

EATGA-AEATG ACTIVITIES IN 2014

STUDY DAY

Group Analysis and Psychotherapy in the Light of Declinations of he “Cultural”
London 21st to 23rd March 2014 - Freud Museum and Anna Freud Centre

THE MEANING OF TRANSCULTURALITY IN PSYCHOTHERAPY & PSYCHOANALYSIS – DOES IT GIVE RISE TO THE COSMOPOLITAN THERAPIST?

Zack Eleftheriadou

Definitions/meanings of title

Cosmos- people/Cosmopolitan- citizen of the world*

*[*Google def: familiar with and at ease in many different countries and cultures; merriam-webster def: having worldwide rather than limited or provincial scope or bearing].*

Introduction

I am delighted to be here today and heartfelt thanks for inviting me to contribute. I am especially pleased that this kind of organization exists. Over the years I have had so many comments from colleagues who say: ‘but we don’t need these groups or organisations as we should all be thinking about the issues. I always answer, yes, but if we don’t have this kind of space the issues will get minimised or forgotten’. Increasingly, we are all inhabiting multi-cultural worlds thanks to dramatic changes in world travel and via access to the incredible internet matrix.

It was exactly 25 years ago since my first lecturing post in cross-cultural psychology, and ever since I have been preoccupied with the nature of our relationship between our internal and external worlds, both consciously and unconsciously, and hence I entitled my book “Psychotherapy and Culture: Weaving the internal and external worlds”. In addressing this and how it links with the notion of transculturality, I will examine some of the theoretical issues and then I hope together we can return to some of the clinical ones.

I will briefly outline my own context which will explain my deep interest in this area. I was thrown into transculturality personally as a child. As a Greek Cypriot who became a refugee and was forced to flee into other countries. My journey took me to Saudi Arabia where I lived

for 10 yrs followed by a British boarding school. Believe me both were steep learning curves and I am not sure which one was the biggest culture shock! Who knows whether I would have taken the transcultural route had I not had this early experience, but it has certainly placed me on what I have considered to be an irreversible journey. And now based in London I find myself working with people from all over the world: tourists and travellers, new and settled migrants, refugees and international students and those of mixed cultural heritage pass by my consulting room weekly. Most of us therapists are having to engage with more culturally and racially diverse clients than ever. One of my newest transcultural challenges is the use of skype for supervision and therapy and contact with a refugee camp working across countries. It is a fast changing world that we are all part of and we need more thinking on what it means for us.

In thinking how to approach this vast subject it is essential to break it all down and examine: What is culture?

(*) *Picture of forest and then fallen trees*

Roots..

(*) *Picture of the tree with roots*

A few things to say about culture; I know that as a group you have visited this concept from many different angles in the past. And it is fascinating of course, as any group analyst will say, that groups provide rich transcultural territory as there are a multitude of factors that are present from the onset.

The complexity of culture- analogy of going into a maze of mirrors.

(*) *Picture of the mirrors*

In my earlier book, *Transcultural counselling* (Eleftheriadou, 1994, p.2), I have described culture as:

“A flexible dictionary which is handed down and which gives the appropriate definition of every single even, object or concept...

a flexible construction of the world to which a certain group of people belong, which is geographically and historically specific. It changes within each generation, as well as with the influx of others or exposure to other cultural constructions

Culture is not an island nor remains static. In psychology I think there has been a lot of focus on overtly different cultural systems to emphasise the gulf between them. However, this can lead to very little on the subtleties of cultural thinking and interaction. Groups such as yours, the birth of the UK Transcultural group in Psychiatry have had to highlight the issues, and to take us away from perceiving the other as being so different that they are atypical, foreign, exotic, deviant etc.

Psychoanalytic theoretical and clinical writings indicate that we still underestimate what is our own cultural matrix, and yet this is the lens used to understand and relate to ‘the other’. I am of course referring to ethnocentrism; the fact that we are imposing something on the other; or defining them according to our own signposts. I remember in my early days going for an analytic interview. I walked into the room, the interviewer showed me to a chair very far away and then we sat in silence. Now of course, you can say everyone has a different

model of working, but I remember feeling inhibited not only because I didn't know what on earth to begin speaking about, but that we were sitting at such a strangely long distance.

We simply cannot underestimate culture and its impact on orienting our social and psychological lives. It is a fluid concept with movement and process; the relationship changes depending on where we are at developmentally, or based on life circumstances, such as during bereavement and mourning.

