



Across Oceans and Into Practice

A Migrant Diversional and Recreational Therapist's Autoethnography of Belonging, Identity, and Care in Aotearoa, New Zealand

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Abstract

This autoethnographic study explores how my immigration journey shaped both my personal identity and my professional practice as a diversional and recreational therapist in Aotearoa New Zealand (AoNZ). Through reflective journaling, storytelling, and critical self-reflection, I examine how experiences of migration, cultural transition, and belonging influenced my deeper understanding of the way I connect with others and deliver therapeutic care within aged care settings. As I navigated unfamiliar cultural spaces and adapted to a new environment, I began to recognise how these experiences deepened my empathy, cultural awareness, and understanding of inclusion in diversional and recreational therapy (DRT) practice. This research reflects on the ways my personal experiences shaped my professional identity and therapeutic relationships. It also highlights the importance of cultural responsiveness, human connection, and reflective practice when working within diverse care environments. By sharing my lived experiences, this study offers insight and encouragement to others working across cultural boundaries and contributes to conversations about identity, healing, and inclusive practice in DRT.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Date: 10 June 2026

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In addition, I used AI to suggest synonyms and alternative phrasing to improve clarity and flow, while I always retained control over the final wording so that the writing remained in my own voice. I used it to help identify appropriate te reo Māori words and provide their meanings, supporting more culturally responsive language use, and I then considered and checked these terms for suitability in context. I also generated images with AI to visually illustrate and clarify my conceptual ideas within my autoethnography, as a way of supporting reflection and meaning-making rather than replacing written analysis.

AI was not used to write full sections of the assignment, construct original arguments, or carry out the core analytical work. It functioned more like a combination of a study assistant, dictionary, thesaurus, and language helper, supporting my comprehension and communication while the intellectual work and final decisions remained my own.

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Student Name: Lynette Dudley

Signature:

Date: 10 June 2026

Introduction

This autoethnography explores my journey, bridging the resilience in the Cape Flats, a socioeconomically and politically marginalised region of Cape Town South Africa, with Aotearoa, New Zealand (AoNZ) cultural landscapes. The personal story I am sharing is inseparable from the political world that produced it, so it becomes necessary to explain the system of apartheid structuring South African life. In this section, I briefly outline what apartheid was and how it shaped everyday realities, particularly for those of us classified as Coloured.

What Apartheid Was

Apartheid was a formal system of racial segregation and white minority rule in South Africa (SA), enforced through law and violence from 1948 until the early 1990s. It was not only a social attitude, but a deliberately designed political project categorising people as White, African (Black), Coloured, or Indian, and then attached different rights, spaces, and possibilities to each of these categories (Pellicer & Ranchhod, 2023). Under apartheid, race determined where you could live, the quality of education you received, the work you were allowed to do, and even whom you were permitted to marry.

Laws and Everyday Control

This system was held in place by a dense network of laws invading every aspect of daily life. Legislation such as the Population Registration Act classified people by race, while the Group Areas Act dictated where each racial group was allowed to reside, resulting in forced removals and the creation of racially segregated townships (Pellicer & Ranchhod, 2023). Education and movement were also tightly controlled. Apartheid education policies ensured inferior schooling for non-white children, and pass laws required people to carry documents to justify their presence in certain areas, turning simple acts like travelling to work into criminalised risks (Pellicer & Ranchhod, 2023).

Positioning of Coloured Communities

For those categorised as Coloured, apartheid created a particular and often painful “in-between” position (Kamies, 2019). Coloured communities were afforded limited advantages over Black

Africans in some areas, such as slightly better access to certain jobs or schools, yet they remained excluded from political power, quality housing, and economic opportunity enjoyed by white South Africans (Kamies, 2019; Pellicer, & Ranchhod, 2023). Many Coloured families were uprooted from established neighbourhoods and relocated to peripheral areas like the Cape Flats during the height of apartheid-era forced removals in the late 1960s and 1970s, where poverty, policing, and social marginalisation were part of everyday life (Kamies, 2019; Pellicer & Ranchhod, 2023). It is in this context of structural inequality and displacement that my own family's political commitments and my identity formation must be understood.

Link Back to 'The Struggle' and Identity

Growing up in the final decades of apartheid and its aftermath meant that the "struggle" was not an abstract idea but the backdrop of my childhood and family life. My parents' involvement in anti-apartheid activism exposed me to communities where Coloured, African, and Indian people worked together under a shared Black political identity against a common system of oppression. It is from within this history of solidarity and resistance to apartheid's racial categories that I come to think of myself as Black, even though I was classified as Coloured in South Africa, and despite my appearance not fitting the stereotypical expectations of this label in AoNZ. While my early experiences were shaped by the overt, legally enforced racism of apartheid SA, moving to AoNZ has drawn me into a different, more subtle landscape of racism that is woven through history, institutions, and everyday life. Racism in AoNZ is tangled up with the country's settler-colonial history, and it continues to shape everyday life and opportunity for Māori, Pasifika peoples, and migrants in ways that are often painful but sometimes invisible to those who do not experience it directly (Reid et al., 2019; Talamaivao et al., 2020). In health and social services, racism shows itself not only in individual attitudes but also in the systems, policies, and norms that quietly privilege Pākehā ways of being, making it harder for Indigenous and minority communities to access fair and culturally safe care (Kewene, 2024; Talamaivao et al., 2020). At the same time, many people in AoNZ still hold onto an image of the country as a fair and welcoming place, which can make it difficult to talk openly about racism or to have the reality of these experiences believed, especially by those who benefit from the current arrangements (Palomino-Schalscha et al., 2023; Reid et al., 2019). For someone like me, arriving as a migrant and trying to find a place within this landscape, these layers of history, power, and silence become part of the social context I must navigate in both my everyday life and my practice. In this thesis, I carry these intertwined histories with me, and they inevitably

shape how I understand my own acculturation in AoNZ and how I show up in my work as a Diversional and Recreational therapist. As I move between these contexts, I am continually asking how my experiences of race, belonging, and marginalisation inform the way I build relationships, design therapeutic spaces, and imagine possibilities for healing across borders.

Personal Statement

This autoethnography examines my migration from SA to AoNZ and the ways it has shaped my personal and professional identity as a DRT therapist. This thesis is both an academic exploration and a deeply personal narrative. It marks my journey from SA to AoNZ. This journey has shaped not only where I live but who I am, both as a person and as a DRT therapist. Migration is rarely a simple story of departure and arrival. It is layered with loss, hope, and transformation.

Who am I?

As an English-speaking Coloured South African woman from Cape Town (CT) now living in Tāmaki Makaurau, Auckland, AoNZ, I introduce myself with a story rooted in complexity. With mixed and varied ancestry, I do not look distinctly Black or White, an ambiguity often confusing New Zealanders. Yet I can identify as Black, not by appearance, but by the politics of my upbringing during SA's 'struggle' era. My parents' involvement in anti-apartheid activism immersed me in a world where Coloured people like us stood in solidarity with Black liberation, forging an identity beyond apartheid's categories. From an early age, I witnessed the courage, commitment, and sacrifices required to challenge oppression, lessons that shaped my sense of justice, community, and resilience.

Having traced the roots of my identity in apartheid SA and the politics of the 'struggle', I now turn to the next chapter of this journey, my migration from CT, SA to AoNZ and the ways it has reshaped my sense of self and belonging. Figure 1 presents a visual representation of my transition from migration to professional growth, outlining the key stages of this personal timeline.

Curiosity sits at the heart of my journey, quietly urging me to look more closely at how my immigration experiences have shaped who I am, both personally and as a DRT therapist in AoNZ. It draws me back to moments that linger. Those moments of uncertainty, growth, and shifting belonging, and invite me to explore why they matter and how they continue to influence my practice. As I reflected, I noticed how my ways of connecting, understanding, and supporting

others were deeply intertwined with my own story of movement between cultures. This curiosity also opened a wider space, encouraging me to consider how these lived experiences might resonate beyond myself, offering insight into the complexities of identity and practice when working across cultural borders. In this way, curiosity became a gentle but persistent guide, helping me make meaning of both my journey and my work.

Centering on Berry's Acculturation Theory (1997), I reflect on adaptation, integration, and negotiation of cultural values throughout the process of resettlement and in my therapeutic practice. My narrative explores not only the challenges of adjusting to a new environment and community, but also the ongoing reconciliation of past and present selves within AoNZ's healthcare context.

By situating my experience within Berry's (1997) framework, I aim to illuminate the unique challenges and transformative growth faced by migrant health professionals. The journey of belonging to a new country and evolving as a DRT therapist influences my reflections on both personal identity and professional development. This autoethnography highlights migration as an ongoing process of cultural adaptation, fundamentally shaping therapeutic roles and relationships within diverse communities.

Diversional and recreational therapy (DRT) is a client-centered field dedicated to promoting psychological, emotional, social, spiritual, and physical well-being through meaningful recreational activities (New Zealand Society of Diversional and Recreational Therapists [NZSDRT], 2022). Working across settings such as aged care, community centres, and rehabilitation, DRT therapists design and implement tailored programs, including music, art, gentle exercise, cultural events, and sensory enrichment, to enhance clients' quality of life and community connection. Central to DRT is the understanding that leisure is a foundational right and a vital part of holistic healthcare.

Through the lens of my lived experience, I am sharing by describing insights into how acculturation influences the delivery of my culturally responsive therapeutic care. Sharing my migration journey invites readers to reflect on how cultural adaptation shapes professional identity, belonging, and the practices of healing and caring across cultural boundaries.

This study is guided by three research questions:

- (1) How does migration impact the development of personal and professional identity as a DRT therapist in AoNZ?

- (2) How do my lived experiences of migration shape my DRT practices in culturally diverse settings?
- (3) What are the potential broader implications for health professionals navigating acculturation and professional practice across borders?

These questions anchor my inquiry to Berry's theoretical perspective, focusing on the exploration of my identity and practice within Aotearoa's distinct and diverse healthcare environment.

By adopting autoethnography and grounding analysis in Berry's Acculturation Theory, this research connects personal narrative with scholarly discourse, offering perspectives that enrich adaptation, identity, and care in the contemporary health context.

Introduction to My Migration Journey

My Migration Journey

Figure 1 shows how my migration journey took shape overall. Our migration journey took shape in the following manner. In 2013, my family and I immersed ourselves in planning and preparation, laying out the groundwork for what lay ahead. By 2014, the move became reality with our actual migration, though 2015 brought the raw uncertainty of the journey, the doubts and dislocations that shadow such upheavals.

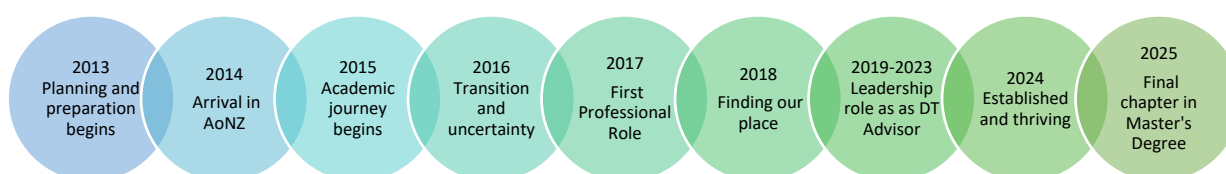
My path evolved in 2016 as I sought my professional place, solidifying into defined roles by 2017. From there, 2018 marked thriving in my field, 2019 deepened that development, and 2020 embraced further growth. 2024 signaled expansion into new domains, leading to where I stand in 2025, striving as a Master's student.

I have designed this timeline as a linear visual narrative, *using* circles connected to the year to provide a chronological structure. However, the linear arrangement should not be understood as representing a straightforward migration journey. My experience was non-linear, shaped by periods of uncertainty, disruption, adjustment, and reorientation. Some events unfolded simultaneously, while others continued to influence me long after they had occurred. The timeline therefore offers points of reference rather than a fixed progression, illustrating how migration is experienced through overlapping chapters of resilience, loss, adaption, and identity reconstruction. It is my lived story, rendered in colour and sequence, to convey the emotional

arc from preparation to my current Master of Health Science Study. To illustrate this progression visually, I have crafted the timeline shown in Figure 1 below, which maps my path from preparation to thriving. This figure is revisited in the following paragraphs to demonstrate the unfolding progression, with the relevant time periods highlighted in red to guide interpretation.

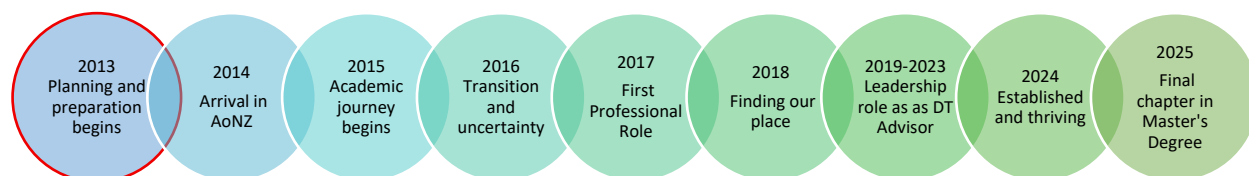
Figure 1

My Migration Journey: A Timeline



Note. This timeline was created in Microsoft Word by the author to illustrate key stages in the migration, professional development, and thesis journey from 2013 to 2025.

2013 Planning and Preparation



Migrating to AoNZ was a journey full of mixed emotions, part exhilarating dream, part heavy unknown. It meant leaving behind what was familiar and stepping into a world I had only ever imagined. There were late nights of excitement, talking about all the possibilities for my children, woven together with tears of uncertainty about what we might lose.

I remember feeling torn between strength and fear, strong for my children, yet frightened by the enormity of our decision. I carried a quiet hope that, in this new place, they would be seen and

accepted for who they were, not constantly compared to others. Beneath all the practical preparations was a deeper wish, that migration might become a way to heal the invisible wounds left by years of being measured against expectations we could never quite meet. I wanted AoNZ to be more than a destination; I hoped it would be a home that welcomed me as I was, a place where belonging might grow naturally for our children and for me.

At that time, I often found myself balancing two forms of courage: the practical kind needed to plan, pack, and persist, and the emotional kind that comes from choosing to hope even while feeling afraid. Some nights I felt the weight of carrying everyone's emotions, my husband's worries, my children's questions, my own hidden doubts. Yet alongside this heaviness was also a sense of renewal. A belief that uprooting could bring restoration, that the act of leaving might also be the first step toward healing.

Shortly before moving, I had a defining experience that shaped the path ahead. While visiting a friend who was helping her elderly neighbour with meals, we found the neighbour had fallen earlier in the day and was unable to call for help. Witnessing this moment stirred something deep within me, a desire to support and make a difference in the lives of older people. This experience became a quiet calling that has guided my professional journey ever since.

The migration process unfolded in phases, marked by both uncertainty and hope. My husband and I enlisted the help of an immigration advisor to guide us through the skilled migrant visa process, a pathway made possible because my husband's occupation appeared on AoNZ's short skills list. Yet despite the immigration agent's routine expertise, what felt ordinary for them was deeply unsettling for us. Not knowing what would come next brought anxiety, and trying to communicate our worries often left us feeling misunderstood.

The entire process was financially costly and emotionally draining. We researched several countries where my husband's skills might ease our settlement, Canada, Australia, and AoNZ. Canada quickly seemed less appealing; my husband was not keen on the snow and bitter cold. Australia was tempting but came with its own concerns, family dynamics and the likelihood of ending up in a remote mining town far from the life we imagined. AoNZ felt safer and more familiar. Its climate reminded us of home, and the visa opportunity gave us a clear path forward. The housing market also looked promising, and it seemed possible we could soon own a home. Of course, this changed sooner than we expected.

In the end, AoNZ was not the easiest choice, but it felt right for our family's future. My husband left for AoNZ the day after my 40th birthday to begin job hunting, while I remained in SA with our four children, then aged 20, 17, 10, and 7.

During this period, as my husband and I continued weighing the possibility of migration, we consulted carefully with our children. Each voice mattered in this life-changing decision. The three older ones expressed their willingness to migrate, though they understood the sacrifices it would require. For my eldest daughter, it meant leaving behind her friends and the young adult life she was building. In December of 2023, we celebrated our daughter's 20th birthday with a large family gathering, knowing she would miss the South African "big family 21st." For my 17-year-old son, it meant stepping away from his final school year and saying goodbye to close friendships. Fortunately, his school formal had already taken place earlier that year, a milestone he would not miss. Our ten-year-old was genuinely excited about the move to AoNZ, viewing it as a new adventure filled with possibilities. My youngest, at seven, resisted the idea of going; his understanding of permanence was still limited.

As a mother, watching each of my children respond differently to the news both grounded and unsettled me. Their hope, excitement, and reluctance mirrored my own tangle of emotions. I wanted each of them to find acceptance in AoNZ, a place where difference did not mean lesser value. Beneath everything was the longing for our family to breathe a little easier, to finally move beyond the comparisons and judgments that had quietly shaped our past.

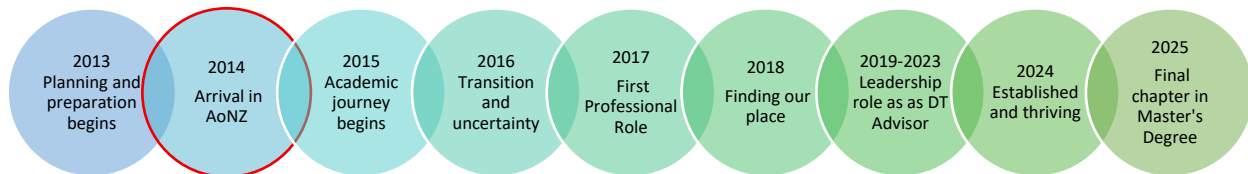
Initially, my husband and I shared our migration plans with friends and family only once the move was certain. The announcement was met with mixed reactions, anger, disbelief, and disappointment. Some relatives excluded us from gatherings, a rejection that cut deeply but also revealed the emotional weight of our decision. To them, our departure symbolised abandonment rather than transition. More painful still was a few never asked why.

For my husband, this move carried a special significance. His family's identity had long been intertwined with their trade, generations of electricians beginning with his grandfather. Leaving the family business meant breaking a thread of continuity, disrupting the story that defined belonging and pride within his family line. I saw how this decision challenged his sense of self, even as it opened new space for growth.

We were aware that migration ran deep through his family's history. During the apartheid years, several uncles had emigrated to Australia, fracturing the extended family and their once-close church community. By the time we made our decision, those earlier migrations already shaped

how family members viewed such choices, as both possibility and loss. My husband approached the transition with empathy; mindful it might reopen old wounds. Yet beneath the sorrow, there was quiet recognition that the desire to seek opportunity and renewal had always been part of the family's story.

2014 Migrating - The New Chapter



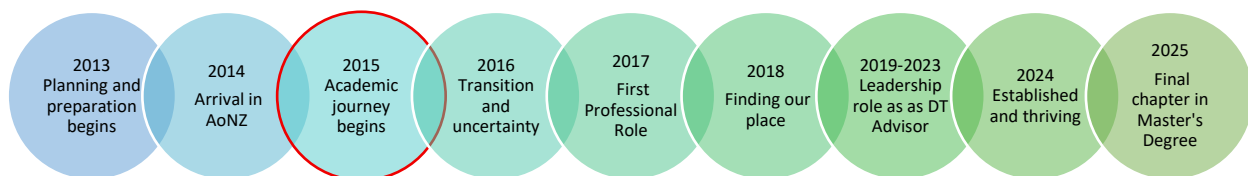
Life after my husband left for AoNZ was among the hardest we had ever experienced as a family. It was the longest time we had ever been apart, and the time difference between countries was grueling. Watching him search for work from afar was heartbreaking. Having always been involved in a family business in SA, he now had to create a personal resume for the first time and fend for himself day to day. The look on his face during video calls revealed the strain he felt. Meanwhile, I managed the household, sold our properties, packed up our belongings, and eventually moved with the children, first sharing a home with my mother and sister, and later moving into a granny flat that my husband and I had built at the back of our home, which was rented while we were preparing to make the move to AoNZ. We cocooned ourselves there, waiting in liminality, lonely, uncertain, and turning inward for strength.

Four months passed before the children, and I were finally reunited with my husband. During this time, my husband travelled the entire length of AoNZ in search of work, moving from one region to another with a quiet determination that both inspired and worried me. Each place offered promise and disappointment in equal measure, and with every move, he learned more about the country that would soon become our new home. Eventually, he decided Tāmaki Makaurau, Auckland would be the best place for us to settle. Its diversity, opportunities, and sense of global connection felt like something we could build a life around. The relief of his decision brought with it a fragile sense of hope; after months of separation and uncertainty, we began to imagine a future together again.

Balancing the roles of wife and mother during the migration process brought about a mix of emotional complexity and resilience. The migration decision was truly a family undertaking, requiring careful consultation with my husband and children, and multiple conversations about the uncertain path ahead. As a mother, I navigated the responsibilities of preparing my children for change, supporting their hopes and anxieties, and helping them adjust to the unknown rhythms of a new country and culture. As a wife, my partnership was characterised by collective problem-solving: coordinating logistics, sharing emotional burdens, and striving to preserve a sense of stability and togetherness amidst disruption. These overlapping facets of family life shaped each stage of our journey, often influencing how I engaged with the dual challenges of finding work and possibly starting a new career while nurturing my family's wellbeing and sense of belonging.

The first two years in AoNZ were marked by a sense of unraveling and struggle, as each member of our family faced unique challenges in our new environment. My sons gradually readjusted to school life, while my daughter was especially impacted by visa restrictions preventing her from working or studying, leaving her unable to forge new friendships or engage with the broader community. As I began seeking employment, I encountered repeated disqualification due to unfamiliar professional requirements, eventually taking work as a support worker, cleaning homes, shopping, and caring for older adults in their own homes. Though sometimes rewarding, the role could feel demoralising, and at one point was even dismissed as “a dead-end job.” Throughout this transitional period, my husband continued working as an electrician, providing a measure of stability. After our first year living in AoNZ, he took the bold step of starting his own business, a venture that initially added uncertainty but slowly gained traction. Once residency was achieved, my daughter was free to pursue work and study, and our family found its rhythm, each of us contributing to new beginnings, with my mother's visit and small acts like posting flyers for the business helping to anchor us and bring moments of calm amidst the storm.

