS Foundation Trust:  
research ethics**

**Study Title: An investigation into transference to determine the usefulness of cross cultural child psychotherapy in the development of the patient's self.**

I am writing to inform you that the University Research Ethics Committee (UREC) has reviewed the documents submitted by the Tavistock and Portman NHS Trust to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that the Chair of UREC is satisfied that your research has received approval via an appropriate process of ethical review.

For the avoidance of any doubt or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters that need to be attended to, they will be dealt with separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Louis Taussig at the Tavistock and Portman NHS Foundation Trust (e-mail [LTaussig@Tavi-Port.nhs.uk](mailto:LTaussig@Tavi-Port.nhs.uk))

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Eccles'.

Rosalind Eccles  
Servicing Officer  
University Research Ethics Committee



cc Brian Rock, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust  
Louis Taussig, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust  
Professor John J Joughin, Vice-Chancellor, University of East London  
Mr David G Woodhouse, Associate Head of Governance and Legal Services