Just like the “Winnicottian baby needs to feel initially that his mother is an extension of him, and hence not separate from him” (Ivey, 2009: 119), for many of our cross-cultural clients their culture or the cultural group or simply the relationship with their birth place is part of their very being. And of course this is emphasised by psychoanalysts such as Erich Fromm who discuss the profound human need for rootedness and belonging.

Trans vs Multi Culturalism

When I was invited to speak for this event, I was interested to see the word ‘trans-culturality’ rather than cross or multi-culturality, which is more often the case. You may deduce from the definitions and descriptions I will raise what the other is not and it might make up part of our discussion. I would like to raise significant questions about multiculturalism and think about why in some ways it has not been useful to us as therapists. Although in some way multiculturalism has been positive to support different groups’ identity, I wonder if it has maintained barriers and divisions. In a way, many interpretations of multiculturalism are superficial and I believe it reinforces our weekend foray into Little Italy in New York or for us here in London a trip to the East end or China town and can only provide us with the most superficial view of that culture. I think the danger with multiculturalism, as well meaning or politically correct as it can be, can still promote a sense of separatism. Worst still it has also paralysed many colleagues into not being able to ask questions or say anything that might be construed as provocative or offensive. And yet there are times that there will be cultural practices which we have to question.

Migration

So let's address the issue of migration which has been the driving force of the whole concept of multiculturalism and subsequent policy making. Of course we know that in the consulting room scenario we know that the policies are not enough. When we talk about transcultural work it means actively creating room for our clients to bring their profound experience of migration, be it in internal or external dislocation. This experience may be cumulative or a rapture which for many is extremely painful and can remain long term. As captured by Bonovitz (2004), who says:

The holding functions provided by familiar faces, voices, routines, customs, language, food, sights, smells and sounds are abruptly lost creating an internal sense of confusion, uncertainty, and unaccustomed disorganization. The sustaining, reassuring presence of the “things” of everyday life, hitherto taken for granted, is lost, creating an unexpected voice in the internal landscape (p.130).

This is a poignant quote which I have included as much of the transcultural professional

sphere involves working with 1st, 2nd or 3rd generation immigrants, refugees or political asylum seekers. For the latter groups the experience described by Bonovitz is intensified as there is no option regarding returning home. Just like the tree which has fallen, it needs to find basic nutrients if it is to survive and thrive. And it may survive elsewhere, but in a different form and of course the possibility that it may not thrive at all and die. Hence all the rich metaphors we hear when there is separation from the home land; such as my heart is at home or the wish to return back home at the end of the life cycle etc.

Perhaps it is important here to mention the issue of language as it is our initial and predominant mode of communication, at least overtly, in the therapeutic encounter. It is important to remind ourselves how image, affect, cognition and speech are all so closely tied together in the unconscious mind. Such a diverse group like yours is already familiar with different linguistic systems that carry diverse cultural values and beliefs. At the moment, you are tuning in to me, and perhaps at this point of the presentation it is also rather an effort as you are involved in your own internal translating process. Like a mother and baby that slowly learn each other's meanings and words, in transcultural work we have to pay close attention to both the linguistic and paralinguistic (nuances, rhythm, intonation) communication in order to grasp the cultural and emotional context.

In other words, our transcultural ear does not have the usual familiar contextualisation process of sounds and words; they may be just too unfamiliar to us. Our processing is challenged as it is not second nature to go beyond accents to connect with unconscious meanings, symbols and nuances. It can leave us with all kinds of feelings; such as feeling deskilled, excluded, and unable to connect with the other. Writers like Felicity de Zulueta have clearly illustrated how we can access emotion via the mother tongue and how we can miss out the emotional content without this. I would like to leave this for now but I am sure we will come back to this in our conversations as it is one of the most profound issues. I believe there are ways we can invite the client to bring in some of the emotionally charged words in the therapeutic space.

Addressing theoretical issues: Re-framing our intra-psychic perspective

In some models of psychoanalysis, culture is sometimes rather unconsciously considered to be the unwelcome outside visitor, which is foreign and we cannot own or recognise it in ourselves. I would like to propose that the reason for this is that we are still stuck in the intra-psychic theoretical models. And why would this be a problem you might ask. Well it becomes highly problematic because the intra-psychic can indicate that there is an area of universality. I believe this is limiting as we can miss it in our diverse ways of being, thinking and behaving.

Thinking transculturally means that we move away from traditional psychoanalysis where we have tended to focus on the parental relationship, sometimes even neglecting the siblings. It is vital to think about how all of the different parties (grandparents, great-grandparents and extended family members) are embedded in their psyche. And not to forget that these are informed by the specific political, social and cultural context at any particular historical time.