2015 Academic Journey Begins



Enrolling in the Managing Care of the Older Person degree became a turning point in my life, a step that laid the foundation for a career dedicated to caring for older adults while also shaping my personal and professional journey. This opportunity came unexpectedly and beautifully. Without my knowledge, my daughter made enquiries about applying to Auckland University of Technology (AUT) on my behalf for this program, knowing how much earning a university degree had always meant to me. Years ago, after marrying very young, I left university following my first year to focus on starting a family. With both my parents and sister being highly educated, obtaining a degree was a lifelong dream I had not yet fulfilled. My husband and I had often said I would return to studying when our children were older. I will always be deeply grateful to my daughter for seeing this chance for me and making it happen. It was the doorway I needed to step into formal education and reshape my career and identity.

I was determined to get an education so I could move beyond minimum wage work and create a more secure and meaningful future for my family. This determination was rooted in a deep belief that I was capable of more. Minimum wage felt like I was a nobody, nothing, trapped in a cycle that undervalued my worth and potential. I often felt frustrated and, at times, useless, as if I were stuck and unable to reach my full potential. I wanted not only to earn more but also to make a greater difference through my work. With four children and the high cost of living in AoNZ, financial hardships were a constant reality. This reality meant I often had to work on public holidays, as the time-and-a-half pay was essential to help cover our expenses. These feelings fueled my commitment to study, even when balancing full-time study with community support work felt overwhelming. Working on public holidays was especially difficult because my husband and children were home together, enjoying time I could not share with them. Yet these sacrifices deepened my resolve to create a better, more meaningful future for all of us.

As noted in my introduction, obtaining a degree had long been a personal aspiration. However, tertiary education became much more than the fulfilment of that goal rather after I migrated to AoNZ. It became one of the most visible and sustained parts of my settlement journey. Soon after arriving, I began a Bachelor of Health Science at AUT, majoring in Managing Care of the Older Person. Over the following 11 years, I continued studying through a Diversional and Recreational therapy apprenticeship, post graduate papers in acute stroke care at the University of Auckland, and part-time study towards my Master of Health Science. This experience shaped not only my qualifications, but also my confidence, my professional identity, and sense of where I could belong in AoNZ. This thesis is therefore not separate from my migration story; it is one of its outcomes.

It represents both the practical need to establish myself professionally and a growing confidence that my experiences, questions, and knowledge were worthy of academic attention.

Beginning tertiary study as a mature student was both affirming and uncomfortable. I was usually the oldest person in the classroom, often surrounded by younger students who seemed more familiar with contemporary academic systems, digital platforms, and the pace of university life. At times, this heightened my awareness of difference. I was not only older, but also immigrant, a woman, and someone rebuilding a professional identity. Yet my maturity also brought strengths. I had life experience, a strong work ethic, and practical knowledge gained through caring roles and health related work. Gradually, I came to see that these were not disadvantages to overcome, but resources that shaped how I listened, reflected, and contributed.

I did not form close connections with other students because of a shared South African background. Instead, the strongest sense of recognition came through friendships with other migrants from different countries. We did not necessarily share the same language, histories, or reasons for leaving home, but we understood something of what it meant to navigate unfamiliar systems, interpret unspoken cultural expectations, and try to belong while carrying parts of another life with us. These connections showed me that belonging is not always created through national similarity. Sometimes it emerges through a shared experience of being 'new', of learning the rules, and of trying to make a place for oneself.

None of the students with whom I studied closely were mothers, this made my own circumstances feel very different within the student environment. While many of my classmates were able to focus primarily on study, I experienced tertiary education alongside the responsibilities and perspectives that came with being a mother, a mature student, and a migrant.

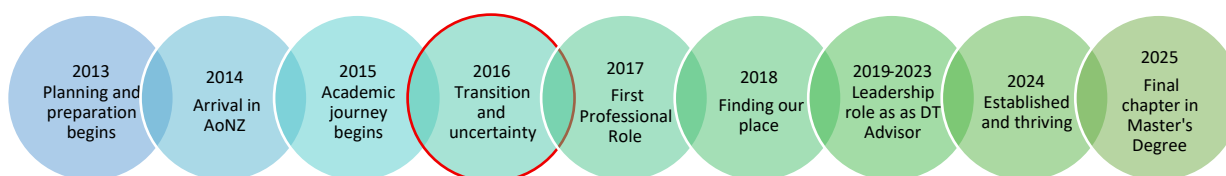
Over time, education became a space where my personal and professional identities were repeatedly renegotiated. I was no longer only a South African migrant adapting to a new country; I was becoming a health professional who was trained and developed in Aotearoa New Zealand, while still being shaped by my South African identity, upbringing, and migration experiences.

Being the oldest person in my class at university brought its own challenges. I struggled at times with new technology and the significant age gap between myself and younger classmates, which sometimes made me feel out of place. Yet, through it all, my family's unwavering support was my lifeline. Their quiet encouragement, their celebrations of every small success, and their practical help provided a loving foundation that kept me going when self-doubt crept in.

I remember during my university placement we had a speaker who encouraged us to be brave and make our marks. At the beginning of my degree, the students who were enrolled in the course were called trailblazers because this was the first ever New Zealand (NZ) degree of its kind, a title I embraced fully. I believed in this identity and was driven by a desire to find ways to make a meaningful difference through my work. The activity coordinators and DRT therapists I would meet later shared this same passion, to truly make a difference in the lives of those they served.

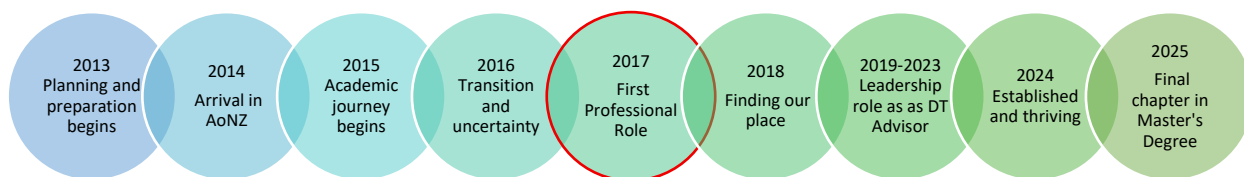
Throughout this journey, resilience, self-motivation, and a deep commitment to lifelong learning carried me forward. Most importantly, my family's emotional support gave me strength and a sense of belonging. Their love and practical help became the anchor that kept me steady through the complexities of migration and professional acculturation. These inner strengths and family bonds have woven together to shape who I am today. A dedicated professional and migrant continually learning to navigate new cultural and institutional landscapes.

2016 Transition and Uncertainty



This period came to represent a growing sense of stability and belonging for our family, as the uncertainty and upheaval of our initial years in AoNZ gradually gave way to balance and forward momentum. Each of us found unique ways to move ahead, whether through pursuing study, work, or starting new ventures, while collectively building a shared foundation that anchored us to our new home. Through the slow emergence of routines and the strengthening of our sense of community, our family began to confidently envisage a future and a place for ourselves in AoNZ.

2017 My First Professional Role in Diversional and Recreational Therapy



Following the completion of my degree, I interviewed for an activity coordinator assistant role and was offered the position. The manager hired me on the spot, which was a gratifying affirmation of my potential. She was passionate about recreation for older adults and committed to making each day fun, meaningful, and purposeful for residents. Early in this role, I was fortunate to be guided by an immigrant nurse from the Philippines who was experienced in therapeutic recreational activities. Her mentorship was both enjoyable and meaningful; I learned a great deal about creating engaging, therapeutic recreational activities.

It was during this time that my manager encouraged me to begin a DRT apprenticeship to further develop my skills and professional practice. Starting this apprenticeship was a pivotal step in gaining practical experience and deepening my understanding of how therapeutic recreation promotes well-being. This hands-on training allowed me to apply real-life techniques to enhance people's quality of life (QoL) through meaningful and purposeful activities. It also revealed how DRT can be tailored to meet individual needs, foster social connections, and support emotional and mental health. Combining theoretical knowledge with practical experience built my confidence in providing holistic care.

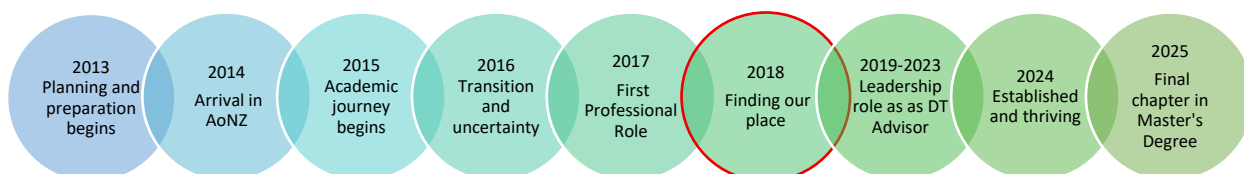
I faced a significant challenge bridging the joyful and connective experiences I created with residents and my ability to express the therapeutic rationale behind those activities in professional language. When asked to present an evidence-based program, I quickly realised I lacked the language and confidence to communicate my practice in a way that met the health care system's expectations. With limited workplace support to make sense of professional language, I turned to independent research at home and discovered my practice approach was already firmly grounded in evidence-based principles. I simply needed the right terminology and professional confidence to articulate it effectively.

This insightful process marked a turning point in my professional identity. As I continued to engage in learning and examining cultural adaptation, questions arose about how I might find my voice, improve my ability to communicate therapeutic outcomes, document my work with purpose, and critically reflect on my growth.

Around this time, I also became aware of the New Zealand Society of Diversional and Recreational Therapists (NZSDRT), an essential professional organisation supporting practitioners through advocacy, resources, and cultural competence education. Becoming involved with NZSDRT enhanced my understanding of the diversional and recreational therapy profession in Aotearoa New Zealand and supported my commitment to culturally responsive, evidence-informed

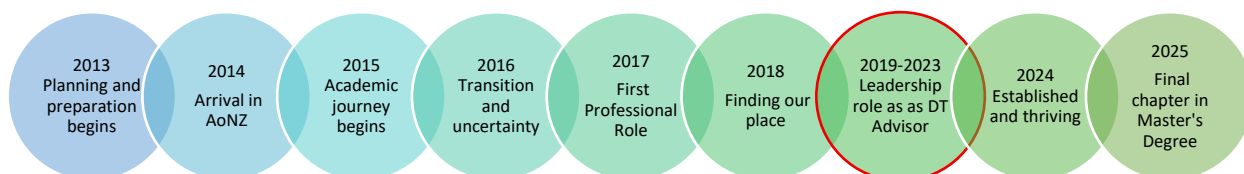
practice. This connection helped me weave together my migrant identity and professional role, emphasising the importance of cultural respect alongside therapeutic effectiveness in my work.

2018 Finding Our Place



This stage marks a growing sense of belonging and stability as opportunities expand, and daily routines become firmly established. Over time, AoNZ shifts from feeling like a place of transition to a true home, where the familiar rhythms of life bring comfort and a deeper connection to the community and culture. The emerging sense of rootedness reflects the culmination of early challenges and adjustments, signaling a hopeful foundation for the future.

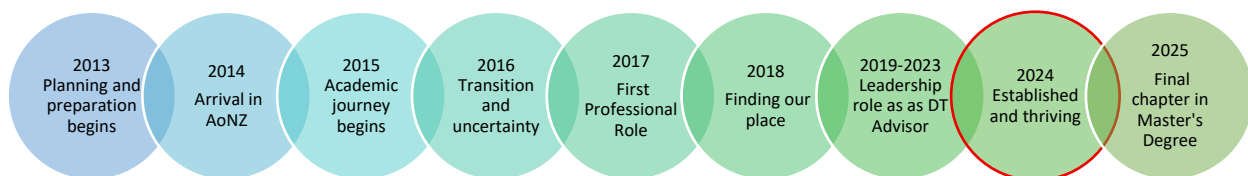
2019-2023 Leadership Role



Between 2019 - 2023, my journey took a significant turn when I accepted a position at a newly established care home, where I was entrusted with designing its entire activities program from the ground up. The excitement of building something original was immense. I was not following in anyone else's footsteps and could finally apply everything I had learned. Yet, integrating into the organisation's culture proved difficult. There was little understanding of DRT, and the team did not recognise the importance of supporting residents during the profound transition of moving to a new place or the unique role I played in facilitating those adjustments. The absence of empathy and professional awareness made my early days especially challenging; I often found myself in tears, grappling with the emotional weight of being misunderstood and isolated in my values.

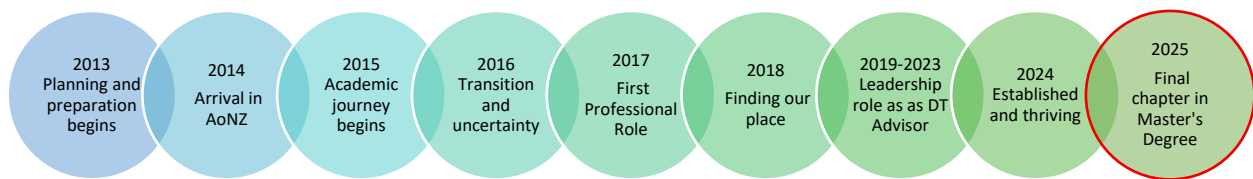
Eventually, I applied for a leadership position as a diversional therapy advisor within an organisation that managed sixteen care homes across the North Island (Te Ika-a-Māui), and I was offered the role. Stepping into this capacity brought new responsibilities and expectations, as I was tasked with leading and advising teams of activity coordinators (ACs) throughout the region. My manager provided valuable encouragement and support, which helped me adjust to the demands of leadership. In this role, I advised care home managers on best practices for their activity programs, assisted the ACs in implementing meaningful engagement strategies, and worked to enhance the overall quality of DRT practice across the organisation. The position required developing managerial competence, practicing authority in various contexts, and offering strategic guidance to strengthen therapeutic recreation services. Alongside these duties, I continued my master's studies while teaching, mentoring, and sharing knowledge with colleagues. The experience broadened my understanding of organisational dynamics and deepened my ability to adapt to diverse leadership practices within the field of DRT.

2024 Established and Thriving



This period reflects a deepening sense of stability and belonging, where the long years of transition and adjustment give way to a more settled rhythm for everyone in the family. The gentle hum of daily routines, the familiar click of keys as I prepare for work, the comforting aroma of freshly brewed coffee in the morning, and the soft laughter shared at the dinner table, create a warm backdrop to our lives. With newfound opportunities unfolding like the soft light of dawn, each family member moves forward with renewed energy, focusing on personal growth, meaningful contributions, and long-term aspirations. The air feels lighter, as AoNZ shifts from a place of uncertainty to a cherished home, grounding us with both comfort and hope for the future.

2025 Present Transition to Private Practice and Research



Between the ages of 50 and 51, I established my own private practice while continuing my master's thesis in health science. During this time, I balanced client work with academic exploration of acculturation and professional practice. Changes in my previous workplace, including new leadership and shifts in the team, presented new dynamics in how my role was understood and communicated. These experiences contributed to my decision to begin private practice, where I could apply my knowledge and skills aligning with my professional goals. This phase also offered insights into the evolving nature of DRT, especially migrant practitioners navigating their professional identity.

This unfolding journey suggested possibilities not only for understanding my own development but also for exploring the experiences of other migrant DRT therapists navigating professional identity within the unique bicultural healthcare context of AoNZ. It highlights the complexities and opportunities inherent in adapting therapeutic practices across cultural frameworks while balancing personal and professional growth.

Summary

This research offers a narrative autoethnographic account of my migration journey from SA to AoNZ, foregrounding how this significant life transition has influenced my evolving professional identity as a registered DRT therapist within the AoNZ healthcare context. While the primary focus centres on my own experiences of adapting, belonging, and developing as both a migrant and a practitioner, the introduction also situates my story within the wider contours of family migration, acknowledging the interconnectedness of familial shifts and personal transformation. Although details about my family's migration and early settlement are referenced to provide necessary context, the central narrative remains self-reflective, exploring how negotiating new cultural, social, and professional landscapes has shaped my approaches to therapeutic practice, professional values, and understandings of identity in a bicultural AoNZ.

Literature Review

Theories of Immigration and Identity

Migration theory provides a foundational framework for understanding why people move across borders, addressing factors such as economic opportunity, family reunification, and sociopolitical conditions. A synthesis by Massey et al. (1993) combined classical, neoclassical, and systems approaches, highlighting that migration is influenced by both individual motivations and broader structural forces. Building on this, De Haas (2021) proposed the "aspirations–capabilities" framework, which emphasises how migration decisions are shaped by people's desires and their capacities under changing macro-structural contexts, including development and policy environments (Massey et al., 1993; De Haas, 2021; Portes et al., 1999).

Perspectives such as transnationalism, discussed by Portes et al. (1999), further expand migration theory by focusing on how migrants maintain enduring cross-border connections. These ties can include regular communication with family and friends, remittance sending, return visits, cultural participation, and political engagement in their country of origin. Through these practices, migrants construct flexible identities that allow them to belong to both their home and host societies. Rather than fully detaching from their past, they negotiate belonging across multiple locations, enriching their sense of identity and community. This perspective positions migrants as active agents who sustain transnational lives and shape their identities through continuous engagement across borders (Portes et al., 1999).

Personal Identity Impacts

Building on these theoretical perspectives, the personal implications of migration reveal how identity is continuously reshaped through everyday experiences. Migration profoundly shapes both personal and collective identities through the intersections of generation, culture, gender, and language. In AoNZ, migration influences national identity, economic growth, and cultural diversity, particularly within skilled sectors such as health and social care (Dixon, 2019; Roskrug & Poot, 2025). Migrants navigate evolving identities by reconciling inherited cultural values with new social norms across generations. Gender further complicates this process, as migrants negotiate traditional gender expectations from their cultures of origin alongside those of the host society, influencing both personal and professional identities (Cohen & Kassan, 2018). Language

also plays a pivotal role in identity construction and belonging, as migrants often renegotiate their linguistic identities within familial and social contexts as part of broader cultural adaptation (Hamel, 2009). These intersecting experiences illustrate the dynamic and ongoing transformation of identity shaped by migration at both personal and national levels in AoNZ. These evolving personal identities also intersect with migrants' professional roles and aspirations, influencing how they adapt, perform, and find belonging within their occupational environments in AoNZ.

Professional Identity Impacts

Migration also shapes how individuals construct and negotiate their professional identities within new cultural and institutional contexts. For migrants in AoNZ, professional adaptation often involves navigating differing workplace values, expectations, and communication norms. For example, even though I completed my DRT training in AoNZ, starting my professional practice here as a migrant still meant navigating complex cultural and institutional landscapes. I found myself negotiating between the theoretical knowledge and values embedded in my training such as person-centered care and Te Tiriti o Waitangi (Treaty of Waitangi) principles, and the realities of workplace cultures that varied widely across settings. Sometimes, the informal communication styles or expectations around teamwork challenged my initial understandings, requiring me to continuously adapt how I engaged with colleagues and clients. This ongoing negotiation shaped not only my confidence as a professional but also deepened my appreciation of the cultural and institutional contexts that influence therapeutic practice here.

Professional identity negotiation is a central and often complex experience for migrants entering new socio-professional landscapes. Migrants often experience significant challenges in negotiating their professional identity, as the migration process disrupts established understandings of skills, recognition, and belonging. Professional identity is not only tied to qualifications and competencies but also to the socio-cultural and institutional frameworks that validate and sustain professional practice in each context. For many migrants, prior expertise may be undervalued or questioned, leading to a need to re-establish credibility and renegotiate their sense of professional self (Colic-Peisker, 2010; Deng & Hutchinson, 2018). This process can involve retraining, credential recognition, or adapting previously acquired skills to align with local expectations, which simultaneously challenges and reshapes identity. For example, while I trained as a DRT therapist in AoNZ, other migrant health practitioners who qualified in their home countries may face requirements to complete additional coursework or supervised practice upon migrating to AoNZ. Such requirements, though designed to ensure local

competency, can foster feelings of dislocation as migrants navigate being both experienced professionals and learners within a new institutional context. These identity negotiations are pivotal in shaping migrants' sense of belonging and professional efficacy in their new environments.

Migrant professionals in health and social care settings navigate complex challenges as they integrate their prior training, skills, and professional ethics with the cultural and regulatory frameworks of the host country (Giraldez Hayes, 2023; North & Trlin, 2004). Belonging in the workplace is further complicated by cultural differences and organisational practices that may marginalise migrants, making recognition by peers and institutions a crucial element of professional integration (Costas, 2012).

Professional identity formation is deeply intertwined with a sense of belonging and cultural competence. Migrants often leverage their cultural backgrounds as strengths, enhancing empathy, relational practice, and culturally responsive care. Nonetheless, they may face barriers such as accent, credential recognition, or unconscious bias, which adversely affect confidence, career advancement, and workplace integration (Henley & Robinson, 2011; Omeri, 2006).

Consequently, migrant professionals continually reconstruct their professional self-concept through learning, reflection, and intercultural adaptation. This dynamic process illustrates that professional identity is not fixed but evolves through transnational mobility, adaptation, and the interaction between personal resilience and institutional recognition. These individual experiences also mirror broader labour market dynamics, as the migration of skilled health and social care workers to AoNZ contributes to workforce diversity, structural change, and ongoing challenges in professional integration.