Prof Paul Pedersen, considered by many as the grandfather of cross-cultural psychology

in the US, speaks about not only having a client in the room, but imagining their whole clan around them. Of course, those of you working with groups understand and work with this constantly, but those of us who work predominantly in one to one work have to actively allow more psychic space for this complicated mesh of cross-cultural visitors.

Needless to say these processes are mirrored in the therapist who brings their own multiple internal socio-cultural and inter-generational conversations.

For many, the extended family or wider culture or religious/spiritual system may provide pockets of refuge. [By the way, can I just say that clinically, this is really significant to bring in right from the beginning and think about who the client has brought along with them in their head. I am interested if they say “I” or “we” plural, and who are their ‘significant’ family members]

According to the relational analyst, Adrienne Harris (2013) we need to:

“widen the system to include multiple generations and projects of historic repair that shape and enter the bipersonal world of the analyst and patient (p. 704).

More recent publications support this idea; for example:

Altman’s book ‘The Analyst in the Inner City’, Erlich’s ‘The Couch in the market place’, Berloff’s ‘Inside Out and Outside in: Psychodynamic Clinical Theory and Practice in Contemporary Multicultural Contexts’ and Mishne’s ‘Multiculturalism and the Therapeutic Process’. These texts enable us to think more inter-subjectively and therefore more transculturally because they contextualise the emotional experience; they take into account the multiple social (here, I include racial and cultural) unconscious influences that are within and outside us.

Similarly, the psychiatrist, J. Henri Rey (1988) stated that our patients bring ghostly objects, or internal dialogues and relationships from previous generations. This might go back 1, 2 or even 3 generations of unspoken, deeply embedded secrets that have somehow unconsciously leaked to some members and not others and can poke their heads in the therapeutic space. There is a useful paper written about this from my colleague, Dr Aileen Alleyne, which addresses conscious and unconscious elements of racial identity and the notion of what she calls ‘the internal oppressor’. This is an important and still unseen element about the everyday experiences of black people in the UK. [Incidentally, Dr Alleyne’s work is based on a research and clinical population].

So to reiterate on what I said earlier, I see the transcultural as the breaking down of barriers, as opposed to the word multicultural, which is about highlighting them or even reinforcing them. I think in our work as therapists it is crucial we strive to move beyond our cultural world view in order to find the other and not to use our own cultural lens. We strive towards creating a space, what Winnicott labelled as the space of play or the transitional. In fact, he even named it as ‘cultural space’, but did not elaborate further on this in the way we are thinking about it today.

The word ‘transcultural’ captures this paradox of this field – that is that we need something which refers to both position of going in and one of being outside too. The famous attachment

theorist, Mary Main (1995) called this ‘meta cognitive functioning’ which is of course what is required of us as therapists all the time. However, it is interesting that our clients may present their narratives or feelings as ‘facts’, with limited questioning or reflectivity.

The other element to hold onto is how there has always got to be “the other” in order to define ourselves and our boundaries. The black and white and all the splitting and dichotomies we find in theoretical writings. However ‘the other’ always changes. For example, after the 9/11 tragic bombings one black fireman said he was aware that he became the hero now and the Arab/Muslim was the bad other.

I don’t want to sound as therapists, we are able transcend all aspects of culture, but there is a question on how much we can put some aspects at bay and how cosmopolitan we can really be. In fact what is fascinating in our field is that there are sessions or moments within the sessions where we can feel very close to a client culturally or racially and others where we feel very much we are outsiders or they need us to stand firmly outside their culture.

Furthermore, the transcultural space is how we take in culture, but not to overemphasise or under emphasise, work with unconscious projections.

This leads us on to another important aspect of transculturality: the concept of multiple identities. This has reached family systems therapy and groups like yours, but not mainstream psychoanalysis yet.

Thomas, A.J. & Scharzbaum, S. (2006) write that:

“the sense of self does not develop in a vacuum but within multiple contexts... in the field of psychotherapy, explanations for human behaviour have been individual and psychological in nature and have tended to contain the narrow idea that an individual or a family’s behaviour patterns are regulated by personal decision, with an implicit notion of the existential freedom devoid from the shaping of contextual dimensions... these individual dimensions are not enough to understand human behaviour, motivation, and change (p. 4)...