Practical Adaptation and Cultural Competence for Migrant Health Practitioners

Migration influences both personal and professional identities in complex ways, shaping how migrant health practitioners navigate bicultural environments in AoNZ. Migration theory, rooted in frameworks such as Massey et al.'s (1993) synthesis and De Haas's (2021) aspirations-capabilities model, highlights the interplay between individual motivations and structural forces. These theories provide essential context for understanding migrants as active agents negotiating identity through ongoing engagement with home and host cultures (Portes et al.,

1999). Migrants co-construct flexible identities that blend cultural heritage with new social norms, a process poignantly reflected in the health sector where personal and professional selves intersect.

For example, International Medical Graduates (IMGs) in AoNZ often face challenges adapting their professional values and communication styles to align with local bicultural expectations. Many IMGs describe the cultural transition as difficult, especially when accustomed to involving families extensively in care decisions, a practice differing from AoNZ 's emphasis on patient confidentiality and autonomy. Mannes et al. (2023) found that IMGs experience minimal orientation and support, which hinders their cultural adaptation and professional integration. These doctors reported feelings of isolation and the need to significantly adjust their communication and decision-making practices to fit AoNZ 's healthcare culture. Despite these challenges, many IMGs show resilience through cultural mentorship and professional development (Leberman et al., 2016). Thus, the negotiation of bicultural professional identities among migrant health practitioners is an evolving process shaped by structural contexts and individual agency. Understanding these dynamics is essential for supporting migrants' successful integration and enhancing culturally responsive healthcare in AoNZ.

Within this dynamic, practitioner identity emerges as a fundamental influence on therapeutic effectiveness. Studies show that therapists' cultural backgrounds, lived experiences, and values shape their approach to care, affecting how they tailor interventions and build therapeutic alliances (Cleary & Armour, 2022; Posluns & Gall, 2019). For example, a migrant DRT therapist might draw on culturally grounded storytelling to engage clients meaningfully, increasing relevance and resonance. However, unresolved identity tension, such as grappling with credential recognition or workplace biases, can undermine practitioner wellbeing and intervention quality (Cornett et al., 2023). Thus, cultivating a cohesive, reflective professional identity through supervision and peer support is vital for sustaining culturally responsive care.

Migrant practitioners also face pragmatic challenges in adapting therapeutic approaches to culturally diverse populations, highlighting the importance of cultural humility and flexibility in care. For instance, cognitive-behavioral therapy (CBT) is often modified to fit clients' cultural backgrounds by using familiar stories, sayings, or ways people express feelings. This helps clients relate better to therapy and build trust with therapists (McDermott et al., 2024). One example comes from working with refugee groups where therapists incorporate cultural practices, like storytelling or community gatherings, as part of therapy sessions to make the treatment more relevant and comforting (Benjamin et al., 2025). Additionally, having therapists who speak the

same language or share similar cultural experiences as clients improves communication and encourages clients to keep attending therapy (Hall, 2018). These adaptations are especially important for clients with complex migration histories or trauma, as they help therapists provide care that respects each person's unique background and social context. Overall, culturally adapting therapy enhances its effectiveness and supports better mental health outcomes for migrant populations.

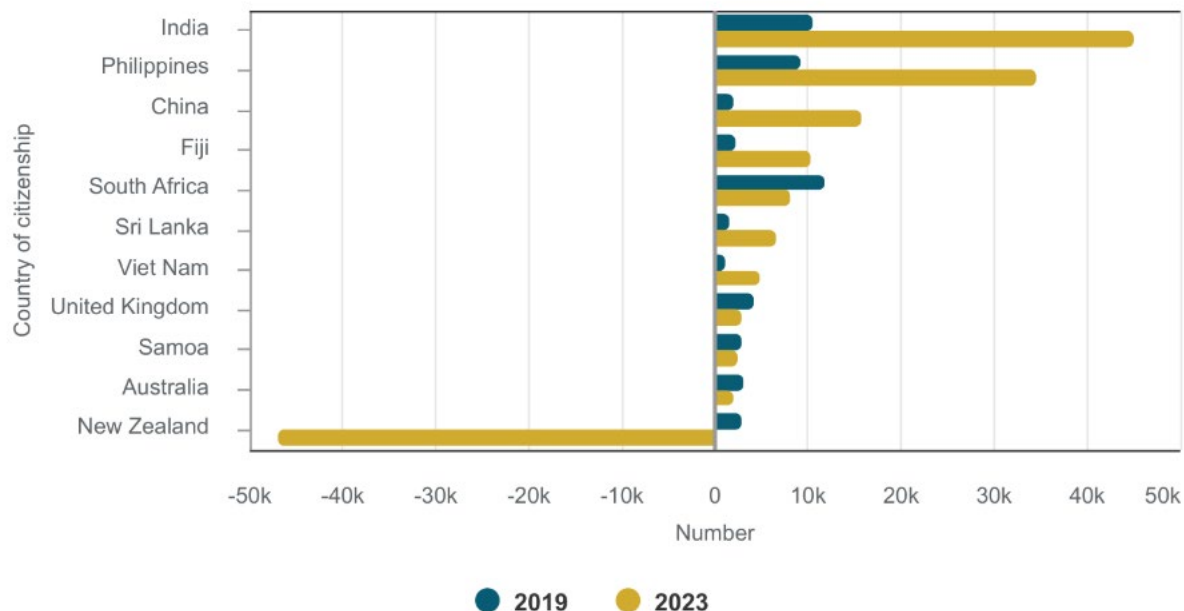
Crucial to these processes are cross-cultural competencies and cultural safety practices. Early-career migrant practitioners often report stress due to perceived cultural knowledge gaps; however, targeted training and experiential learning strengthen their confidence and skills (Bouchareb et al., 2024; Cimino et al., 2024). Notably, cultural safety goes beyond competence by requiring practitioners to critically reflect on power dynamics, colonial histories, and personal biases impacting care (Nursing Council of New Zealand, 2011). Organisational support such as interpreter services, culturally diverse mentorship, and reflective supervision bolster resilience and enable practitioners to navigate systemic barriers effectively. Together, these elements promote equitable healthcare delivery responsive to AoNZ's richly diverse populations.

Healthcare Workforce Migration in AoNZ

Migration and cultural diversity are defining features of AoNZ's evolving demographic and professional landscape. According to the 2023 Census, nearly 30% of AoNZ's population was born overseas, representing over 200 countries and more than 150 languages spoken nationwide (Statistics New Zealand, 2023). As shown in figure 2, the net migration gain in 2023 was mainly driven by citizens from India, the Philippines, China, Fiji, and South Africa, underscoring the diversity of migrant communities contributing to population growth (Stats ,2024). Many migrants make significant contributions to the health and social care sectors, including diversional and recreational therapy (Allied Health Aotearoa New Zealand, 2022 [AHANZ]). This growing cultural mosaic continues to shape AoNZ 's social fabric and enrich its health and wellbeing workforce through diverse migrant perspectives and skills.

Figure 2

Estimated Net Migration by Selected Citizenship, Years Ended December 2019 and 2023



Note. This graph compares net migration by citizenship between **2019 (blue)** and **2023 (gold)**. It highlights a significant shift in migration patterns over the four-year period.

In recent years, AoNZ's health and social care sector has experienced a marked increase in overseas-trained professionals, with more than 6,300 international practitioners, including over 2,500 nurses and 2,300 aged and personal care workers, joining the workforce through targeted migration programs (Statistics New Zealand, 2024). This influx has broadened the sector's cultural diversity, prompting practitioners to further develop their cultural competence and adapt their approaches to meet the needs of an increasingly bicultural population. Alongside this trend, however, there has been a relative, and in some cases, absolute, decline in the number of New Zealand-born workers in the sector, as demonstrated by recent workforce data and visual analyses. The growth in international recruitment now outweighs local workforce contributions, highlighting the sector's increasing reliance on migrant professionals (Statistics New Zealand, 2024).

These changes underscore the importance of creating and sustaining workplace environments that are culturally safe, inclusive, and supportive for staff from all backgrounds. At the same time,

strategies to recruit and retain New Zealand-born professionals remain essential to ensure a balanced, resilient, and responsive workforce. Such efforts are fundamental for delivering equitable healthcare and for meeting the evolving needs of AoNZ's diverse communities (Statistics New Zealand, 2024).

The growing diversity within health care environments enriches practice with a wealth of cultural resources but simultaneously presents nuanced challenges related to professional identity formation and the delivery of culturally responsive care among migrant health professionals.

For those working in therapeutic roles, adapting to new cultural settings requires ongoing negotiation of shifting identities, role expectations, and reconciliation of diverse cultural values (Ward & Liu, 2011). Migrant therapists frequently engage in collaborative identity work with clients, co-constructing culturally relevant understandings rather than imposing their own assumptions (Sametband et al., 2024).

South African migrant health professionals in AoNZ navigate the complexities of integrating their culturally rich backgrounds with host country expectations. Research indicates they commonly face systemic barriers, including shorter contracts, heightened scrutiny, and workforce underrepresentation that impede both professional integration and identity development (Kanengoni-Nyatara et al., 2024).

Language differences and limited access to culturally tailored support further complicate their capacity to provide culturally attuned care to diverse populations. Porter (2006) highlights how South African migrants often adopt integrative acculturation strategies but continue to encounter tensions aligning workplace norms with their own cultural practices.

These layered identity negotiations directly impact therapeutic relationships, where the foundations of trust, connection, and cultural safety are essential (Johnstone & Read, 2020). By adapting communication styles and embodying cultural humility, migrant health professionals foster greater client engagement and inclusion. Consequently, the intertwined processes of professional identity negotiation and culturally responsive practice are critical for migrant practitioners, South Africans among them, to effectively serve diverse communities.

Healthcare workforce migration in AoNZ is characterised by a complex interplay of barriers, opportunities, and ongoing challenges that shape the experiences of migrant health professionals and the sustainability of the health system. AoNZ has a high dependency on internationally trained health professionals, with international medical graduates (IMGs) comprising about 42–43% of

the medical specialist workforce, particularly in provincial areas where shortages are more acute (NZ Ministry of Health, 2017). Despite this reliance, retention of IMGs remains a significant challenge, with around 60% leaving within two years of registration, which exacerbates workforce instability and imposes substantial costs on the health system (Hitchon et al., 2024). Barriers such as language proficiency, unfamiliarity with the NZ healthcare context, cultural differences, and accreditation challenges impede smooth integration and professional belonging for migrant health workers, negatively impacting both their job satisfaction and patient care quality (Al-Btoush & El-Bcheraoui, 2024).

In response to these persistent challenges, opportunities have emerged to strengthen workforce sustainability through more inclusive and supportive approaches. Enhancing cultural competence training, improving orientation programs, and developing policies that foster belonging and retention can mitigate some of the barriers faced by migrant practitioners. However, competing international demands and policy changes in both source and destination countries continue to add unpredictability to workforce planning, underscoring the need for long-term, strategic solutions (Hitchon et al., 2024; NZ Ministry of Health, 2017).

Building upon this context of healthcare workforce migration in AoNZ, the present study draws on theoretical and methodological perspectives that illuminate the lived experiences underlying these systemic patterns. This study builds on the theoretical foundation of Berry's acculturation framework alongside existing autoethnographic accounts of migrant healthcare professionals in AoNZ. Autoethnography is adopted as a methodological approach due to its strength in merging personal lived experience with scholarly inquiry, enabling rich, contextualised understandings of identity negotiation and professional adaptation during migration (Ellis, 2004; Chang, 2016). Within healthcare migration research, autoethnographic methods have demonstrated effectiveness in revealing the nuanced challenges and opportunities encountered by migrant practitioners navigating bicultural healthcare environments and systemic barriers (Anderson, 2006; Chulainn Mabbett-Sowerby, 2023). This approach facilitates exploration of the complex interplay among cultural heritage, professional identity, and therapeutic practice, which may not be sufficiently captured by quantitative or purely observational methods.

The purpose of this literature review is to situate the present study within broader academic conversations regarding migration, identity formation, and professional practice. By engaging with these discourses, it is possible to locate the study's inquiry in relation to existing knowledge, while identifying gaps and areas where this research may extend or challenge current understandings.

The review thus grounds theoretical concepts in both scholarly literature and the lived realities of migrant healthcare practitioners, establishing a foundation for subsequent autoethnographic analysis.

Berry's Acculturation Theory: A Framework for Migration and Identity

Berry's (1997) acculturation theory provides a well-established framework for understanding how migrants navigate cultural identities and social environments within host societies. The model conceptualises four acculturation strategies: integration, where individuals maintain their original culture while engaging with the new culture; assimilation, characterised by adopting the host culture at the expense of the original; separation, involving maintenance of the original culture while rejecting the host culture; and marginalisation, where individuals disengage from both cultures (Berry, 1997; Sam & Berry, 2010). This framework offers valuable insights into the processes of identity negotiation experienced by migrant health professionals, including DRT therapists, as they reconcile cultural heritage with professional expectations in AoNZ.

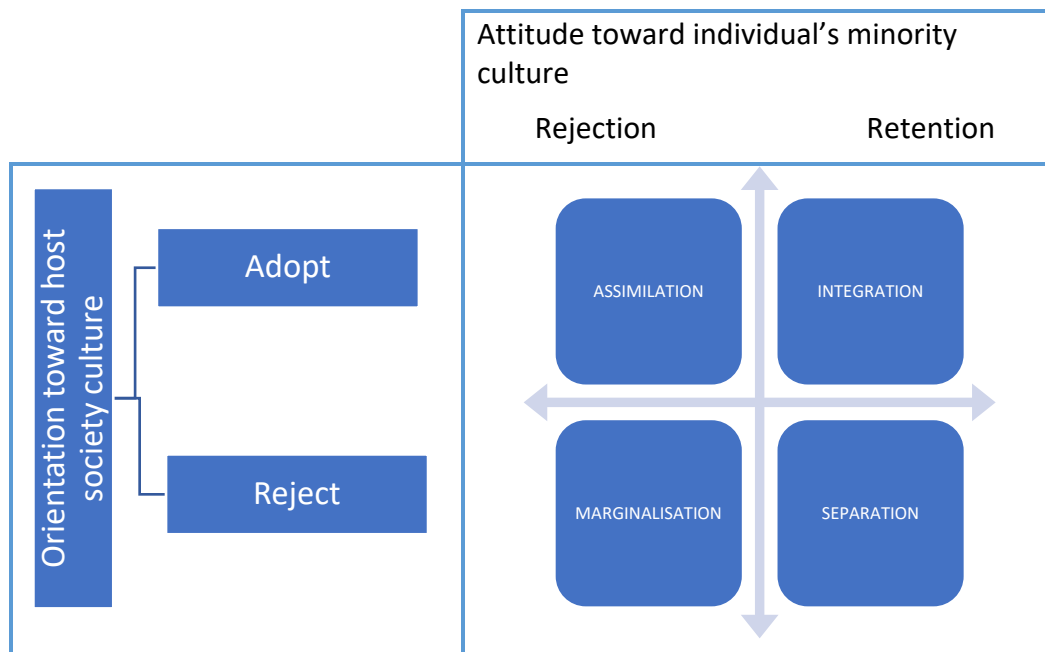
Applying Berry's framework facilitates critical reflection on how migrant practitioners' experiences influence both their sense of self and therapeutic approaches. For instance, integration may enhance cultural responsiveness and inclusivity within clinical interventions, while separation or marginalisation may highlight challenges related to professional belonging and recognition. Importantly, the theory emphasises the dynamic and fluid nature of identity, aligning with autoethnographic emphases on reflexivity and narrative complexity (Chulainn Mabbett-Sowerby, 2023).

However, Berry's framework has been critiqued for potentially oversimplifying migration experiences by underestimating structural power dynamics and systemic barriers that influence acculturation pathways (Sam & Berry, 2010). Engaging with these critiques encourages a nuanced interpretation that transcends static categories to attend to the evolving and intersectional nature of identity and professional transformation.

In summary, Berry's acculturation theory serves both as a conceptual guide and reflective tool in this study, bridging individual migration narratives with scholarly understandings of cultural adaptation and professional identity negotiation. Figure 3 illustrates Berry's (1997) Acculturation Model, depicting the four strategies based on the dimensions of cultural maintenance and contact with the host society.

Figure 3

Berry's Four Acculturation Strategies



Note. Adapted from J. W. Berry's acculturation framework (1997) by author using Microsoft Word.

Diversional and Recreational Therapy Context

Diversional and Recreational Therapy Practice in AoNZ

Building on this theoretical foundation, the review now turns to the professional context of DRT in AoNZ. DRT practice is informed by holistic models of health, encompassing physical, emotional, social, and spiritual wellbeing.

History and Development of DRT in AoNZ

The profession emerged informally during the late 1980s and was formalised with the establishment of the New Zealand Society of Diversional and Recreational Therapists Incorporated (NZSDRT Inc.) in 1992, which has since guided education and professional standards (NZSDRT, 2023). The profession prioritises meaningful engagement through creative, leisure, and social interventions tailored to diverse populations, particularly older adults and

individuals living with disabilities or chronic conditions (Diversional Therapy New Zealand, n.d.). Central to DRT in AoNZ is the commitment to biculturalism, grounded in the principles of Te Tiriti o Waitangi (The Treaty of Waitangi). This treaty obligates health professionals to honour the partnership between Māori and the Crown and work towards achieving health equity for Māori (Durie, 1998). Consequently, practitioners are expected to demonstrate cultural competence by integrating Māori values, perspectives, and tikanga (customs) into therapeutic practice, while also respecting other cultural identities and experiences.

While originally focused on aged care, the practice now encompasses mental health, disability services, corrections, and palliative care, reflecting AoNZ's evolving demographic landscape. The field continues to grow, driven by increasing demand for evidence-based, strengths-oriented programming and higher professional qualifications, and plays an important role in research and advocacy for vulnerable populations (NZSDRT, 2023). This history provides essential context for understanding contemporary DRT practice and its significance within AoNZ's health and social sectors.

For migrant practitioners, cultural responsiveness extends beyond professional obligation to a dynamic process of continuous learning, adaptation, and reflexivity. The interaction between personal cultural background, professional values, and client needs is particularly pronounced in DRT, where the therapist's authenticity and cultural awareness directly influence the relevance and effectiveness of interventions. Examining the interface between migration experiences and DRT practice offers a richer understanding of how identity informs therapeutic relationships and supports healing within cross-cultural contexts.

Expectations, Scope, and Professional Standards of DRT Therapists

DRT therapists in AoNZ are held to comprehensive professional standards that govern their practice to ensure safe, ethical, and culturally responsive care. The New Zealand Society of Diversional and Recreational Therapists (NZSDRT) outlines Standards of Practice which emphasise competencies including thorough assessment, individualised care planning, implementation, evaluation, and documentation consistent with current evidence-based research (NZSDRT, 2023). DRT therapists are expected to understand and integrate Māori health perspectives, providing culturally safe services that respect the holistic needs of clients, whānau (family), and communities. They also work collaboratively within multidisciplinary teams to

promote clients' psychological, social, and physical wellbeing while observing clients' rights and confidentiality (NZSDRT, 2023). To maintain professional status, therapists must attain and renew National Registration, demonstrating ongoing competence through work experience, professional development, and adherence to ethical codes (Ritchie et al., 2023). The scope of practice extends across a variety of settings, including aged care, mental health, disability, and community rehabilitation, reflecting a commitment to enhancing quality of life through therapeutic recreation (NZSDRT, 2023; Ritchie et al., 2023). These expectations underscore the evolving professionalism and growing complexity of DRT in AoNZ's health sector.

Berry's acculturation theory also provides a useful lens for understanding professional identity development and practice adaptation among migrant health workers, including DRT therapists. Navigating bicultural healthcare environments shaped by Te Tiriti o Waitangi (Treaty of Waitangi), acculturation strategies influence practitioners' engagement with clients and integration of cultural values into therapeutic approaches (Durie, 1998). Integration, defined as maintaining one's own cultural heritage while actively participating in the host culture, is especially relevant for developing cultural competence and responsiveness in DRT. Conversely, separation or marginalisation may hinder professional inclusion and limit delivery of culturally relevant care. Despite increasing emphasis on cultural responsiveness in DRT, there remains a paucity of research exploring the impact of migrant therapists' acculturation on clinical practice and identity formation. Addressing this gap necessitates a nuanced understanding of how migration-related identity negotiation shapes therapeutic relationships and outcomes in diverse healthcare settings.

Berry's acculturation theory (1997) offers a robust conceptual foundation for understanding how migration influences identity negotiation and professional practice within DRT in AoNZ. While the theory delineates clear categories for interpreting cultural adaptation, its limitations in fully capturing the complexity and fluidity of lived experiences underscore the value of a reflexive, narrative-based approach. Autoethnography facilitates this by centering personal narrative and critical self-reflection, enabling in-depth exploration of how migration shapes therapeutic identity and practice. By integrating theoretical insights from Berry's framework with autoethnographic methodology, this study seeks to illuminate the dynamic interplay between culture, identity, and professional care. The following methodological chapter will elaborate on the autoethnographic techniques employed and the ethical and reflexive considerations integral to this research.

The Role of Creative, Social, and Cultural Interventions in Health and Wellbeing

Creative, social, and cultural interventions play a significant role in promoting health and wellbeing by fostering psychological, emotional, and social benefits across diverse populations. Engagement in creative activities such as art, music, storytelling, and theatre has been shown to enhance subjective wellbeing, reduce stress, anxiety, and depression, and improve social connection and a sense of belonging (MacIntyre & Scherer, 2024). These interventions operate through personal mechanisms such as active participation, autonomy, and stress relief, and relational mechanisms, including supportive environments, positive social interactions, and co-creation processes (Ganga et al., 2025; MacIntyre & Scherer, 2024). Furthermore, place-based cultural interventions contribute to reducing social inequalities and building cultural and social capital, particularly through participatory arts practices that encourage community engagement, resilience, and empowerment (Ganga et al., 2025). Skilled facilitation, involving the creation of inclusive and respectful spaces that encourage self-expression, further enhances these positive outcomes. Together, these creative and cultural approaches form vital components of holistic health and wellbeing strategies, supporting individuals' capacity to navigate complex emotional and social experiences.