“Personality development, self- concept and cultural identity are developed with multiple components and within multiple contexts” (p.5)

I think for many of us and our clients who no longer adhere to the famous British writer, TS Elliot’s notion that:

“culture is a way of life of a people, from birth to the grave, from morning to night and even in sleep (Elliot, 1948:31).

As cross-cultural contact changes we are increasingly meeting clients who do not adhere to one single culture or that their thinking or behaviour is shaped by a single cultural system. Here again pops in the word cosmopolitan because as therapists we have to tolerate this multiplicity. Our clients are part of many micro-cultures, such as race, gender, social class which not only intersect but challenge each other. It is always interesting to me how many of these micro-cultures are often not explored in therapy, somehow as if they are not part of the psychic world. I believe that the word identity is another transcultural bridge connecting the inner and outer.

The cultural process is not linear

Here, I would like to draw your attention once again to Professor Paul Pedersen, who has written extensively on how the process of acculturation (or taking on board a new culture)

is not a linear process. And of course this is absolutely parallel with the therapeutic journey which is never a linear process. Our clients and we go back and forth on issues and cultural spaces. In some sessions they are more poignant in others more in the background.

Clinical applications

So here comes a key question about how do we incorporate these ideas clinically? How do we actively hold on to this idea of hybridization and as a fluid process?

I will return to Winnicott here, who throughout his writings, but particularly in Transitional spaces, emphasises the intrapsychic and the inter-psyche interplay. I have found this useful and therefore once again we are back to the weaving inner and outer worlds because I think we sometimes focus too much on the inner and not only don't address and therefore don't help our clients with intersubjective issues or support them to manage relationships with others. It also means refraining from the stereotypical intra-psyche interpretation to a more relational stance that validates both the inner and outer elements of the therapist and client or in the case of groups, the systems created by a particular group at a particular time.

I am asking this question thinking of clinical meetings where the cultural content is simply not heard as if it somehow belongs outside the therapy realm. Let me give you an example of what I heard at a case discussion.

In one particular case presentation a client who raised their dilemma of going 'back home' and thinking of taking extended holidays back to their 'home country' to see what this might be like. The client sounds rather excited with the prospect of the return, but also apprehensive. The therapist takes this up as transference to the therapist and what it means to leave the therapy for a prolonged period in the summer. It is interpreted as an attack on the therapy to leave for such a prolonged period. In the next session the client does not raise this again, and the therapist makes an interpretation about their wish to distance themselves etc.

I am not suggesting that these comments did not have a transference element, but we can't dive into these elements, making an interpretation that assumes that they are involved only in parental re-enactments without looking at the whole context. And most importantly the way this was handled ignored the client's dilemmas regarding their cultural context. I think this is a preoccupying issue for many migrants, and it emerges numerous times, during different life stages.

Transculturality implies a creation of this holding space for all these potential experiences and emotions of dislocation, loss etc to be thought about and explored. Of course, it is particularly charged when both the therapist and the client have experienced dislocation and once again this features intensely in analytic groups. I have vivid memories of one of your conferences held in Paris which up to this day inform my clinical practice; we were divided into religious groups which stirred up very powerful feelings. I think the whole notion of where we belong or rootedness and where we feel at home is such a profound aspect of transculturality.

I hope it was made clear that by transculturality I refer to an inclusion and a mindfulness about how we bring in the obvious macro processes, such as the cultural external reality (which might include customs, greetings, interpersonal distance etc), but just as much, if not

more, the focus of our work being the micro processes, which are subtle and may be largely unconscious. The tuning in from our part has to be about mirroring of culture, exhibiting compassion and empathy.

So what I have been outlining thus far requires a great deal of time and personal investment from the therapist; to deeply experience and examine their own cultural roots and psychically to be able to travel or move beyond their culture. The process of transculturality is where we strive to cross different unfamiliar cultures and engage with them in a deeply psychic way; for example, letting the other filter into our dreams and so forth.

This personal process can open up a way of enquiring or encouraging our clients to raise these issues. If we don't create space for them through challenging our own ideas and relationships our clients will not necessarily do so. And if they do, it can often be in a disguised way, perhaps testing the waters and not knowing what our views are about different cultural practices and beliefs.

So you noticed in my title I also make reference to the cosmopolitan therapist, so now is a good time to think about this notion and how it is relevant to us as clinicians. Here I use cosmopolitan mainly to refer to the deeply unconscious way in how we engage with the other.