Impact of Practitioner Identity on Therapeutic Design and Delivery

The identity of practitioners profoundly influences the design and delivery of therapeutic interventions by shaping their approach, self-awareness, and relationship with clients. Research highlights that therapists' lived experiences, values, and professional self-concept affect how interventions are tailored to meet clients' unique needs (Cleary & Armour, 2022). A strong, well-integrated professional identity supports reflective practice and ethical decision-making, enabling practitioners to maintain empathy alongside appropriate boundaries (Posluns & Gall, 2019). Ongoing self-awareness and professional development, including supervision and peer support, help manage stressors and maintain therapeutic effectiveness (Posluns & Gall, 2019). Moreover, a cohesive practitioner identity facilitates deeper therapeutic alliances by enhancing authenticity and openness, which positively affect client outcomes (Cruwys et al., 2023). Conversely, unresolved identity dissonance or limited self-awareness may contribute to burnout and diminished intervention quality (Cornett et al., 2023). Thus, cultivating a cohesive and reflective practitioner identity is essential not only for personal wellbeing but also for delivering culturally sensitive, responsive, and effective therapeutic care.

Migration Experiences Shaping Practice

Cultural Adaptation of Therapeutic Approaches by Migrant Practitioners

Migrant practitioners frequently face the complex task of adapting therapeutic approaches to ensure cultural responsiveness and relevance in new contexts. Adaptations commonly address multiple domains including language, therapeutic goals, conceptual frameworks, metaphors, and methods to better align with clients' cultural backgrounds and lived experiences (McDermott et al., 2024). For instance, cognitive-behavioral therapy (CBT) is often modified to incorporate culturally salient narratives, symbols, and idioms of distress; matching therapists and clients by shared ethnicity, language, or experiences can further strengthen the therapeutic alliance and efficacy (Hall, 2018; McDermott et al., 2024). Beyond these linguistic and conceptual adjustments, migrant practitioners often integrate holistic, community-centered perspectives that recognise the pivotal role of family and social contexts in healing (McDermott et al., 2024). Furthermore, their awareness of clients' migration trajectories and socio-political challenges informs individualised care that addresses trauma sensitively and meaningfully (Ziyachi & Castellani, 2024). Collectively, these studies underscore the essential role of cultural sensitivity and flexibility in therapeutic delivery, showing that culturally adapted interventions enhance engagement and mental health outcomes in migrant populations.

Research on Cross-cultural Competencies, Resilience, and Challenges Faced by Migrant Health Practitioners.

Research on cross-cultural competencies among migrant health practitioners highlights both their strengths and challenges in delivering culturally responsive care. Practitioners often face stress and uncertainty related to perceived gaps in cultural knowledge, attitudes, and skills, particularly during early professional training (Bouchareb et al., 2024). For instance, a migrant nurse may initially struggle to navigate culturally specific health beliefs and communication styles when working with Māori or Pasifika communities, affecting the therapeutic relationship and patient outcomes. Exposure to diverse patient populations and targeted cultural competence training such as workshops on te reo Māori greetings, understanding cultural protocols (tikanga), and learning about specific community health traditions enhances practitioners' abilities to navigate cultural differences effectively, fostering improved communication, trust, and adherence to treatment plans (Bouchareb et al., 2024; Cimino et al., 2024).

Beyond competence, cultural safety is crucial. This concept emphasises healthcare providers' self-reflection on their own cultural identities, power, and potential biases that impact clinical interactions (Healthify, 2024; Nursing Council of New Zealand, 2011). For example, practicing cultural safety might include acknowledging the effects of colonisation on Māori health inequities and tailoring care respectfully. Organisational support such as interpreter services, culturally diverse peer support groups, and supervision that promotes reflective practice strengthens resilience among migrant practitioners, helping them manage challenges including discrimination, language barriers, and cultural dissonance (Cimino et al., 2024). Structured cultural safety frameworks embedded in health services further scaffold this development, promoting equitable healthcare delivery and better health outcomes among diverse populations in Aotearoa and beyond (Healthify, 2024; Nursing Council of New Zealand, 2011).

Integration of Personal Cultural Heritage into Professional Therapeutic Practices

The integration of personal cultural heritage into professional therapeutic practice enhances the authenticity, relevance, and effectiveness of care provided by practitioners. Personal cultural identity shapes therapists' values, communication styles, and ways of relating to clients, enabling them to bring unique cultural insights and empathy into the therapeutic relationship (Comas-Díaz, 2012). Research highlights culturally grounded approaches, including the use of storytelling, traditional healing practices, and culturally specific coping strategies, support deeper client engagement and resilience (Huang & Zane, 2016). Therapists' awareness and ongoing reflection on their own cultural heritage allow them to better navigate cross-cultural dynamics and avoid imposing dominant cultural norms onto clients (Comas-Díaz, 2012). Moreover, integrating cultural strengths from both therapist and client fosters empowerment and healing, particularly when clients feel their cultural identities are understood and validated (Ikoni Recovery Center, 2025). This process often involves acknowledging intergenerational traumas and community narratives that inform identity and wellbeing, thereby creating a holistic framework that bridges professional expertise with lived cultural experience (Gallou, 2022). Integrating personal cultural heritage thus enriches therapeutic practice by blending cultural knowledge with clinical skills to meet diverse client needs effectively.

Comparisons of Practices and How Migration Enriches Therapeutic Work

Healing across borders is an emerging area of research that explores how migration shapes therapeutic practices and enriches the healing process by integrating diverse cultural perspectives. Migrants often carry complex histories of trauma related to displacement, loss, and cultural dislocation, which require culturally responsive therapeutic adaptations rooted in cultural humility (Baylon, 2025). Therapeutic approaches such as Eye Movement Desensitisation and Reprocessing (EMDR) have been effectively adapted to acknowledge clients' cultural narratives, intergenerational trauma, and migration-specific stressors, facilitating a deeper sense of validation and resilience (Baylon, 2025). Comparative studies highlight that healing practices crossing borders incorporate traditional rituals, storytelling, and collective memory alongside clinical methods, enriching the therapeutic encounter by fostering identity reconstruction and belonging (Papadopoulos, 2024). Migration thus expands therapeutic frameworks by foregrounding social, historical, and cultural dimensions of healing, encouraging therapists to adopt flexible, community-based, and expressive arts modalities that bridge cultural divides (Papadopoulos, 2024). This literature underscores the importance of integrating global migration experiences to foster holistic, culturally attuned approaches that promote recovery and empowerment across diverse populations.

Implications for Practice and Knowledge

Broader Lessons from Migrant Practitioners' Experiences in AoNZ's Health Settings

Migrant practitioners in AoNZ health settings offer valuable insights that highlight both the strengths and challenges of working within AoNZ's diverse healthcare environment. Their experiences reveal resilience and adaptability as they navigate cultural differences, language barriers, and unfamiliar healthcare systems while striving to provide culturally responsive care (Pledger et al., 2024). These practitioners often face systemic challenges such as discrimination, professional credential recognition, and workload pressures, which impact their wellbeing and professional integration (Walker, 2008). However, they also contribute unique cultural knowledge and practices that enrich therapeutic approaches, enabling more holistic and inclusive health services (Pledger et al., 2024). Research underscores the importance of structural support, including cultural competency training, mentorship, and equitable employment practices, to

enhance migrant practitioners' effectiveness and retention. Their perspectives emphasise the need for healthcare systems to recognise and leverage cultural diversity as an asset while addressing barriers that impede full inclusion and participation. Overall, migrant practitioners' experiences contribute to broader lessons about fostering equity, strengthening workforce capability, and improving health outcomes in AoNZ's bicultural context.

How Identity Negotiation Impacts Therapeutic Relationships with Clients, Particularly Older Adults and Migrants

Identity negotiation significantly impacts therapeutic relationships, particularly with older adults and migrant clients, by influencing trust, understanding, and engagement in therapy. Migrants often navigate complex and fluctuating identities as they reconcile their native cultural backgrounds with the demands of new social contexts. This dynamic process shapes how clients perceive themselves and relate to therapists, necessitating that practitioners remain sensitive to these identity shifts to foster effective therapeutic alliances (Hack-Polay, 2021). Older adults similarly may face challenges related to changing roles, cultural expectations, and identity preservation, all of which affect therapeutic engagement. Therapists who recognise and validate clients' identity experiences, such as hybridity, migration-related losses, and cultural dissonance, can better support healing and resilience (Zhang & Shen, 2025). Negotiation of identity involves balancing the preservation of cultural heritage with adaptation to new environments, often requiring therapeutic flexibility and cultural humility. Successful therapeutic relationships therefore depend on practitioners' ability to understand and support clients through identity transitions, promoting autonomy and psychological wellbeing across diverse life stages and cultural backgrounds.

Contributions of Migrant-informed Practice to DRT's Growth and Inclusivity

Migrant-informed practice has significantly contributed to the growth and inclusivity of DRT by enriching the profession with diverse cultural perspectives and approaches. As migrants bring their unique cultural knowledge, experiences, and therapeutic traditions, they broaden the scope of interventions available to meet the needs of varied client populations (Son et al., 2025). This culturally informed approach encourages greater responsiveness to clients' cultural identities, promoting person-centered care that values individual narratives and lived realities (Son et al., 2025). Furthermore, migrant practitioners often foster intercultural partnerships and support inclusive programming that acknowledges cultural beliefs and practices around health, leisure,

and wellbeing (Son et al., 2025). Their presence in the workforce also highlights systemic barriers related to language, professional recognition, and cultural competency, driving sector-wide improvements in training and workplace diversity (Pledger et al., 2024). Overall, migrant-informed practice enriches DRT by promoting cultural humility, equity, and tailored care, which are essential for delivering effective therapeutic interventions in AoNZ's bicultural health context.

Potential to Influence Education, Supervision, and Training of Therapists

The integration of migrant-informed perspectives has the potential to significantly influence the education, supervision, and training of DRT therapists by promoting cultural competence, inclusivity, and responsiveness within the profession. Cross-cultural training programs have been shown to enhance therapists' understanding of diverse client backgrounds, including migration histories, cultural health beliefs, and the social determinants affecting wellbeing (McDonald et al., 2021). Incorporating such training into DRT curricula can equip practitioners with skills to deliver culturally sensitive care and navigate complex intercultural dynamics effectively. Furthermore, structured mentoring and ongoing professional development that include migrant health perspectives support workforce retention and wellbeing, reducing barriers experienced by both clients and therapists in multicultural contexts (McDonald et al., 2021). By embedding migrant-informed approaches across education, supervision, and training, the DRT field in AoNZ can advance equity, professionalism, and quality therapeutic outcomes, meeting the diverse needs of an increasingly multicultural population.

Gaps in Literature

Despite growing research on the cultural adaptability and contributions of migrant health practitioners, significant gaps remain particularly within the field of DRT in AoNZ. Existing literature often emphasises broad cultural competence and systemic challenges, but there is limited in-depth exploration of the lived experiences and identity negotiations of migrant DRT therapists themselves, especially through reflective, autoethnographic approaches (Pledger et al., 2024). Moreover, few studies have examined how personal migration journeys shape professional acculturation, therapeutic style development, and relational dynamics with diverse clients in this unique AoNZ context. This gap restricts understanding of how cultural heritage and migration intersect with professional identity in practice, and how these shape inclusive therapeutic environments. An autoethnographic contribution can offer rich, nuanced insights by centering the researcher's personal narrative and critical self-reflection to reveal complex

emotional, cultural, and systemic dimensions rarely captured in quantitative or general qualitative studies (Ellis et al., 2011). This approach not only deepens academic knowledge but also informs practical strategies for cultural safety, professional development, and responsive DRT tailored to multicultural populations.

Conclusion

The literature review reveals interconnected themes central to understanding DRT in AoNZ, particularly through the lenses of migration, identity, practice, and knowledge contribution. Migration shapes the professional identities and lived experiences of DRT therapists, influencing how they negotiate biculturalism and cultural difference within the uniquely bicultural context of AoNZ (Salpitikoralala, 2015). Identity negotiation emerges as a dynamic and ongoing process that affects therapeutic relationships, especially for migrant practitioners and older adult clients, bringing cultural humility and flexibility to clinical practice. The evolving DRT practice increasingly integrates migrant-informed perspectives, enriching therapeutic approaches with cultural knowledge and enhancing inclusivity. Furthermore, this integration influences education, supervision, and professional development by foregrounding culturally responsive training and mentorship. Despite these advances, gaps remain in capturing the nuanced, autoethnographic voices of migrant therapists, whose reflective insights offer rich contributions to understanding and advancing inclusive practice.

While the extant literature frames important aspects of migration, identity, and DRT practice, it does not fully address how the personal, lived experiences of migrant DRT therapists intricately shape professional identities and therapeutic approaches in AoNZ. Many studies emphasise cultural competence and systemic barriers but tend to overlook the nuanced, emotional, and reflexive processes migrant practitioners undergo in negotiating biculturalism and professional belonging. This gap justifies the need for autoethnographic inquiry, which uniquely centres the researcher's first-person narrative to explore these complexities in depth. Autoethnography allows for rich, contextualised insights by combining critical self-reflection with cultural analysis, thereby revealing layers of meaning obscured in traditional empirical research (Ellis et al., 2011). This method holds promise for illuminating how autoethnographic work can contribute fresh perspectives to DRT discourse, including implications for education, supervision, and policy.

Methodology

Philosophical Foundations

This autoethnography is grounded in a constructivist understanding of reality, knowledge, and human experience. From this perspective, reality is not fixed or objectively “out there,” but is shaped through interpretation, interaction, and context (Koopman et al., 2020; Pezalla et al., 2012). I approach this research with the understanding that there is no single truth about migration or professional identity; instead, meaning is continually constructed through lived experience and social relationships (Koopman et al., 2020; Mathieu & Hagelsteen, 2025). This position is particularly important in qualitative research, where the researcher is not separate from the knowledge produced, but actively involved in shaping it (Mathieu & Hagelsteen, 2025; Pezalla et al., 2012).

A central constructivist principle is that knowledge is situated. What I come to understand is shaped by my history, language, relationships, and the cultural contexts I move within (Koopman et al., 2020; Mathieu & Hagelsteen, 2025). This allows for multiple realities to exist simultaneously, where different experiences of the same event hold equal validity (Mathieu & Hagelsteen, 2025; Pezalla et al., 2012). Within autoethnography, this creates space for my lived experience to be recognised as legitimate knowledge, while reflexivity enables me to critically examine how that knowledge is formed (Koopman et al., 2020; Sealy, 2012).

This framework closely reflects my own experience of migration and professional identity. My reality has not been static or solely individual; it has been shaped through movement, cultural transition, and everyday interactions within new professional and social environments. At times, my experiences have been deeply internal, held in reflection, emotion, and memory. At other times, they have been co-constructed through conversations, expectations, and subtle negotiations of belonging. In this way, my identity has not simply transferred from one context to another but has been continually formed and re-formed in relationship with others. This aligns with a constructivist view of identity as relational, evolving, and context-dependent (Koopman et al., 2020; Mathieu & Hagelsteen, 2025; Sealy, 2012).

Epistemologically, this study takes a subjectivist position, where knowledge is understood as emerging from lived experience. My journals, reflective writing, and moments of discomfort, tension, and adaptation are not treated as incidental, but as meaningful data. These experiences,

including instances where my accent, cultural assumptions, or professional values came into friction with others, provide insight into broader processes of acculturation. Through critical reflection and engagement with theory, particularly Berry's acculturation framework (1997), these personal accounts are connected to wider cultural patterns.

This research is situated within an interpretive paradigm, which values depth, meaning, and context over detached measurement. Within this paradigm, I am not positioned as an objective observer, but as the primary instrument of inquiry. My subjectivity is not a limitation to be controlled, but a resource that allows for deeper understanding. Autoethnography is therefore an appropriate methodological approach, as it enables the integration of personal narrative with cultural analysis. In doing so, it supports an exploration of migration and professional identity as lived, relational, and continually evolving processes rather than fixed outcomes.

Research Design

This study uses a deductive autoethnographic approach, which means I start with an existing theory and use it to help me make sense of my own experiences. Although deductive in its initial orientation, the analysis remained interpretive and flexible, consistent with autoethnographic inquiry. Instead of waiting for ideas to appear completely fresh from my stories, I look at my life through a particular theoretical "lens" so I can see how my journey fits with, challenges, or extends what is already known. I focus on how migrating to AoNZ has shaped my personal and professional identity as a DRT therapist, how this has influenced the way I practice, and what this might mean for others who are also working through cultural transitions in their professional lives. Autoethnography, as described by Ellis et al. (2011), places personal experience inside wider cultural, social, and political contexts. In this study, my experiences are both the data and the way I interpret that data, but I do not start from a blank slate. I use existing ideas about migration, identity, and practice to guide what I pay attention to in my stories and reflections. Deductive reasoning is central here. I come to my data with certain concepts in mind and ask, "How does my experience speak to these ideas?"

Data Collection

This autoethnography draws from a focused set of personal texts generated during intensive reflection on my migration and professional identity journey.

Primary Data Source: Personal Journal (20 March 2025 – 13 May 2025)

These entries blend storytelling with reflection and capture my early experiences of DRT practice in AoNZ as a migrant. Each entry consists of 34 titled stories rather than daily logs, spanning 23 pages, capturing raw, unfiltered experiences of settling into DRT practice in AoNZ as a South African migrant. Each entry blends storytelling with deep reflection, often prompted by non-academic sources such as social media influencers and media personalities sharing their migration journeys, alongside professional conversations with colleagues and significant practice moments. The journal preserves my immediate emotional responses at the time including experiences of homesickness, cultural conflict, therapeutic breakthroughs, and small integration successes. No formal clinical or organisational practice notes related to my work as a DRT therapist are included in this dataset. The journal functioned as my sole structured reflective space during this six-week period of reflection about my migration journey and professional identity, and the analysis is therefore intentionally bound to these self-authored narratives.

Reflective prompts influencing the journal writing: Phone Memos (Notes) and Saved Social Media Articles

Approximately 15 scattered phone memos, undated, hold fleeting insights and phrases I captured during commutes or breaks, such as, “Why does my accent make residents smile but colleagues pause?” and “Ubuntu care vs Kiwi efficiency.” Guided by the Gibbs reflective framework, I moved through these fragments by first describing the moment, then sitting with the feelings they stirred, before evaluating what they revealed about my shifting sense of self and practice (Gibbs, 1988). I then used the analysis stage to think more deeply about how these everyday encounters reflected my migration, acculturation, and professional identity, and I let the concluding and action-oriented stages shape what I would notice, question, and carry forward in future reflections (Gibbs, 1988). I also saved several reflections, and social media posts about migration and acculturation that resonated during this time, not as formal literature at first, but as prompts that helped turn journal storytelling into a more layered and thoughtful process. Gibbs’ (1998) structure gave me a way to hold both the immediacy of experience and the wider meaning beneath it.

The fuller details of my reflective journal stories, including their prompts and themes, are available in Appendix A, while Appendix B brings together the prompts captured in my scattered phone memos. Together, they hold the small moments, lived questions, and quiet shifts in understanding that accompanied this reflective journey.

Data Analysis

Data Selection Process

For this study, I focused my analysis on 23 pages of journal entries from those intense six weeks when my identity felt most unmoored. *I selected these entries because they were what really stood out* to me. They were the most emotionally charged and vivid, capturing the raw, daily struggles I remembered of who I was becoming, and therefore became the heart of my data (Ellis et al., 2011; Patton, 2015). Time was my biggest constraint, so I made the deliberate choice to code only these journal entries. This let me dive deep into their layers, honouring the thick description that brings lived experience alive (Chang, 2008).

I excluded phone notes and social media content from formal coding, despite containing occasional references to migration, work, and acculturation. I set this boundary deliberately to maintain analytic focus and feasibility within the master's thesis timeline. This was a strategic choice aligned with autoethnographic practices that prioritise depth and coherence over exhaustive data inclusion (Bochner & Ellis, 2016; Clandinin & Caine, 2013). I nonetheless used these supplementary materials for interpretive support, using them as contextual cues that informed, but did not constitute the thematic analysis of primary journal data.

I excluded saved memos ~~were excluded~~ from primary data (journal entries) status and coding, using them solely as reflective prompts to support meaning-making during analysis. This bounded approach, a six-week focus on journal entries, privileges narrative depth over data breadth, enabling thick description and authenticity as hallmarks of autoethnographic quality (Ellis & Bochner, 2000). Through this story based frame, I tried to capture my emotional dimensions of my lived migration experience as I remember it through retrospective construction.

Data Coding Process: Deductive Coding

I approached the analysis using a deductive lens, guided by Berry's (1997) acculturation framework. To organise my data, I imported my journal entries into NVivo, which I used as a tool to manage the material and develop a structured codebook. NVivo helped me keep track of my entries and annotations while allowing space to reflect on the meanings emerging from the data. I also printed hard copies of my journals so I could read and annotate them by hand, staying closely connected to my lived experiences as I revisited each entry.

Using Berry's (1997) four acculturation strategies, integration, assimilation, separation, and marginalisation, as the main categories, I developed an initial codebook within NVivo. I then added more specific codes, such as "Community Involvement" and "Language Use," to capture everyday experiences that illustrated each strategy. Using this codebook as a guide, I coded the data manually, reading and re-reading my journal entries to see how my experiences reflected different forms of cultural adjustment and identity negotiation. Sometimes, parts of my writing did not fit neatly into one category. For example, when reflecting on moments that involved how I spoke or how others responded to my accent, or when I questioned my sense of credibility at work, these did not sit perfectly within a single acculturation strategy. Instead of creating new categories, I worked to understand how these experiences could be interpreted within Berry's (1997) existing framework. They often illustrate the fluid ways that integration and assimilation overlap in real life, such as learning to adapt my communication while still holding on to elements of my cultural identity.