Cross-cultural therapy begins with a state of unfamiliarity, mistrust and confusion. The therapist and the patient are an enigma to each at the outset. They must of necessity become participant-observers and ethnographers of each others' cultures (Davidson, 1987, p. 663)

But do we get over these barriers and reach a state of intimacy in order than we can work together in the transcultural encounter? I do this work because I strongly believe we can, but I am also realistic in that some clients may never reach me (us) because we represent too much of the difference.

Empathy

The first ingredient that is absolutely essential if any cross-cultural encounter is to at least begin to make contact is empathy.

I believe really being able to engage with racial or cultural difference can only occur if there is empathy. Empathy involves affective and cognitive elements (Davis, 1980, 83), so it has a large part to play in perspective taking. It implies feeling with the other and for the other and having compassion. It means that we can travel into the inner life of another person and connect. It is a deep connection which involves synchronising affective expression and movement with another person.

Transculturality, in therapeutic work, includes subtle but vital processes of mimicry and synchronization to affective expression and movement with another person. Our client may have a different cultural rhythm from us or may have lost the capacity for basic regulation or when they enter a cross-cultural relationship.

Empathic synchronizing, however, can be triggered or minimised by someone's culture and or racial background (eg. research by Webster and Baumgarte, 2004). In order to really recognise emotion in another person, I have to connect with you and in order to do this I have to connect with myself. If we don't find any resources to connect within ourselves, I believe

we encounter resistance in our clients. Furthermore, I am afraid I agree with Leary (1995) in that we are still not at all emotionally comfortable to discuss issues of race, culture, power and domination with our clients. They tend to get addressed purely on a cognitive level. If they don't get addressed, I fear like the title of her (1995) paper, that we are 'interpreting in the dark'.

Transference and countertransference

This brings me into the consulting room and the powerful unconscious exchanges of transference and countertransference dynamics.

Therapeutic encounters are a rich myriad of transference and countertransference dynamics, but if we add the mix of culture and race the plot thickens considerably. Therapists such as Curry and more recently, Thomas (1995) have written about these projections of hatred, impotence, shame amongst many, and largely based on race and cultural historical dynamics. Through time, I have learnt to be open to my clients' conscious and unconscious perceptions and it always brings surprises. For example, projections from clients who have described me as being 'politically black' and therefore I will understand them better somehow or their fantasies that I am half this and half another culture, or Greek clients who have walked into my consulting room and said it smells of Greek cooking. As nice as that fantasy seems, it usually is a fantasy.

These projections are always fascinating as they create something quite profound in us, taking us to an emotionally loaded place that has to be worked through; we have to be able to tolerate what is thrown at us, even if it doesn't represent anything about us. And even if it does represent something about us, then we have to digest it and think about how we may have also triggered it. The parallel is like a mother who has to tolerate what comes her way and digest it before reacting and/or responding; following from Bion's useful concept of maternal reverie I wonder whether we can extend it here, as transcultural/racial reverie, which I would argue becomes critical in our work. I will turn to a personal example to elaborate on this.

Example from a group weekend scenario (*from Z.E. 2010 text*)

I would like to give an example that arose out of an analytic group many years ago, where I was asked to work with a group in how to consider cultural dynamics :

As you know, stereotypes emerge unconsciously in clinical as well as in training situations. In a group scenario racial projections can be even more powerful as they may be held by more than one member, even though one participant becomes the voice for the group.

After a long training day with some psychotherapy trainees, we regrouped on the following day. After some room allocation problems, eventually we found an empty room and I made space for processing material from the previous day. One female participant who had been extremely positive about being on the course the previous day, (in fact she 'had no questions, but was just really looking forward to the course') started by saying that on her way to the training day, she had a really difficult journey. There was a great deal of traffic and she couldn't even get anything decent on the radio, every time she changed the station she seemed to get a foreign voice. We explored this statement as a group and she slowly owed her frustration at

having to attend such a course. She had felt angry that this course had been imposed on her as if she 'should feel guilty for being white'. She also added rather humorously that she 'had not been able to place me exactly and that had unsettled her' - she had 'thought I would be an American male?' Then on meeting me, she met a female (from a different therapeutic home also) with an accent she could not place. I could go on, but it just gives you a flavour of racial and cultural dynamics. The anxiety that she could not place me and how much discomfort it had created for her and what I represented in facilitating such a course. Once again the process of pre-transference is at play and although this student defended against this, it emerges forcefully on the second day, after the catalyst being difficult journey and room changes.

Conclusion

To conclude, these are my thoughts. I don't think transculturality is an end concept but a process to strive towards, but I think it encapsulates many of the complexities and tensions that go with this area. It takes us away from this notion of one static culture and gives us a way of exploring all of our clients' different cultural and intimate attachments simultaneously.

Transculturality means working with many difficult barriers and attempting to open and maybe even daring to cross them if this can be tolerated. Just like the word in French for passport which symbolises the passing through many doors, I believe that thinking transculturally can facilitate and support a client to re-awaken and recover lost images of significant others and cultural spaces, such as smells, the wider geography of home in a way that can feel lost in one's mind. It is a profound process and they can feel they can retain more vivid images psychically. If we think about the tree analogy is to help it create strong roots that will serve it to stay strong against winds and storms and so forth.

I believe that these type of transcultural considerations make the cosmopolitan therapist. I think psychoanalysis has a great deal to offer in the transcultural field, but only as previously stated if the net widens and if we are prepared to change from an elitist position of knowing. In other words we have to engage with construction and deconstruction of cultural barriers both in our minds and with our clients. Perhaps what I am also proposing is a different pace, a sort of more open and less suspicious exploration of the other's racial and cultural world, a spirit of ongoing enquiry. What I hope emerges is an integrated model of culture and self, rather than culture and self as separate components. The cultural strand becomes 'infused' into the sessions, the conscious and unconscious mind and eventually the relationship.

I will leave you to ponder on these 2 quotes from 'Intercultural Therapy', expressed by the late Jafar Kareem (1992):

A psychotherapeutic process that does not take into account the person's whole life experience, or that denies consideration of their race, culture, gender or social values, can only fragment a person. Similarly, we believe that racial difference between the therapist and the patient is counter-therapeutic when it is institutionalised in a system of power (p.16)

"There is always an interpersonal and 'intercultural' dimension to any encounter between two people, including the therapist and client" (p.19)

References:

- Akhtar, S. (1999). *Immigration and Identity: Turmoil, Treatment and Transformation*. London: Aronson.
- Altman, N. (1995). *The Analyst in the Inner City*. London: The Analytic Press.
- Berzoff, J., Melano Flanago, L. and Hertz, P. (2002) *Inside Out and Outside In*. Oxford: Aronson.
- Curry, A. (1964). *Myth, transference and the black psychotherapist*. *Psychoanalytic Review*, 51, p. 7-14.
- Eleftheriadou, Z. (1994). *Transcultural Counselling*. London: Central Books.
- Eleftheriadou, Z. (1997a). *The cross-cultural experience - integration or isolation?* In du Plock, S. *Case Studies in Existential Psychotherapy and Counselling*. London: Wiley, pp. 59-69.
- Eleftheriadou, Z. (1997b). *Cultural differences in the therapeutic relationship*. In Horton, I. & Varma, V. *The Needs of Counsellors and Psychotherapists*. London: Sage, pp. 68-83.
- Eleftheriadou, Z. (1999a). *Assessing the counselling needs of ethnic minorities in Britain*. In Laungani, P. and Palmer, S. (Eds) *Counselling in a Multicultural Society*. London: Sage, pp. 113-132.
- Eleftheriadou, Z. (1999b). *Psychotherapeutic work with refugees: Understanding the therapist's countertransference*. *Psychodynamic Counselling*, No. 5 (2), pp. 219-230.
- Eleftheriadou, Z. (1999c). (Ed) *Special issue on racial and cultural differences*. *Psychodynamic Counselling*. No. 5, 2.
- Eleftheriadou, Z. (2010). *Psychotherapy and Culture: Weaving inner and outer worlds*. London: Karnac.
- Erlich, S. (2013). *The Couch in the Market Place*. London: Karnac.
- Harris, A. (2013). *Discussion: Putting our heads together; mentalizing systems*. *Psychoanalytic Dialogues*, 23: 700-707.
- Kareem, J. & Littlewood, R. (1992). *Intercultural Therapy*. Blackwell.
- Leary, K. (1995). *Interpreting in the dark. Race and Ethnicity in Psychoanalytic Psychotherapy*. *Psychoanalytic Psychotherapy*, 12, 127-140.
- Mishne, J. (2002). *Multiculturalism and the Therapeutic Process*. New York: Guildford Press.
- Rey, J.H. (1988). *That which patients bring to analysis*. *International Journal of Psycho-Analysis*, 69, 457-470.
- Thomas, A.J. & Scharzbaum, S. (2006). *Culture and Identity*. London: Sage.
- Stelzer, J. & Issroff, J. (1983). *La mere et l'image de la mort*, *Dialogue*, 79: 53-61, 1st trimester, Paris.

(*) Due to technical problems it was not possible to print the pictures.