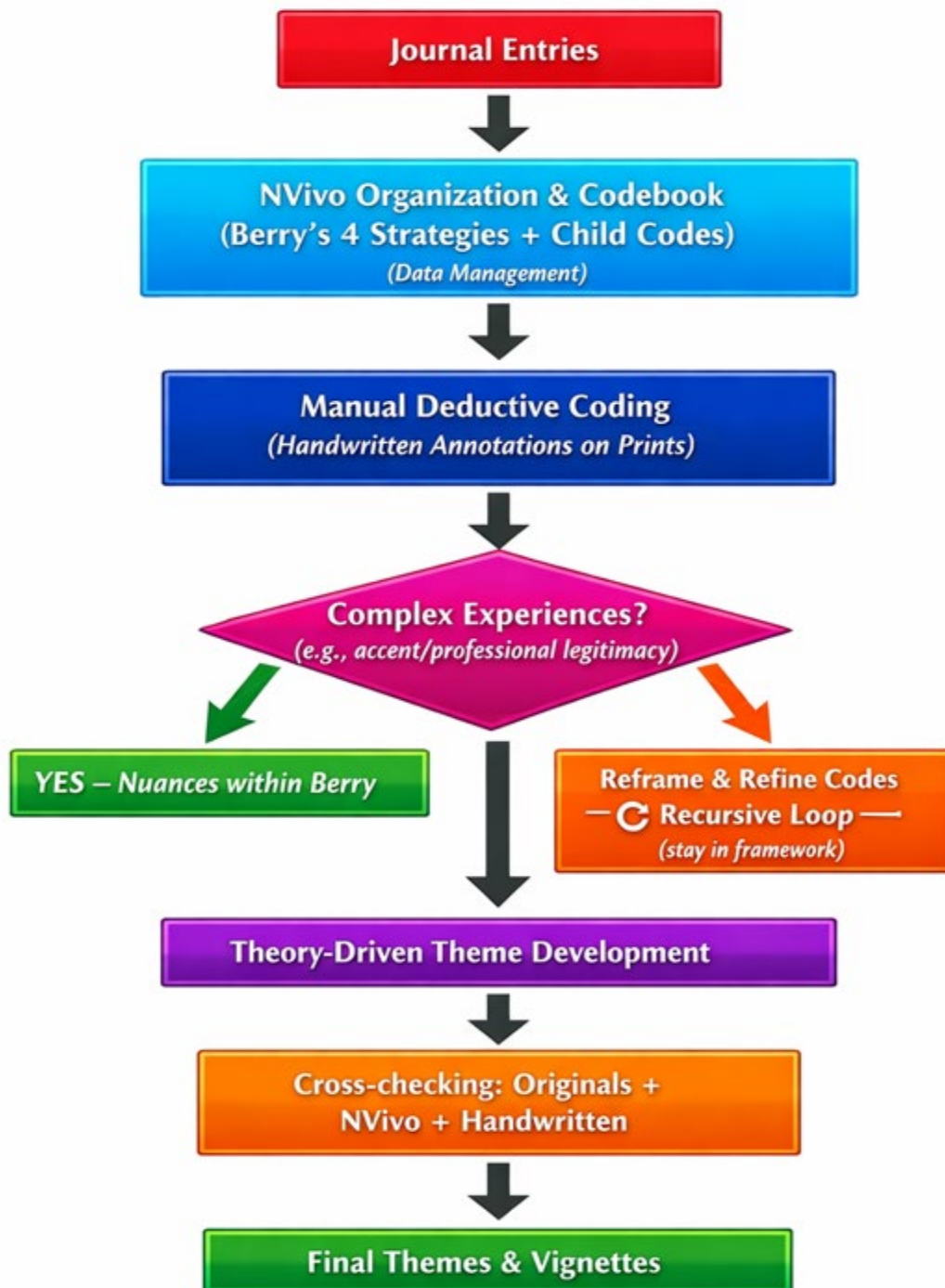
NVivo acted as my organisational base, keeping the data systematic and easy to trace, while my handwritten notes and manual coding encouraged deeper reflection and interpretation. The process was not linear; I moved back and forth between my coded excerpts, annotations, and Berry's framework, refining my understanding as new insights emerged. When writing up my findings, I selected vignettes from my journal that best represented each code and cross-checked them against the NVivo annotations and my handwritten notes. This helped ensure my interpretations stayed grounded in the data. Overall, this deductive approach gave the analysis a clear theoretical foundation while still leaving room for my voice and subjectivity, acknowledging that my lived experience and reflections were inseparable from the analytic process.

Visualising the Recursive Deductive Coding Process

To make the recursive nature of my deductive coding process more explicit, I developed a visual representation of the analytic process (see Figure 4). This diagram maps how journal entries were initially organised within Berry's (1997) acculturation framework using NVivo for codebook development and data management. It shows how I manually applied the codes through handwritten annotations, revisited entries that felt complex or overlapping, and refined my interpretations while staying within the theoretical structure. The figure highlights the iterative movement between structured, theory-driven organisation and my embodied, reflective engagement with the data, as well as the cross-checking of final themes across original entries, NVivo annotations, and paper-based notes.

Figure 4

Recursive deductive coding process



Note. Journal entries were organised deductively using Berry's (1997) acculturation framework. Microsoft Copilot was used to support drafting and organising ideas, while NVivo was used for data management and codebook development. Coding was completed manually through handwritten annotations on printed journal entries. Experiences that did not fit neatly within a single category were interpreted as nuanced expressions within Berry's (1997) framework rather than as the basis for new inductive themes. The process remained recursive, moving between the original journal entries, NVivo organisation, handwritten notes, and theoretical reflection, before final themes and vignettes were cross-checked across all sources.

Positionality and Reflexivity

As both researcher and participant, my positionality is central to this autoethnography. I am a South African-born DRT therapist trained in AoNZ, bringing my cultural heritage, AoNZ professional formation, and personal migration experiences into every stage of the research. In this dual role, my subjectivity serves not as a limitation but as a foundation for insight. My journal reflections are both a data source and an analytic lens.

My South African upbringing shaped what I noticed in my new context, the relational warmth of Ubuntu (a Southern African philosophy meaning "I am because we are," which emphasises communal humanity, interconnectedness, and care for others through deep relationships), clashed with AoNZ's professional norms of directness and evidence-based practice. This made me hyper-aware of cultural differences in therapeutic communication and belonging. Despite AoNZ training, as a migrant navigating acculturation, I experienced firsthand the tensions of integration versus assimilation that Berry's (1997) framework describes, which influenced how I selected and interpreted data. My DRT expertise, gained through local apprenticeship and practice, directed my attention toward therapeutic moments where my migrant identity felt most disrupted or renegotiated.

Reflexivity was ongoing and deliberate. I tracked how my emotions, assumptions, and evolving theoretical understandings shaped coding decisions through side notes in my notebook and on my phone. For instance, jotting when homesickness biased me toward "separation" interpretations or when workplace confidence led me to overemphasise integration. During NVivo analysis, I regularly audited my code assignments against raw data, asking, "Does this code reflect the text or my current mood?" This reflexive practice ensured my positionality enriched rather than distorted the findings, turning researcher subjectivity into situated knowledge that illuminates migrant therapists' experiences more authentically.

Ethical Considerations

As a personal autoethnography drawing solely from my own journal reflections, this study did not require formal informed consent from other participants. In this kind of researcher-as-subject work, the writer is both the researcher and the participant (Bochner & Ellis, 2022; Chang, 2016). I have used my own lived experience as the main source of data, while being mindful of the privacy and dignity of anyone who appears indirectly in my narrative (Chang, 2016). No clients, colleagues, or third parties are named or directly identifiable, and any incidental references to others are presented as anonymised composites or reframed through my own experience.

This project sits comfortably within low-risk, self-focused research, where the primary "participant" is me as the researcher-writer and the data come from my own reflective and written materials rather than interviews or observations of others (Chang, 2016). That means the ethical responsibility rests largely on my willingness to be honest, self-reflexive, and careful about how I tell my story and how I protect the identities and experiences of people who appear only in the background of my reflections.

The primary ethical challenge was my own vulnerability. Autoethnography demands courageous honesty about emotions like homesickness, cultural dislocation, and professional impostor syndrome, exposing deeply personal struggles. To manage this, I prioritised emotional self-care during writing and analysis, setting boundaries around what felt shareable versus overly raw. I also considered the potential impact on my family, ensuring portrayals honoured our collective resilience rather than pathologising shared challenges. This self-focused ethical stance upholds autoethnography's commitment to authentic representation while safeguarding personal and relational wellbeing (Ellis et al., 2011).

It is impossible to separate my story from my family's, as our lives remain deeply woven together through the shared experience of migration. I am mindful that, given the personal nature of autoethnography, those who know me will be able to recognise my family even though they are not named directly. This is an unavoidable reality of telling a story that emerges from lived relationships rather than pure observation. I have spoken with my family about this, and they understand the significance of my work. They have given their encouragement and support, recognising that while parts of our shared history appear in these pages, the heart of the story belongs to my own journey, my reflections, growth, and ongoing process of acculturation and professional identity formation. Their understanding allows me to write with both honesty and care, aware of the delicate balance between self and family that sits at the centre of this research.

Trustworthiness

Trustworthiness in this autoethnography is established through multiple strategies that ensure analytical rigour while honouring the method's subjective core (Ellis et al., 2011).

Thick description forms the core of each findings theme. Drawing from my journals, I offer detailed vignettes of specific moments, snippets of dialogue, sensory details, and emotional texture that invite readers into my lived experience and allow them to assess its authenticity. These concrete scenes ground my claims about acculturation and professional identity and help make the findings feel transferable to other migrant professionals' contexts. My use of thick description is shaped by anthropological and qualitative research traditions (Alvesson & Sköldberg, 2017; Denzin & Lincoln, 2011; Geertz, 2017) as well as autoethnographic scholarship on migration and professional identity, particularly work on professional migrant women (Pio & Essers, 2014). Alongside these formal sources, I also drew on more informal traces of everyday life such as brief notes I jotted straight into my phone and items I saved from social media. These little fragments often captured fleeting thoughts, bodily reactions, and background details that later surfaced in the analysis as rich, layered descriptions. Over time, I began to notice how these everyday digital scraps wove themselves into the narrative, thickening the texture of the story and giving it a sense of presence and lived-in time.

Theoretical anchoring (Creswell & Poth, 2018; Maxwell, 2012) demonstrates systematic interpretation. By explicitly mapping my experiences against Berry's acculturation framework (Berry, 1997), using NVivo parent/child codes for integration, assimilation, separation, and marginalisation, I show how personal data connects to established scholarship. This deductive structure makes my analytic moves transparent, not arbitrary, while also noting where my story fits, complicates, or extends the theory.

Drawing on Charmaz's (2014) and Denzin's (2017) conceptualisations of triangulation and analytic reflexivity, I used researcher triangulation to strengthen the trustworthiness of the study. This meant engaging with the same data at different analytic stages, using multiple perspectives, and checking for consistency across those readings. In my case, this took the form of a handwritten–digital workflow that allowed me to return to my field notes and reflective logs more than once, holding early, emotion-laden readings up against a more systematic, structured coding process. Researcher triangulation, understood as the use of multiple analytic perspectives or stages to strengthen trustworthiness (Charmaz, 2014; Denzin, 2017), helped strengthen the credibility of my study. The handwritten–digital workflow meant I engaged with the same data

more than once. First through margin notes and my journal, where I recorded immediate reactions, and the feelings that came up as I reviewed my journal notes and reflective memos, and later through more systematic NVivo coding that offered structure, traceability, and a clear audit trail of how themes were built. By comparing emerging themes against both the reflective journal and the coded data, I could check for consistency and notice moments when my emotional responses might have nudged the interpretation in one direction.

For example, when I was reflecting on an experience of professional marginalisation in a care setting, my journal entries were quite intense and carried a sense of hurt and unfairness. When I returned to the same material in NVivo, reading more deliberately and neutrally, I noticed I had also recorded moments of small resistances, supportive colleagues, and my own agency in navigating the situation. This cross-checking helped me move away from an interpretation that risked over-emphasising a sense of disempowerment and toward a more nuanced picture of negotiating disempowerment while drawing on resilience and the support of others, which softened the risk of letting my emotional reactions overly shape the interpretation. In this way, the handwritten notes, my personal journal, and the systematic NVivo coding together became a form of researcher triangulation: my more affect-laden, first-pass readings were held up against a more structured, observable analytic frame, helping me write from a more balanced, reflexive stance.

Critical friendship served as an informal form of member checking throughout my analysis. In this context, critical friendship refers to a dialogic relationship with experienced researchers who offer both supportive and challenging feedback, helping the researcher test the plausibility of interpretations while protecting the integrity of their authorial voice (Denzin, 2014; Sparkes, 2000). I shared drafts of themes and evocative vignettes with my supervisors, who are experienced autoethnography researchers, and invited them to respond as critical friends rather than as distant evaluators. They challenged my assumptions, questioned how my coded extracts linked to the themes I proposed, and pushed me to deepen my theoretical engagement with migration and professional-identity literature (Ellis et al., 2011; Sparkes, 2000). Their feedback helped to refine my interpretations and tighten the analytic argument without compromising my authorial voice or the lived, embodied quality of the narrative (Tisdell et al., 2022).

Reflexive transparency further builds trust and reinforces methodological rigour within this study (Holt, 2003). By openly documenting my positionality that is shaped by South African heritage, AoNZ based professional training, and personal emotional responses, I acknowledge how these dimensions influence the research process. Recording my methodological learning curve,

particularly my adaptation to NVivo's code structures, creates a visible audit trail that supports analytical dependability. Side notes, evolving coding categories, and tracked decisions capture this process of meaning-making over time. In doing so, researcher vulnerability becomes a source of integrity rather than weakness, embodying the rigour that defines autoethnographic inquiry (Le Roux, 2017).

Limitations

This autoethnography carries inherent limitations that stem directly from its methodological strengths, particularly the central role of subjectivity (Adams et al., 2017). While subjectivity forms the core of this approach, it also imposes constraints. My interpretations of migration and professional identity are profoundly influenced by my South African heritage, NZ training, and the emotional contours of my personal journey. The material I selected for journaling, coding, and analysis reflects my singular perspective as one migrant DRT therapist; consequently, readers lack access to alternative viewpoints from my lived experience. Moreover, although my reflexivity has been thorough, it cannot entirely bracket the cultural and emotional biases that inevitably shape my lens.

Bracketing (*epoché*), a foundational phenomenological concept, refers to the deliberate suspension of the researcher's preconceptions, assumptions, and biases to engage the phenomenon with greater openness (Moustakas, 1994). Within autoethnography, this practice aims to enhance rigour by distinguishing the researcher's subjectivity from the experience itself, yet it remains an aspirational ideal given the researcher's dual role as both inquirer and subject (Finlay, 2012).

Generalisability is inherently limited as autoethnography prioritises depth over breadth, offering thick description of my specific journey rather than statistical representativeness.

While theoretical links to Berry's (1997) framework and vivid vignettes enable broader resonance with other migrant therapists, the insights remain grounded in my own lived experience rather than representing all South African migrants, healthcare professionals, or DRT therapists in AoNZ.

Data scope presents a key boundary in this autoethnography, where I am the sole participant. Relying exclusively on my journal entries and reflections excludes external triangulation such as colleague interviews or observational data, which could broaden insights into workplace dynamics

in my new cultural context (Ellis et al., 2011). Additionally, the recursive writing-analysis process, where I iteratively revisited and reanalysed my entries, means themes evolved alongside my own acculturation journey where my earlier journals captured raw dislocation, while later ones reflected greater integration (Charmaz, 2014). This raises questions about temporal stability; the consistency of themes over time; but aligns with constructivist principles, where knowledge is co-constructed and fluid rather than fixed (Crotty, 1998). Far from a limitation, this evolution authentically mirrors the dynamic nature of professional identity formation during migration as the only participant, embodying constructivism's emphasis on researcher reflexivity and change over time (Anderson, 2006).

In summary, these limitations which are rooted in autoethnography's embrace of subjectivity, my position as the sole participant drawing solely from journal entries and reflections, the absence of external triangulation, imperfect bracketing of biases, constrained generalisability, and the fluid temporal stability of themes through recursive writing-analysis do not diminish this study's integrity. Rather, they define its profound contribution which is situated in the evocative knowledge of migrant identity work and professional identity reformation amid acculturation (e.g., via Berry's framework), crafted through rigorous reflexivity to resonate with fellow migrants, sparking theoretical dialogue, and inspiring future comparative studies (Anderson, 2006; Ellis et al., 2011). Above all, this qualitative approach elevates the human experience from the raw ache of dislocation to the quiet triumphs of integration, to the forefront of DRT discourse, reminding us that behind every framework lies a beating heart navigating uncharted cultural terrain (Charmaz, 2014).

Findings

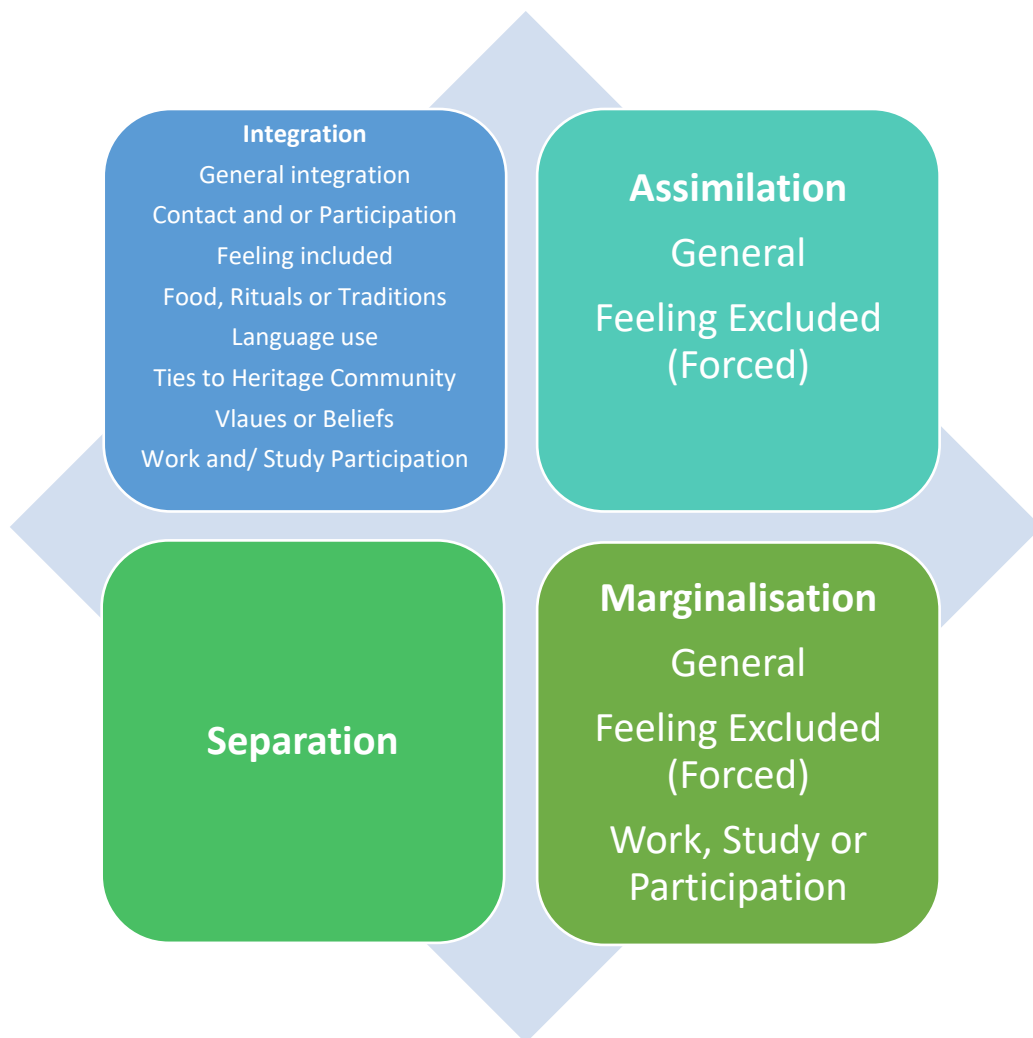
In this section, I present the key themes identified from reflecting on my experiences of settling in AoNZ. These themes capture the everyday ways I navigated life between cultures through work and study, language use, food practices, and participation in the wider community. Rather than drawing conclusions, I use the findings section to show how patterns of belonging and adjustment unfolded in practice. By tracing these moments, both ordinary and significant, I aim to illustrate how the process of finding my place in AoNZ was shaped by ongoing negotiation, adaptation, and connection.

Figure 5 presents a conceptual framework based on Berry's Acculturation Model (1997) that captures the main acculturation strategies and sub-themes that shaped my experiences of settling

in AoNZ. The four quadrants, Integration, Assimilation, Separation, and Marginalisation, reflect the different ways I navigated belonging and adaptation across various aspects of daily life. Each space includes the sub-themes that surfaced through my reflections, such as participation, language, food rituals, and feelings of inclusion or exclusion. This framework illustrates how my experiences often shifted between these strategies depending on context and circumstance, revealing that my process of adjustment was dynamic rather than fixed. It offers a visual summary of how my sense of self evolved through ongoing negotiation between cultural continuity and change.

Figure 5

My Acculturation Attitudes and Strategies



Note. Figure derived from my data, interpreted using Berry's (1997) two-dimensional model of cultural maintenance and contact/participation.

Integration (general)

Berry (1997) describes integration as an acculturation strategy in which individuals actively maintain their cultural heritage while also engaging with and participating in the wider host society. In this part of my story, integration feels less like a textbook strategy and more like something I live every day, holding tight to my South African roots while letting them stretch into AoNZ soil. This idea resonates deeply with my experience, as I find myself answering “yes” to both of Berry’s key questions: Is it valuable to maintain my heritage identity? and is it valuable to build relationships with the host society? (Berry, 1997, p. 11). Through this autoethnographic journey, I have come to understand that my experience of migration is not about arriving at a final sense of belonging, but about continually negotiating and integrating both worlds; this will be illustrated through my reflection dated 20 March 2025, where nurturing my cultural identity alongside life in AoNZ fosters a sense of balance, reduces stress, and shapes my evolving identity as both a person and practitioner.

20/03/2025

Maybe It’s Not About the Happy Ending, But About the Story...

As an immigrant, I used to think that my journey had a clear destination, that one day, I would arrive at a place where I truly belonged, where the challenges of adapting to a new country and a new culture would finally settle into a happy ending. But over the years, I have realised that perhaps it’s not about the ending at all. Maybe the true meaning is found in the story itself, the journey of learning, growing, and weaving my culture into this new space.

My experience of integration, as described by Berry’s (1997) framework, is not simply a process of cultural blending but an intentional and ongoing commitment to preserve my South African identity while engaging fully in life in AoNZ. This is evidenced in an excerpt from my data where I wrote on 29 March 2025:

And yet, being here has also made me appreciate my culture even more. It has made me deliberate about holding onto my South African culture, about making sure it does not fade into the background of this new life.

I felt using a metaphor of weaving metaphor captures how I continuously interlace my South African heritage with the evolving experiences of life in AoNZ. Integration, in this context, was not a linear transition but a negotiated and intentional process of continuity across cultural worlds.

Rather than abandoning my South African identity, I found myself expanding my identity, and making room to incorporate new cultural practices, relationships, and meanings encountered in the host society. This sense of continuity and transformation is expressed in one of my reflective journal entries recorded in my journal 29 March 2025:

Still, I remind myself that being an immigrant is not about letting go. It is about expansion. I am learning to make space for my past and my present, to weave my South African roots into my New Zealand life. And in doing so, I am not losing my culture, I am reshaping it.

This reflection exemplifies how integration became both a strategy and a lived experience, highlighting its fluidity and responsiveness to social and emotional contexts. The act of “weaving” embodies a relational and adaptive form of belonging, where identity is formed through connection rather than replacement. In this way, my experience reflects Berry’s (1997) integration strategy, where the maintenance of cultural heritage coexists with active participation in the host culture, allowing for the emergence of a hybrid sense of self that is both grounded and evolving.

Another metaphor I use is rooted belonging, a concept that extends the earlier idea of weaving by emphasising continuity, adaptation, and growth. Integration, in this sense, was not only about participation in the host society but also about cultivating an inner sense of stability and identification with place. The metaphor of ‘rooted belonging’ represented a gradual process of feeling anchored in AoNZ while remaining connected to the cultural roots that shaped my beginnings as captured in the journal reflection mentioned above.

The image of a transplanted tree says it all. My heritage still anchors me, drawing nourishment from AoNZ soil without losing its depth. I have formed relationships that tether me, routines that comfort me, and a growing confidence in who I am becoming. I belong here, though not in the rooted, ancestral sense, but in the way a tree eventually belongs to the soil it is transplanted into.

This reflection illustrates how belonging, for me, was both a relational and emotional process of integration. One that combined continuity with transformation. The metaphor of the transplanted tree symbolises this duality, revealing how identity can remain grounded in heritage while drawing nourishment from new cultural soil. In this sense, integration functioned not as a fixed state but as an evolving and agentic process consistent with Berry’s (1997) integration strategy, where sustaining ties to both heritage and host cultures form the foundation for psychological adaptation and a deepened sense of belonging.

Together, these metaphors of weaving and rooted belonging illuminate the evolving nature of my integration journey. Both metaphors reveal how identity reconstruction occurs through an active

dialogue between heritage and settlement, past and present. While the theme of weaving captures the fluid interplay and negotiation of cultural continuity, rooted belonging moves this experience toward a deeper sense of emplacement and stability within the host environment. In combination, they illustrate integration as an organic, ongoing process, one that grows from movement and adaptation into a grounded sense of home in AoNZ.

Figure 6 presents a symbolic representation of a woven tree incorporating South African, Pākehā, and Māori design elements, illustrating how cultural heritage and new cultural encounters become interwoven within the researcher's journey.

Like threads woven through beadwork and harakeke, my identity has been shaped through the interlacing of heritage, migration, and lived experience across SA and AoNZ. This image symbolises my migration journey from SA to AoNZ and brings together cultural elements that reflect both heritage and belonging. At the centre of the image, the **baobab tree** represents my South African roots, often understood as a symbol of strength, endurance, and ancestral connection. Opposite it stands the **pōhutukawa tree**, widely recognised in AoNZ as a symbol of place, resilience, and new beginnings. The pathway that winds between the two landscapes is woven from **harakeke (flax)**, reflecting Māori weaving traditions and symbolising the weaving together of cultures, experiences, and identities across distance and time. Surrounding the scene are patterns inspired by **African beadwork**, representing my cultural heritage and the intricate ways identity is formed through community, tradition, and storytelling. The presence of **woven kete** and flax elements further acknowledge Māori knowledge and artistry, emphasising ideas of connection, guardianship, and continuity. In the foreground, a **vintage suitcase and passports** symbolise the physical act of migration and the personal journey of leaving one homeland while establishing life in another. The **green South African passport** and the **black New Zealand passport** visually represent this transition between two nations. Together, these elements create a visual narrative of movement, cultural weaving, and identity formation, reflecting both the challenges and the richness of living between places, histories, and traditions.

Figure 6

Visual representation of a migration journey from South Africa to Aotearoa New Zealand through cultural weaving and landscape symbolism.



Note. Image generated by the author using Bing Image Creator, March 2026, based on the prompt: “a symbolic illustration representing a migration journey from SA to AoNZ, incorporating African bead weaving and Māori harakeke (flax) weaving patterns, elements reflecting Pākehā culture, and a blended tree combining characteristics of a baobab and a pōhutukawa.”.

A further aspect of general integration from the data was evolving professional identity, which captures how personal integration extended into my work as a DRT therapist. Just as my sense of belonging grew through weaving cultures and cultivating rootedness, my professional growth unfolded through everyday adaptation, reflection, and negotiation. My work as a DRT therapist grew in the same way, through small victories, deep conversations, and quiet confidence that

emerged not from any final “arrival,” but from continuous learning of therapeutic techniques, cultural competencies, and reflective practices alongside relational engagement with clients, colleagues, and communities. Living in this in-between space offered unexpected gifts such as empathy, adaptability, and an identity that remained fluid rather than fixed. This theme is illustrated in one of my reflective journal entries 1 May 2025:

I can now see that my immigration was the beginning of a deeper process. It was more than relocation; it was the first step in defining the kind of life and professional identity I wanted to create. As I settled into my role as a diversional and recreational therapist, I began to understand that my work was not just about providing activities; it was about fostering connection, dignity, and well-being in people’s lives. But that clarity only came once I allowed my dream to become visible and tangible enough to work toward.

This reflection reveals the intersection between cultural integration and professional development as mutually reinforcing processes. By participating actively in both the professional and cultural spheres of AoNZ, I enacted what Berry (1997) describes as integration as active participation, a dual commitment that enables belonging through contribution. In this way, professional identity became another site of integration, where my cultural values of relational care and community engagement intertwined with AoNZ’s person-centred therapeutic principles, creating a dynamic, evolving sense of purpose and belonging.

Contact and/ Participation

Building on the earlier discussion of integration in Berry’s (1997) acculturation framework, this subtheme explores how contact and participation took shape within my lived experience of migration. Integration, as Berry (1997) describes it, involves maintaining one’s cultural heritage while engaging meaningfully with the host society. In my journey, this balance was enacted through everyday relationships, acts of cultural sharing, and moments of reconnection with self and others.

Contact

In the early stages of settling in AoNZ, *contact* often meant navigating moments where my identity was questioned, simplified, or misread. Each encounter invited me to explain my South African Coloured identity in new ways and to find language that could bridge understanding. This process is captured in one of my reflective journal entries on 29 March 2025:

In South Africa, being Coloured meant being part of a community with its own traditions, language, and way of being. Here, it is just another shade of brown, another unfamiliar accent. I have had to explain my identity more times than I can count, and yet words never seem to capture it fully.

These exchanges were sometimes uncomfortable, yet they opened spaces for connection. What could have remained an experience of othering became, instead, an opportunity for dialogue. Through these moments of contact, I learned that integration is not a passive blending but an active engagement, one that asks for both self-definition and openness to mutual learning.

Participation

As I settled more deeply into life and work in AoNZ, participation began to take form through my professional and relational practices. My South African upbringing, steeped in communal care, inclusion, and resilience, naturally shaped how I approached my work within the local context. The following reflection in my journal 29 March 2025, captures how participation became embodied in my professional practice:

This journey has changed the way I practice. It has made me more intentional about creating spaces where different cultures are not just acknowledged but celebrated. I now ask more questions, involve families in decisions, and incorporate cultural rituals into recreational programs. Whether it is organising a cultural festival, learning simple greetings in different languages, or adapting activities to be more inclusive, I have come to understand that true diversional and recreational therapy is not about imposing a set program, it is about co-creating experiences that resonate with each individual.

My professional actions embodied participation in action by inviting others into inclusive experiences, drawing upon the resilience shaped by apartheid's legacy, and translating that empathy into meaningful therapeutic relationships.

Through participation, integration became more than adaptation; it became contribution. The values and wisdom born from my South African experiences found expression in the ways I created spaces of belonging and care. Migration, therefore, emerged as both liberation and responsibility. It meant freedom from apartheid's structural limits, but also a commitment to transform that history into compassion and connection. Integration, in this sense, was an inner and outer process, it was a continual weaving of memory, identity, and belonging across two worlds.

Feeling Included

Extending from Berry's (1997) acculturation framework, this theme explores how integration becomes a lived experience through participation, inclusion, and belonging. Integration, as Berry (1997) describes it, occurs when individuals maintain their cultural heritage while engaging meaningfully within the host society. My migration journey demonstrates this balance and has reshaped my DRT practice into something far more intentional and relational.

In my work, I strive to create spaces where cultures are not only acknowledged but genuinely celebrated by weaving in family input, cultural rituals, and simple greetings in other languages. These small, deliberate acts reflect the heart of integration that is participation that honours both self and other. By engaging fully with my professional community in Aotearoa, I am not losing my South African self; rather, I am co-creating a sense of mutual inclusion that allows everyone to feel they belong. Co-designing activities that resonate personally, rather than relying on a one-size-fits-all approach, mirrors this bicultural exchange and challenges me to practice humility while unlearning assumptions I once considered "universal."

The following journal reflection 29 March 2025, illustrates this process of reflexivity and learning in action, showing how integration invites continual self-awareness and adjustment within cross-cultural practice:

There have been moments when I have had to unlearn assumptions when I realised that what I thought was "universal" was shaped by my own upbringing.

Experiences such as these revealed how deeply culture influences perception and underscored that integration requires openness to questioning what feels familiar or "normal." This growing awareness strengthened my appreciation of diversity and underscored how difference enriches both professional practice and personal growth.

Feeling included, while also helping others to feel included, captures the essence of integration as Berry (1997) envisioned it as a dynamic, two-way process built on curiosity, humility, and mutual respect. The reflection on 29 March 2025, offers further evidence of this process, illustrating how weaving different cultures into my practice embodies integration's central balance between maintaining heritage and participating fully in the host culture:

In weaving different cultures into my practice, I have also deepened my own sense of belonging. I am not just an immigrant holding onto my culture in a foreign land; I am part

of a living, breathing tapestry of identities, where my story exists alongside so many others. And in that, I have found something truly special.

Through this growing sense of connection, I came to understand integration not only as social participation but as belonging enacted through care, cultural exchange, and shared humanity. In these everyday moments of practice and reflection, integration became both a professional value and a personal homecoming.

Food, Rituals or Traditions

Continuing within Berry's (1997) acculturation framework, as outlined in the heading of this section, this theme explores how integration is expressed through the preservation and adaptation of food, rituals, and traditions that carry one's heritage into a new cultural space. Integration, as Berry (1997) describes it, involves both maintaining connections to one's cultural origins and participating fully in the host society. For me, these everyday acts of continuity cooking, storytelling, music, and shared memory have become living expressions of belonging.

The following reflection on 29 March 2025 illustrates how food serves as an anchor of identity and belonging amid cultural distance:

Here, I find myself recreating it in small ways making a pot of curry on a Sunday, playing the music of my childhood, teaching my children the phrases that remind me of home.

These actions are not merely familiar comforts but purposeful acts of cultural preservation. Berry (1997) notes that integration is sustained when heritage traditions remain active and valued within a new context. My Sunday rituals and family practices embody this continuity, keeping alive the communal rhythm of cooking, speaking, and gathering that once shaped everyday life in SA.

The same cultural heartbeat flows into my professional practice. Drawing on South African traditions of storytelling and shared meaning, I use food, music, and memory within DRT programs, whether reminiscing with elders about foods of their youth, playing familiar songs to spark joy, or designing activities that honour cultural difference. These actions turn private rituals into shared connections and affirm that belonging can be cultivated through everyday cultural exchange.

Through food, rituals, and traditions, integration becomes both remembrance and reciprocity. By maintaining my heritage while offering it to others, I experience the two-way flow that

Berry (1997) describes as continuity that enriches participation, and participation that gives new life to memory.

Language Use

Deepening the analysis through Berry's (1997) acculturation framework, language use is central to integration because it embodies both maintaining heritage culture (through home language patterns, accent, expressions) and participating in the host society (through host language competence). For me, language and learning are inseparable because it is the words I inherited from my mother, the voice I bring to study, and the way I now communicate in professional spaces all reflect this dual process.

The following from my journal excerpt 7 April 2025, illustrates how language shaped my early dreams of learning:

I grew up in a home where education was treasured. My mother was a teacher, a woman of wisdom, structure, and quiet strength. She modelled the value of learning... From a young age, I dreamed of studying too. I had a deep yearning to learn, to grow, and to one day have a career of my own.

This longing was first voiced through my mother's teaching language echoing the encouragement, stories, and expectations she passed to me. Those words planted the dream that would wait decades to bloom.

Migration gave that dream new expression through language adaptation as illustrated in another part of the same journal entry:

When we immigrated to New Zealand at the age of 40, it felt like life had given me a second chance... I carried with me the richness of my culture, my life experience, and a quiet confidence shaped by years of resilience.

Coming to AoNZ meant learning to speak, read, and write in new academic and professional contexts. My South African accent and phrasing entered NZ classrooms and workplaces, requiring both adaptation and preservation. Each lecture, assignment, and conversation became an act of integration with me holding onto my cultural voice while mastering the host language's formal expectations.

This reflection is captured elsewhere in that reflection how my cultural identity continues to live through language:

As a 51-year-old Coloured South African woman, my culture is the heartbeat of my identity. It's woven into the way I speak, the way I raise my children, the values I hold close.

In my DRT practice, this linguistic heritage shapes how I connect with clients in the warmth of my speech, the metaphors from home, the rhythm of storytelling. My South African accent becomes a point of curiosity and connection rather than just difference. When I slow down to explain a cultural reference or share a phrase from home, I model cultural exchange for others. I listen to clients' language patterns and honour their accents, understanding that words carry identity as much as information.

Through speaking, reading, writing, and listening across cultures, I enact Berry's (1997) vision of integration. Language is not just how I communicate; it is how I maintain my heritage while fully participating in this new society. Each conversation, each written reflection, each professional interaction becomes a living bridge between the South African I was and the practitioner I am becoming in AoNZ.

Ties to Heritage Community

Staying connected to my heritage community has been one of the most grounding aspects of my journey, offering a sense of belonging that bridges the space between my past and present cultures.

Understanding my connection to heritage through Berry's (1997) lens of integration helps me recognise how these ties operate as both a psychological anchor and a cultural lifeline in my journey of adaptation. Berry (1997) refers to this as integration's anchor. It is a way of maintaining strong ties to one's heritage culture while adapting with empathy and dignity in a new environment. For me, these ties are lived, not abstract. They exist in my mother's teachings, my husband's understanding, my children's laughter, and my quiet resolve to keep learning and growing into the woman I was always meant to become. It is not about shedding roots but carrying them forward, allowing my family's voice and wisdom to infuse how I connect, work, and live here in AoNZ. That same journal entry (7 April 2025) also captured the strength of my ties to my heritage community, highlighting how culture continued to ground me even as I navigated integration:

As a 51-year-old Coloured South African woman, my culture is the heartbeat of my identity. It's woven into the way I speak, the way I raise my children, the values I hold close. It has shaped not only how I live, but how I understand myself in the world.

This reflection captures how deeply culture interlaces with daily life and self-perception. It reinforces that connection to heritage is not a distant memory, but an ongoing practice rooted in language, parenting, and relational warmth.

Staying connected to family and community from my country of origin remains a vital part of my everyday rhythm. Through regular conversations, shared celebrations, and continued involvement in cultural spaces online and in person, I sustain both emotional and cultural continuity. These interactions, while sometimes brief, carry deep symbolic meaning, each message or shared story reinforcing belonging and grounding my identity. The emotional tone is one of warmth, humour, and gratitude, binding generations through memory and love. As in that same journal entry (7 April 2025) my journal notes:

I grew up in a home where education was treasured. My mother was a teacher, a woman of wisdom, structure, and quiet strength. She modelled the value of learning not just in the classroom, but in life.

Here, my mother's influence stands as a generational link between past and present, her values of discipline, care, and intellectual curiosity echo through my current pursuit of growth and self-knowledge. Her teachings remain a bridge that connects me to my cultural beginnings, reminding me that learning is both a personal and ancestral inheritance. This sentiment is expressed in the same journal entry:

My culture gave me strength during the times I felt invisible. It reminded me of my worth when I questioned whether I had missed my moment.

This reflection represents how cultural identity becomes a source of emotional strength and continuity during times of displacement and uncertainty. Even far from home, my connection to the Coloured South African community offered a sense of worthiness and rootedness, affirming that my identity is sustained through resilience and memory.

These connections remind me that home is not a fixed place but a living strength I nurture privately and weave ethically into my professional and relational worlds. Historical traumas and intergenerational resilience are not distant concepts; they live within these ties, shaping how I extend empathy and understanding to others. My heritage community, though physically far, continues to guide my values and sense of purpose. As the journal entry drew to its final paragraph, I found myself returning to the emotional roots of my heritage, naming the love, sacrifice, and resilience that continue to guide me. As expressed in my journal writing:

My culture means home, strength, sacrifice, and hope. It's in my mother's teaching, in my husband's understanding, in my children's laughter, and in my own quiet resolve to keep learning, keep growing, and keep honouring the woman I was always meant to become.

This reflection beautifully encapsulates the emotional tone of connection, love, endurance, and gratitude. It unites the personal and collective dimensions of cultural identity, illustrating how tradition and family ties continue to sustain who I am, wherever I am.

Through this constancy, my acculturation becomes a dialogue rather than a divide, rooted, responsive, and evolving with intention rather than erasure. In nurturing these ties, I find that my heritage is not something I have left behind, but something I continually live. It is an enduring conversation between where I come from and who I am becoming.

These ongoing connections with my heritage community do more than preserve relationships, they continually inform my values, beliefs, and sense of self. The lessons carried through these ties shape how I approach life in AoNZ, influencing the way I see family, community, and responsibility. As I integrate into a new cultural landscape, these foundational beliefs interact with the values I encounter here, creating a space of negotiation and growth. It is in this meeting point where inherited wisdom meets new understanding and that the process of integration truly comes to life.

Values or Beliefs

Applying Berry's (1997) acculturation theory further, this theme examines how integration manifests through maintaining core values, morals, and beliefs from one's heritage culture while participating fully in the host society. Berry (1997) identifies these enduring principles as foundational to integration as they provide continuity of identity and ethical grounding while enabling meaningful adaptation. For me, South African Coloured values of community, resilience, sacrifice, and collective care form the heartbeat of my DRT practice in AoNZ. My journal entry from 29 March 2025 captures this clearly, describing how the values I was raised with continue to guide how I show up for others.

The following reflection illustrates how this heritage value shapes my professional approach:

In my culture, community is everything. We take care of each other, we celebrate together, we grieve together. There is an unspoken understanding that no one should be left behind. This has shaped the way I approach my work. I do not see diversionary and recreational

therapy as just organising activities, I see it as creating spaces where people feel seen, heard, and valued.

These values such as "no one left behind," collective celebration and grieving, translate directly into my practice. Activities become more than tasks; they are spaces of belonging rooted in the communal spirit of my upbringing. This approach reflects Berry's (1997) integration where heritage beliefs actively inform participation in professional life rather than being set aside.

My family heritage provides the living source of these values. In a paragraph of my 29 March 2025 journal entry, I reflected on how the ethic of learning, sacrifice, and collective strength was modelled for me from childhood:

I grew up in a home where education was treasured. My mother was a teacher, a woman of wisdom, structure, and quiet strength... But the dream of studying never left me. Thankfully, my husband understood this. He saw my yearning for education, my hunger for more.

From my mother's lifelong learning ethic to my husband's support for delayed dreams, these relationships embody South African Coloured values of strength through sacrifice and hope across seasons. Immigration at 40 became the moment these values found new expressions where education is no longer deferred, career aspirations realised, and family support is sustained across continents. This reflection captures how heritage values continue to evolve rather than erode. These values are not shelved in AoNZ. They are the heartbeat I carry with dignity, shaping empathy for others' hidden struggles and fueling my curiosity to understand my culture's complexities even more.

In AoNZ, these principles took shape and deepened my empathy for clients' unseen struggles, strengthened my resilience rooted in the scars of apartheid, and informed a practice philosophy that prioritises collective wellbeing. My heritage values do not compete with AoNZ's professional expectations instead they enrich them, creating therapeutic spaces where cultural dignity and human connection flourish together.

Through carrying forward "no one left behind" communalism, sacrificial resilience, and lifelong learning, I enact Berry's (1997) integration in its richest form. These core beliefs from my SA Coloured heritage are not preserved in isolation but actively contribute to my adaptation and professional impact. Values become the living bridge between the community spirit I inherited and the inclusive practice I now offer where my heritage morality meets host society participation in perfect balance.

Work and/ Study Participation

Illuminating Berry's (1997) framework via professional engagement, this theme examines how integration manifests through active participation in professional work, training, and study within the host society. Berry (1997) positions this engagement as essential to integration demonstrating full commitment to host society structures while maintaining heritage identity. For me, this participation occurs through my DRT practice in AoNZ, where South African cultural values meet AoNZ's professional expectations in dynamic tension and mutual enrichment. As expressed in my 29 March 2025 journal entry, professional growth in AoNZ has unfolded alongside moments of cultural longing and subtle difference.

The following reflection captures both opportunity and cultural distance in my professional journey:

New Zealand has given me opportunities I never imagined, a space to grow, to research, to think deeply about the work I am passionate about. But in this quiet land of open spaces and unfamiliar traditions, I sometimes feel the absence of home. Here, my accent marks me differently.

This duality of professional opportunity alongside cultural homesickness frames my work participation. AoNZ offered training and career development unavailable in SA, yet my migrant identity (accent, values, worldview) required constant negotiation within Kiwi healthcare contexts. Elsewhere in my 29 March 2025 journal entry, I wrote about how the values I was raised with still guide the way I show up in my practice as a DRT therapist.

My heritage values directly inform this professional participation:

In my culture, community is everything. We take care of each other, we celebrate together, we grieve together. There is an unspoken understanding that no one should be left behind. This has shaped the way I approach my work. I do not see DRT as just organising activities, I see it as creating spaces where people feel seen, heard, and valued.

The South African Coloured principle of "no one left behind" transforms routine activities into communal spaces of belonging. This heritage value does not conflict with AoNZ professional standards instead it enhances them, creating person-centred care rooted in collective humanity rather than individualism. Later in that 29 March 2025 journal entry, I reflected on how my professional development depended on listening deeply and learning from Māori, Pacific, and Asian elders.

Professional learning has required active cultural adaptation:

I cannot assume that what is meaningful to me will be meaningful to others. I have had to listen deeply, to learn from Māori elders about whānau and whakawhanaungatanga... embrace the vibrancy of Pacific culture... respect the quiet dignity of some Asian elders.

This excerpt demonstrates integration through developing competence within the host culture. Engaging with Māori concepts such as whānau (extended family and relational connectedness) and whakawhanaungatanga (the process of building meaningful relationships), alongside Pacific communal practices and Asian relational subtlety, reflects deliberate and situated professional participation, rather than imposing South African approaches, I actively acquire and apply AoNZ's-specific cultural knowledge. Drawing further on my 29 March 2025 reflection, I recognised how migration reshaped the way I participate in care.

My migrant identity enhances this participatory integration:

I now ask more questions, involve families in decisions, and incorporate cultural rituals into recreational programs.

These practices are questioning assumptions, family involvement, cultural rituals and emerge from my dual cultural positioning. South African communalism meets AoNZ's biculturalism, creating hybrid practices that serve diverse care facility populations. My heritage empathy for marginalisation informs inclusive care without dominating AoNZ professional frameworks.

Through work and study participation, I enact Berry's (1997) integration at its most concrete level. South African values of collective care enrich my DRT practice while deliberate learning of Māori, Pasifika, and Pākehā therapeutic approaches demonstrates full engagement with AoNZ's cultural landscape. Professional participation becomes the living interface where heritage identity meets host society competence, and my migrant journey is transforming both my practice and my sense of belonging.

Across these seven themes of contact and participation, feeling included, food and rituals, language use, heritage ties, values and beliefs, and work/study engagement, Berry's (1997) integration strategy emerges as the dominant pattern in my acculturation journey. These interconnected experiences demonstrate the dynamic interplay of heritage maintenance (values, rituals, language, community ties) and host society participation (professional engagement, cultural learning, relational inclusion). Integration is not static but lived through everyday practices that weave SA Coloured identity into AoNZ contexts.

Having established integration as my primary acculturation orientation, Berry's (1997) framework directs attention to alternative strategies. The following sections examine moments of assimilation (prioritising host culture over heritage), separation (withdrawing into heritage culture), and marginalisation (disconnection from both), revealing the complex, sometimes conflicted reality of migrant identity negotiation.

Assimilation (general)

Transitioning to Berry's (1997) assimilation strategy, this theme examines situations where I prioritised adaptation to AoNZ's dominant culture over preserving my South African heritage. Unlike integration's balance of heritage maintenance and host participation, assimilation reflects a deliberate choice to seek everyday engagement with other cultural groups while minimising cultural distinctiveness. As described in my codebook, this involves "not preserving cultural heritage" but instead adopting behaviours and attitudes that align with the host culture's expectations. In my 29 March 2025 reflection, I described how strong my initial desire was to fit into AoNZ's cultural landscape.

The following reflection captures my initial drive toward assimilation upon arrival:

Coming from Cape Town, South Africa and navigating life in AoNZ, I encountered many cultural differences, spoken and unspoken expectations, and subtle pressures to conform. When I first arrived, I was eager to fit in and to be accepted, to blend in, and to be seen as "one of the locals."

This eagerness manifested through observable behavioural changes such as softening my South African accent in professional settings, avoiding cultural references that required explanation, and adopting AoNZ's conversational norms and work rhythms. These adjustments prioritised immediate belonging over cultural continuity.

The cost of this assimilation became increasingly apparent. As time passed, I began to notice how this eagerness to assimilate slowly chipped away at parts of my own identity. I found myself quieting my voice, softening my cultural expressions, and adopting behaviours that felt more acceptable in this new environment. It took time to realise that in trying so hard to belong, I was distancing myself from the very roots that gave me strength and perspective. Embracing my own story became an act of reclaiming both self and belonging.

The assimilation pressure was particularly acute in professional spaces where "fitting in" felt essential for legitimacy as a DRT therapist. Quieting cultural expressions risked professional

authenticity but promised social acceptance. This tension of wanting to be "one of the locals" while feeling identity erosion precisely captures Berry's (1997) assimilation strategy as distinct from integration's dual retention.

Through these experiences, assimilation emerged not as a settled orientation but as a strategic phase driven by arrival anxiety and belonging needs. The eventual shift toward reclaiming heritage identity reflects the dynamic nature of acculturation, where assimilation pressures give way to more balanced strategies when psychological safety allows cultural authenticity to re-emerge.

Feeling Excluded (forced)

Examining Berry's (1997) assimilation strategy through exclusion experiences, this theme captures moments where I felt pushed out, discriminated against, or unwelcome in AoNZ. It reflects situations outlined in my codebook as structural or social forces that hinder belonging despite conscious efforts to adapt to the dominant culture. Unlike voluntary assimilation, where elements of heritage are set aside in pursuit of acceptance, forced exclusion exposes barriers that prevent even limited integration, creating an outsider status regardless of conformity.

Feeling like "an outsider within the larger narrative of AoNZ's identity" captures the painful paradox of assimilation. While this strategy seems to offer belonging through conformity, it often replaces overt exclusion with a quieter form of invisibility. Acceptance feels conditional; belonging becomes unstable. The pressure to suppress cultural expression to "fit in" can leave one visible but not fully seen.

One of my reflective writings describes this tension clearly:

At the same time, there was a freedom in New Zealand, a sense of possibility that came with being able to forge my own path without the constant threat of racial legislation. I could begin to heal from the wounds of apartheid, but that healing was not without its own challenges. The absence of the very clear racial demarcations I had grown up with left me grappling with questions of belonging. I had to find my own place within a diverse landscape, often feeling as if I was an outsider within the larger narrative of New Zealand's identity.

This reflection reveals a double exclusion, escaping apartheid's visible racism only to encounter AoNZ's subtler racial ambiguity. The freedom from legalised segregation paradoxically produced identity disorientation without clear racial categories, I struggled to locate myself within the Māori–

Pākehā bicultural framework. My Coloured South African identity, once legible within Cape Town's racial hierarchy, became racially ambiguous here where it is neither Māori, Pākehā, nor Pasifika, leaving me navigating "outsider" status within diversity itself.

Several forces contributed to this feeling of exclusion. The racial legibility gap meant my South African identity did not map neatly onto AoNZ's categories, leading to frequent self-explanation and misrecognition. The bicultural framework often left newer South African migrants in relational limbo, while my South African accent served as a constant reminder of foreignness, regardless of adaptation efforts.

This experience differs from integration, where mutual engagement fostered belonging. Under assimilation, even deliberate conformity, softening my accent, learning local norms, could not guarantee inclusion. My racial and cultural positioning resisted simple absorption into dominant identities. Berry's (1997) model assumes host society's receptivity, yet these experiences highlight how structural ambiguity can block even the pathway to assimilation.

Ultimately, this realisation exposed assimilation's hidden cost which is the loss of authenticity. True connection cannot emerge from self-erasure. Integration, the balanced coexistence of adaptation and heritage, offers a more genuine and sustainable form of belonging, shaped by mutual respect rather than conditional acceptance. In this way, the failure of assimilation paved the way for understanding marginalisation as not personal withdrawal, but systemic exclusion rooted in structures that define who can truly belong.

Separation

While my own experience has centred on connection and integration, I recognise that separation represents another possible response within the acculturation process. Berry (1997) describes separation as occurring when individuals prioritise maintaining their heritage culture while limiting interaction with other cultural groups. This path often reflects a need for familiarity, safety, or identity preservation, especially when the new environment feels unwelcoming or overwhelming.

Although my own journey in AoNZ has leaned toward openness and adaptation, I can understand the protective motivations that underpin separation. The act of orienting inward toward one's original community may provide comfort and coherence, particularly after migration or during times of displacement. For some, sustaining these exclusive cultural circles helps preserve language, tradition, and belonging when the surrounding culture feels distant or difficult to navigate.

In reflecting on my experiences, I realise that while I have chosen engagement and exchange, elements of separation occasionally surface in subtle ways, a preference for cultural rituals that feel familiar, or moments when I retreat into my own community for reassurance. These glimpses of inward orientation remind me that cultural navigation is rarely linear; movement between openness and protection is an ongoing negotiation. Even without direct journal reflections, recognising this pattern deepens my understanding of acculturation's complexity. Separation, though distinct from integration, underscores the same desire to preserve what is meaningful from one's heritage. It reminds me that the balance between connection and protection is a deep human response. It is a continuum rather than a choice fixed in time. Yet, for some, the boundaries that begin as protective can also lead to isolation when connections to both heritage and host cultures weaken. When separation becomes accompanied by exclusion or discrimination, individuals may find themselves on the margins, neither fully belonging to their original community nor entirely accepted by the new one. This space of in-betweenness, where identity feels unanchored and recognition elusive, forms the ground for the next theme, which is Marginalisation.

Marginalisation (general)

Examining Berry's (1997) marginalisation strategy through general workplace challenges, this theme captures immigrant experiences in DRT where cultural diversity receives nominal acknowledgement but lacks genuine understanding or implementation. The codebook describes moments where Western care models dominate as "best practice," systematically sidelining culturally rich perspectives from migrant therapists. This creates professional marginalisation where competence must be constantly proven despite qualifications and lived experience.

In my 29 March 2025 journal entry, I articulated how these subtle forms of exclusion shaped my professional experience:

Being an immigrant in this field has brought its own set of challenges. In some workplaces, I have had to navigate environments where cultural diversity is acknowledged in words but not always fully understood or embraced in practice. I have witnessed how easily Western models of care dominate the space, shaping what is considered 'best practice' and leaving little room for perspectives that reflect the richness of other cultural backgrounds.

At times, this has made me feel as though I needed to justify my place to prove my competence and explain why cultural context matters in DRT. There have been moments where advocating for inclusion felt like swimming against the current. The desire to broaden understanding was met with polite resistance or quiet dismissal. Yet these experiences also reaffirmed the importance of standing firm in my own knowledge and lived experience.

They reminded me that diversity is not a challenge to be managed but a strength that can deepen our practice when truly valued. This marginalisation dynamic reveals Berry's (1997) strategy in practice. Disconnection from both heritage maintenance and host society participation creates professional isolation. Unlike integration's mutual accommodation, marginalisation forces constant self-validation within systems that undervalue migrant contributions.

Feeling Excluded (forced)

Applying Berry's (1997) marginalisation strategy to experiences of forced exclusion, this theme captures moments where my South African heritage feels unwelcome and invisible within AoNZ's cultural landscape. As described in my codebook, it reflects times of feeling "pushed out, discriminated against, or unwelcome." Unlike voluntary separation, where maintaining heritage is a conscious choice, marginalisation arises from structural and social barriers that reject cultural difference despite one's genuine desire to connect.

In this context, forced exclusion refers to being denied full participation in either cultural space, not by personal withdrawal, but through external factors such as racism, stereotyping, or lack of recognition. It is exclusion imposed by systems and social attitudes that determine who belongs and who remains peripheral. For migrants, this produces dual displacement meaning that the migrant is neither fully rooted in the heritage community left behind, nor fully accepted within the host society.

In a different reflection from 29 March 2025, I articulated the quiet ache of feeling culturally unseen:

Being an immigrant often feels like living in two worlds at once, with one foot rooted in the past and the other stepping into the unfamiliar present. My culture and my identity as a Coloured South African woman are parts of me that I carry wherever I go, yet in Aotearoa, they do not always seem to have a place to settle. There is a quiet ache in realising that something so intrinsic to who I am can feel invisible in this new landscape.

This reflection foregrounds the emotional tension of invisibility, the “quiet ache” of carrying cultural identity across space only to find it unanchored. The loneliness of being misunderstood often coexists with frustration that my history and cultural references remain outside local awareness. Difference lingers even in silence, as if unspoken cultural nuances have no place to land. Guilt sometimes compounds this isolation, guilt for leaving, for beginning again elsewhere, and for carrying traditions into a place where they were never meant to grow.

Here, marginalisation represents Berry’s (1997) quadrant most acutely, heritage maintenance combined with exclusion from host society participation, but not by personal intention, rather, through rejection and invisibility. The forced nature of marginalisation lies in this lack of agency; belonging is withheld despite openness to participate. The result is identity suspended between worlds, where rich heritage becomes both a comfort and a constraint.

Unlike integration’s reciprocity or assimilation’s pursuit of sameness, marginalisation traps the migrant in an in-between space carrying the weight of heritage while facing barriers that prevent its full expression. It reveals the emotional and structural costs of a society that celebrates diversity in principle but struggles to embrace its complexity in practice.

Work Study or Participation

Applying Berry’s (1997) marginalisation strategy to my workplace struggles, this theme captures how being an immigrant DRT therapist limits my professional opportunities despite my qualifications, just as the codebook describes: “Limited in jobs, training, education, or professional activities in the host society.” Western care models dominate as “best practice,” making my cultural strengths feel like liabilities I must hide. I find myself constantly proving my place while tempering who I naturally am.

The following journal excerpt shows this tension:

Being an immigrant in this field brings both opportunity and challenge. I have often found myself navigating workplaces where cultural diversity is spoken about in principle but not always truly understood or embraced. Western models of care still tend to dominate, leaving limited room for approaches that reflect the richness of different cultural perspectives.

As DRT therapists, we are taught to honour clients’ cultures by researching their stories, adapting to their traditions, and creating meaningful connections. But who sees that we therapists carry culture too? My South African background shapes how I communicate with warmth, storytelling,

and directness that builds trust back home. Here, I soften my voice, hold back my passion, learn to read the room's unspoken rules just to be taken seriously.

This is Berry's (1997) marginalisation exactly, holding onto my heritage while stuck outside meaningful belonging at work. We are told to celebrate diversity for clients, but my own cultural self stays invisible. I realised my expressiveness is not something to fix; it is what makes my practice rich. True inclusivity means seeing us migrant therapists as cultural assets too, not just the people we serve.

Concluding Remarks

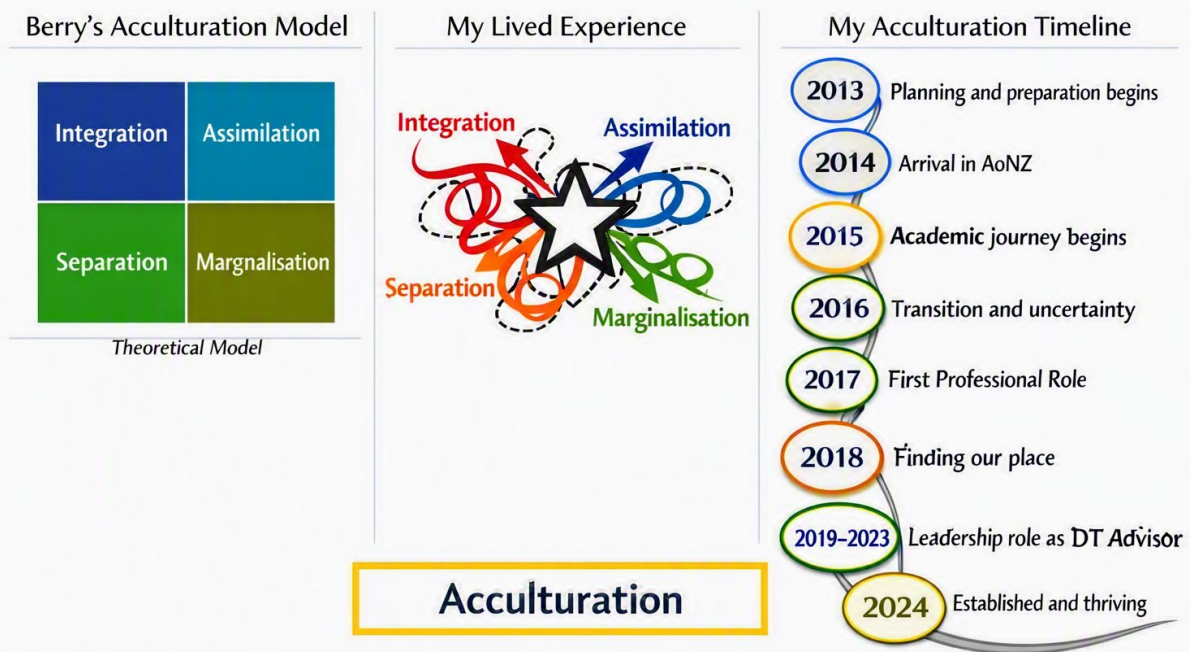
Across Berry's (1997) acculturation strategies, my journey as a Coloured South African immigrant DRT reveals integration's mutual promise alongside assimilation's broken bargain, marginalisation's painful rejection, and the resilience forged through each. In my experience integration was not simply a theoretical ideal but a lived possibility. It held spaces where I could maintain my heritage culture, language, humour, storytelling, and family rituals, while meaningfully participating in AoNZ's professional and social life felt like authentic belonging. In these moments, my cultural background was not a deficit to manage but a resource that enriched my therapeutic practice and relationships with clients and colleagues. In figure 7 this is represented by lines extending from the central star (myself), into the integration quadrant, signaling those periods when I could inhabit multiple cultural worlds without having to choose between them.

Figure 7

Visual representation illustrating Berry's framework alongside my actual lived experience, and a timeline highlighting my key milestones in my migration journey

Acculturation: Theory, Lived Experience, and Timeline

Made with AI



Note. Image generated by the author using Bing Image Creator 12 September 2026. This diagram comprises of three adjacent panels. The left panel presents Berry's Acculturation framework with its four quadrants (integration, assimilation, separation and marginalisation). The central panel depicts my lived acculturation experience not as a linear path but as a pattern with criss crossing lines moving unpredictably across Berry's four quadrants. This visual conveys the complexity, contradictions, and emotional turbulence of my migration journey. Where moments of belonging, dislocation, resistance, and adaptation occurred simultaneously and repeatedly. The right panel maps key milestones in my professional and academic journey, including migration, entry into the health-related work in AoNZ, and the progression of my Master's study, anchoring the theoretical and experiential layers within a concrete timeline. Together, the three panels illustrate how formal acculturation theory both illuminates and falls short of capturing the messy reality of my migrant lived experience.

By contrast, assimilation in my lived experience operated as a broken bargain. I entered AoNZ thinking that if I worked hard, adapted my accent, moderated my expressiveness, and conformed to local norms, I would be welcomed as a competent professional. However, ongoing experiences of being passed over for opportunities and not being invited to informal networking conversations, planning meetings, or decision making discussions, highlighted the limitations of this strategy. The more I tried to shrink my cultural self to fit in, the more I was positioned as an outsider. In Figure 7 this is shown through lines radiating from the star into the assimilation quadrant and then pulling back or criss crossing into other quadrants. Capturing the emotional and professional

conflict of trying to belong through self-erasure, only to find that conformity did not guarantee me acceptance.

Marginalisation, in Berry's framework, describes a position where neither heritage culture maintenance nor host culture participation is sustained (Berry, 1997). For me, this was not an abstract category, but a painful reality at specific points in my journey. There were times when I clung tightly to my South African Coloured identity, its stories, music, and ways of relating. I used this as a source of comfort, yet I found myself systematically excluded from full participation in the workplace. My expressive storytelling, which I consider to be a core strength, was sometimes framed as 'too much' in environments that were used to a more reserved style of communication. The diagram reflects this through lines stretching from the star to the marginalisation quadrant.

Importantly, these strategies do not appear in my journey as neat, sequential choices, but as overlapping, shifting positions that I moved between. Sometimes within the same day, conversation, or workplace interaction. The criss-crossing lines radiating from the star across the quadrants are intentional. They reflect that my experience was not easily adapted to suit neat quadrants as shown in Berry's framework. At times I inhabited multiple quadrants simultaneously.

It is within this turbulence that my professional identity as a DRTh has emerged most strongly. The very experiences of exclusion and cultural misrecognition sharpened my commitment to cultural authenticity in practice.

The right-hand panel of the diagram maps key academic and professional milestones. It sits alongside the theoretical and experiential panels to show how my career trajectory is inseparable from my acculturative struggles. Each milestone is underpinned by moments of integration, assimilation, separation, and marginalisation, reminding me that professional growth for a migrant practitioner is not just about skill acquisition, but about continually negotiating belonging, visibility, and voice.

Discussion

This discussion brings together the key insights that I drew from my autoethnographic exploration of my migration, identity, and professional practice. Drawing on my lived experiences, I critically reflect on how processes of acculturation are not only theoretical constructs but are deeply embodied and contextually situated within my everyday life. The findings highlight the complex, and at times contradictory, ways in which belonging, identity, and professional self-understanding are negotiated over time. By positioning my personal narrative alongside existing literature, this discussion seeks to explore how my individual experience both aligns with and offers insight to others trying to make sense of their experiences of migration and acculturation, particularly within the context of DRT practice.

Central to this discussion is the need to situate my experiences within the specific gaps identified in literature and the guiding questions of this study. While research has increasingly acknowledged the role of cultural safety among migrant health practitioners, it often stops short of engaging with the deeply personal and evolving nature of identity formation in particular within DRT in Aotearoa New Zealand, where therapeutic work is grounded in relational connection, cultural responsiveness, and the bicultural commitments of Te Tiriti o Waitangi. In this context, migrant DRT practitioners must navigate not only their own acculturation journeys but also the expectations of a profession that requires meaningful engagement with Māori, Pasifika, and diverse cultural worldviews. In responding to the research questions, this study moves beyond generalised accounts to explore how migration is lived, felt, and enacted within professional spaces, shaping not only what I do as a DRT practitioner, but how I understand myself in relation to others. By foregrounding my lived experience, this discussion highlights how professional identity, therapeutic relationships, and cultural responsiveness I co-constructed my through ongoing processes of acculturation. In doing so, my story addresses a notable gap by offering a personally embodied and reflexive perspective on how my migration journey informed my practice, while also considering the broader implications for other DRT therapists or health professionals working across cultural and national boundaries.

This discussion is organised into a series of interconnected sections reflecting both the structure of my study and the layered, evolving nature of my experiences, while directly responding to the research questions guiding this inquiry. The first section addresses how migration has shaped the development of my personal and professional identity as a DRT therapist, emphasising the fluid and overlapping nature of these identities. Building on this, the second section explores how

my lived experiences of migration influence and inform my practice, particularly in navigating culturally diverse environments and therapeutic relationships. The third section extends these reflections to consider the broader implications of these experiences, both personally and professionally, and in relation to other health practitioners working across cultural and national contexts. This is followed by a critical reflection on the limitations of the study, acknowledging the scope and constraints of an autoethnographic approach, before concluding with key insights that synthesise the contributions of this research. These sections combined to offer a cohesive and reflexive account that bridges personal narrative with theoretical understanding and practical relevance.

Section 1: Personal Identity

This section explores my migration journey as a lived and ongoing process through which my identity is continually reshaped. For me, identity is not something static or singular; it is formed and re-formed through the everyday intersections of culture, language, gender, family, and belonging. In AoNZ, migration sits within wider social and national patterns of diversity, and research suggests that migrants' experiences of identity and belonging are shaped by both personal history and the contexts in which they live and work (Cohen & Kassan, 2018; Dixon, 2019). The literature also shows that cultural identity negotiation is often complex and relational, with migrants balancing a desire to preserve aspects of their heritage while also adapting to new social and professional environments (Cohen & Kassan, 2018; Dixon, 2019). Hamel (2009) captures this process vividly, showing how immigrants in AoNZ often adapt their gendered social identities to meet the expectations of the host culture, an experience she encapsulates in the article's title, "If I'm like them, they will accept me more." Her discussion mirrors my own early experience of arrival; in a journal entry from 29 March 2025, I admitted how eager I was to "fit in" and be recognised as local. Looking back, that longing to belong shaped not only how I presented myself personally but also how I learned to navigate my professional role, reminding me that acculturation is not a single moment of adjustment but an ongoing negotiation between who I am, where I come from, and the expectations of the spaces I move through.

In that sense, my own experience reflects a broader process of acculturation in which personal and professional identities continue to influence one another over time. Cohen and Kassan's (2018) model of cultural identity negotiation echoes this dynamic, describing how emerging adult immigrants move between preserving their origins and adapting to the expectations of a new society, often guided by agency, family, and the desire to belong. Their notion of being

“in-between” feels familiar to me, capturing the quiet tension of holding multiple identities at once. Dixon’s (2019) narrative review further situates these personal shifts within wider societal attitudes in countries like AoNZ, showing how economic and psychological factors shape both how migrants see themselves and how they are perceived by others. Together, these works underscore how identity formation is not a single event but an ongoing, relational process; informing my sense of self and my practice as a DRT therapist.

These reflections on belonging and identity negotiation return me to the earlier finding that identity work is both complex and relational. I understood then, and continue to learn through lived experience, is that acculturation is shaped not only by internal shifts but by the everyday encounters that invite, challenge, or affirm who I am becoming in this place. My sense of self has been formed in conversation with others, through the questions people ask, the assumptions they make, and the moments of connection that emerge unexpectedly. It is within this relational terrain that Berry’s (1997) notion of integration becomes meaningful, because the work of maintaining one’s cultural heritage while engaging with the host society is lived out through contact, participation, and the subtle exchanges that accumulate over time.

Acculturation and the Self as Fluid Tensions of Identity

Acculturation, as conceptualised by Berry (1997), is often framed as a process of negotiation between cultural maintenance and adaptation to a dominant culture. However, within my lived experience, this process is neither linear nor neatly categorised. My own journey reflects a fluid and, at times, contradictory movement across integration, assimilation, and moments of marginalisation. This is evident in the way I maintained my cultural voice while adapting to AoNZ’s academic and professional expectations, at times softened aspects of myself to fit dominant norms and occasionally experienced my identity as invisible or out of place. Rather than occupying a fixed acculturation position, I found myself shifting depending on context, emotional safety, and perceived belonging. As I wrote in my journal dated 7 April 2025, “As a 51-year-old Coloured South African woman, my culture is the heartbeat of my identity. It’s woven into the way I speak, the way I raise my children, the values I hold close to “. Carrying this cultural grounding into a new country meant that acculturation was not an abstract concept, but something lived and felt in the rhythms of daily life. In everyday moments, it became embodied through language, social interactions, and internal dialogue. This internal dialogue is evident in my reflection that “my culture is the heartbeat of my identity” (journal, 7 April 2025), revealing how my sense of self remained deeply present and emotionally alive even as I navigated new cultural expectations.

There were times when I consciously adapted my behaviour to align with dominant cultural expectations, particularly in professional settings, where competence was often implicitly tied to cultural conformity. This was evident in moments where I found myself “quieting my voice, softening my cultural expressions, and adopting behaviours that felt more acceptable in this new environment,” revealing how professional acceptance often seemed to depend not only on competence, but also on fitting within dominant cultural expectations. At other times, I resisted adaptation, holding tightly to familiar practices as a way of preserving continuity and honouring the parts of myself that felt most like home. This was reflected in the way my “South African background shapes how I communicate with warmth, storytelling, and directness that builds trust back home,” showing how I carried culturally familiar way

This fluctuation highlights a key tension within acculturation theory. While frameworks such as Berry’s (2005) provide useful structure, they may not fully capture the emotional and relational complexities of lived experience. My narrative suggests acculturation is less about achieving a stable state and more about ongoing negotiation, shaped by power, context, and identity salience. Identity salience refers to the relative prominence or likelihood of a specific identity, such as cultural, professional, or personal, becoming activated to influence thoughts, feelings, and behaviors in a given situation (Stryker & Burke, 2000). Across my experiences, cultural identity appeared to be the most enduring and emotionally salient aspect of self, while professional identity often became more prominent in contexts where belonging felt conditional or had to be negotiated. When I felt like I belonged, I could express my cultural identity more openly. When belonging felt uncertain or threatened, I found myself adapting, holding back, or protecting parts of myself. In this way, belonging influenced how I moved between integration, assimilation, and moments of marginalisation.

Personal Identity: Between Continuity and Change

My personal identity has been profoundly shaped by migration, not as a singular event but as an ongoing process of redefinition. Migration disrupted previously stable understandings of who I was, introducing both loss and possibility. Familiar cultural markers such as language nuances, social norms, and relational expectations, were no longer mirrored in my environment, creating a sense of dislocation. This is reflected in my finding that, “In South Africa, being Coloured meant being part of a community with its own traditions, language, and way of being. Here, it is just another shade of brown, another unfamiliar accent,” capturing how migration unsettled the cultural meanings and recognitions that had once grounded my sense of self.

At the same time, this disruption opened space for reflexivity. I became more aware of aspects of my identity that had previously been taken for granted. Practices that once felt ordinary became intentional acts of cultural preservation. For example, maintaining certain traditions or ways of relating became a conscious effort to remain connected to my cultural origins, particularly through the way I continued to draw on “South African traditions of storytelling and shared meaning” in both my personal and professional life.

This dual experience of loss and intentional reconstruction illustrates the dynamic nature of identity in migration contexts. Rather than viewing identity as fragmented, I began to understand it as layered and composed of both enduring elements and newly integrated aspects shaped by my host culture. This layered identity is not always harmonious; tensions persist, particularly when cultural values conflict. Yet, these tensions also serve as sites of growth and meaning making.

Identity- The Unfinished Picture

I include Figure 8 here as a visual companion to the preceding reflection, because it reflects how I have experienced acculturation in my own life, as something unfinished, evolving, and shaped by the blending of my South African and New Zealand identities. For me, the artwork captures what words alone could not fully hold: the tension, transformation, and ongoing search for belonging that have marked my migration journey. The artist’s description is noted on page 91.

Figure 8

Acculturation: Blending South African and New Zealand cultures



Note. Artwork created by Jemma Jooste, used with permission. Artist statement: “This artwork explores the acculturation of South African and New Zealand cultures. Rather than representing the cultures separately, I chose to show them blending to create something entirely new and unique. The unfinished hands represent constant growth, adaptation, and change, symbolising how identity is never fully complete. It also leans into the idea that immigration opens the door to the continuous reshaping and evolution of one's sense of self. The burst in the centre represents the beauty created through cultural fusion. Instead of using familiar symbols exclusive to each culture, I chose abstract fusion to show that when these cultures intertwine, they do not simply coexist, but they transform into a new way of living, thinking, and belonging. A way of living that is different from both the past and the world around them. The Māori and South African inspired patterns represent connection, movement, and the ongoing journey of belonging. The black and white canvas was intentional.”

Professional Identity: Belonging, Power & Cultural Safety

Entering professional practice in a new cultural environment introduced another layer of complexity for me. As a DRT therapist, my role is inherently relational, requiring sensitivity to cultural meanings, communication styles, and expectations of care. However, my own cultural positioning influenced how I understood and enacted this role.

There were moments when I felt compelled to align with dominant professional norms, even when they diverged from my culturally informed ways of knowing and practicing. This sometimes resulted in a sense of inauthenticity, as if I were performing a version of professionalism that did not fully reflect my values.

However, there were instances where my cultural background became an asset. It enabled me to connect with clients from diverse backgrounds, bringing empathy and alternative perspectives into therapeutic interactions. These moments affirmed the value of cultural diversity within professional practice, challenging the idea that professionalism requires cultural neutrality (Browne et al., 2009; Curtis et al., 2019; Ramsden, 2002). In AoNZ, this is better understood through the lens of cultural safety, which asks practitioners to reflect on their own cultural positioning, biases, and assumptions, rather than trying to appear culturally neutral (Healthify, 2024; Medical Council of New Zealand, 2019). For me, this meant leaning into, rather than suppressing, my own cultural lens, seeing it as part of the therapeutic relationship rather than something to be boxed away. This approach recognises that culturally safe practice is grounded in self-reflection, responsiveness, and partnership with clients. Self-reflection requires practitioners to examine how their own cultural identities, assumptions, and positions of power shape therapeutic interactions. Responsiveness involves adapting care in ways that recognise

and respect the client's cultural context, values, and needs, rather than assuming a one-size-fits-all approach. Partnership emphasises working collaboratively with clients and, where appropriate, their whānau, in ways that honour shared decision-making, relational respect, and the commitments to Māori health equity embedded in Te Tiriti o Waitangi (Health and Disability Commissioner, 2023; Medical Council of New Zealand, 2019).

Migration is not only about movement across borders; it is also about movement through systems of recognition, exclusion, and belonging. My experience of belonging has been shaped not only by personal feelings of acceptance, but also by the wider social and institutional contexts that influence inclusion and adaptation. Settling into everyday life and professional practice has therefore involved more than learning about a new environment; it has required me to negotiate my place within structures marked by cultural assumptions and expectations of the local culture.

This became especially clear to me in professional settings, where my sense of belonging was often tied to how closely I could align with dominant norms. At times, I felt being accepted meant making myself easier for others to understand and relate to, even when it required softening parts of who I am. As reflected in the earlier finding where I described quieting my voice and softening my cultural expressions, professional belonging often felt conditional on making myself easier for others to understand and relate to.

In my experience, this was not just about personal insecurity; it also reflected the hidden power dynamics of workplace culture. Certain ways of speaking, behaving, and relating were treated as the normal or professional way to be. As a result, my own culturally shaped way of being such as warmth, storytelling, directness, and relational connection sometimes felt less valued or pushed to the margins. This meant that belonging did not feel neutral. It felt shaped by which identities were easily accepted, which were quietly questioned, and which were expected to change to fit in.

Cultural safety, as I understand it, offers an important way of reflecting on these dynamics by shifting the focus away from trying to appear culturally neutral and toward paying attention to power, bias, and responsibility in my own practice. Rather than assuming that professionalism means setting aside culture, cultural safety, in my view, asks practitioners to recognise how their own positioning influences the therapeutic relationship. At the same time, these dynamics are not only interpersonal; they are also shaped by organisational cultures, policies, and professional norms that influence whose ways of being and working are recognised as legitimate and whose are expected to adapt.

For me, this reflection also sits within the wider realities of AoNZ and the ongoing need to support Māori health equity. I have come to understand that cultural safety is not simply about being aware of differences between people. It also means recognising the lasting impacts of colonisation, inequality, and the power structures continuing to shape health and aged care environments today. Through this journey, I have realised that my professional identity as a DRT therapist is deeply connected to social responsibility. It is shaped not only by my training and personal beliefs, but also by the responsibility to work in ways of genuine respect for others, valuing partnership, and supporting more equitable and inclusive practice.

Over time, my professional identity became something shaped by both where I come from and where I now work. It carries my South African heritage alongside the expectations of practicing in AoNZ, and while that has not always been easy, it has taught me how to be responsive without losing myself. My culture does not disappear when I step into a professional space. It comes with me in the way I listen, the way I make sense of people's stories, and the way I try to build connection. For a long time, I thought professionalism meant setting parts of myself aside, but I have come to understand that what I carry from my culture is not something to hide. It is something to reflect on carefully and hold responsibly in my work. Looking back, I can see that my professional identity has been shaped not only through adaptation, but through learning about power, belonging, and what it means to practice with integrity. I have learned that feeling at home in a professional space is not about fitting in. It is about finding a way to remain myself while working within systems and relationships that do not always make that easy.

The Intersection of Personal and Professional Identity

These reflections on belonging, power, and cultural safety in professional spaces made something else increasingly clear to me; my professional identity cannot be understood in isolation from the personal and cultural self I carry into practice. The boundary between personal and professional identity is often presented as distinct, yet in my experience, these domains are deeply intertwined. My cultural identity does not remain outside the clinical space; it informs how I interpret situations, engage with clients, and make decisions.

Personal and professional identity, for me, are not entirely separate; rather, they exist in ways that both diverge and overlap, shifting depending on context and experience. The diagram presented in Figure 9 reflects my evolving understanding of this relationship, shaped through migration, belonging, and professional practice. While I can name aspects of myself as "personal" or "professional," they often move together, particularly in the values I carry, such as empathy,

relational connectedness, and a commitment to collective wellbeing. As I noted in my findings, these values do not sit neatly in one domain, but travel with me across both, blurring the boundaries between who I am and how I practice.

This intersection became particularly evident in moments of cultural resonance or dissonance. When working with individuals whose experiences echoed my own, I experienced a heightened sense of connection, but also an increased need for reflexivity to maintain professional boundaries. Conversely, when cultural differences were more pronounced, I became acutely aware of my positioning and the assumptions I brought into interactions.

Autoethnography allows for the exploration of these intersections in a way that traditional methodologies may overlook. By examining my own experiences, I can illuminate how personal narratives shape professional practice, and how professional roles, in turn, influence identity construction.

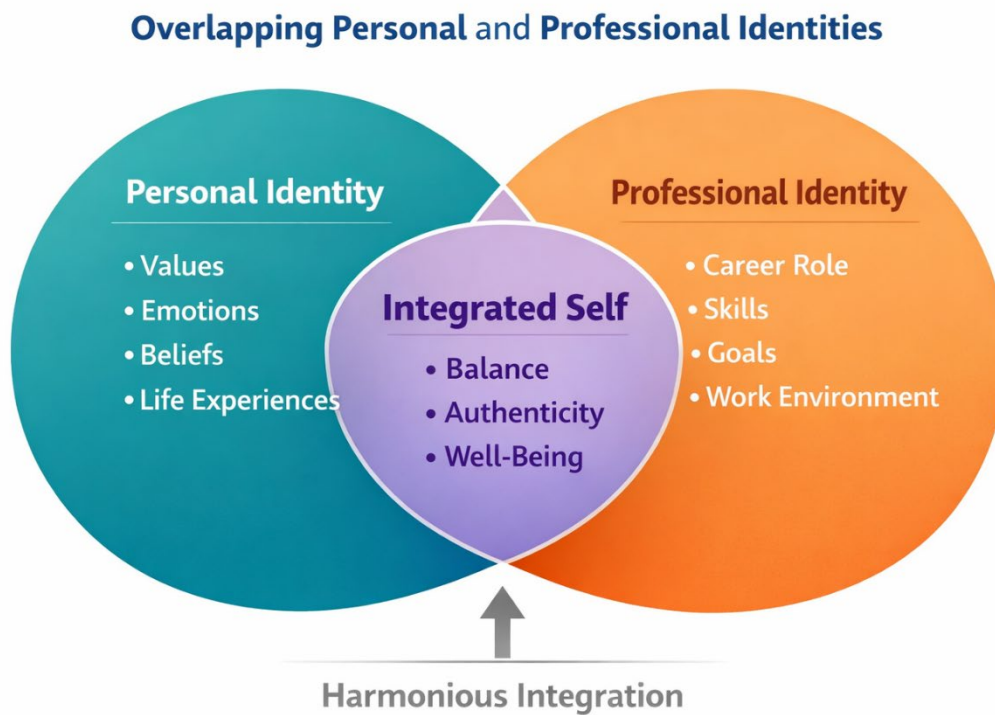
Ultimately, the overlap between personal and professional identity is not something to be resolved but to be critically engaged with. It is within this space of overlap that culturally responsive and reflective practice can emerge.

The following diagram presents my understanding of the overlap between personal and professional identity, and how these are shaped through my lived experience of migration.

Figure 9 grew out of findings that showed how my personal and professional identities are not separate but deeply intertwined. Reflections such as “my culture is the heartbeat of my identity” revealed how central my cultural identity remains to who I am, while findings describing how my South African background shapes the way I communicate “with warmth, storytelling, and directness” showed that these personal and cultural qualities also travel into my practice. In the same way, my belief that “community is everything” and that DRT is about creating spaces where people feel “seen, heard, and valued” highlighted how my personal values and professional ways of practicing overlap. Taken together, these reflections helped me create Figure 9 as a visual representation of how migration, culture, and practice have shaped the ongoing intersection between my personal and professional identity.

Figure 9

Overlapping Personal and Professional Identities



Note. This diagram reflects my understanding that personal and professional identity are deeply intertwined, and migration has shaped the way these identities continue to influence one another in my practice and lived experience. In this figure, harmonious integration refers to the point where personal identity and professional identity overlap in a balanced way, so neither one overwhelms the other. It suggests a person can bring their values, emotions, and life experiences into their work while still meeting their career role, skills, and goals in a coherent way.

Reflexivity and Ongoing Negotiation

Reflexivity has been central to navigating both acculturation and identity. Through journaling, reflective practice, and critical engagement with theory, I have been able to examine my assumptions, biases, and emotional responses. This process has not led to definitive answers but has deepened my understanding of the complexities involved.

Professional Identity Negotiation

My migration journey reveals professional identity as inherently fluid and socially constructed, continuously reshaped through interactions across AoNZ's cultural and institutional contexts (Adams et al., 2011). Even having completed DRT training locally, I navigated tensions between person-centred care, Te Tiriti o Waitangi principles, and workplace realities like informal communication styles challenged my initial professional self-understanding. This multiplicity, rather than a unified identity, emerged as I adapted to colleagues' expectations and clients' diverse needs.

This personal negotiation aligns with, and extends scholarship framing acculturation as a lived, ongoing process rather than a completed state (Ting-Toomey, 2005). While literature highlights migrants disrupted skills recognition and retraining challenges (Colic-Peisker, 2010; Deng & Hutchinson, 2018), my experience suggests that even with local training, I did not enter practice as a culturally neutral professional; my migrant identity, cultural background, and sense of belonging continued to shape both how I worked and how I was received.

I found myself constantly moving between what I had learned in theory and what was expected in practice, a tension reflecting the dislocation many migrant health practitioners experience when navigating credentialing processes and supervision requirements. As highlighted in the literature, these systems can place migrants in the unfamiliar position of being both experienced professionals and learners at the same time, shaping how we come to understand ourselves and our sense of belonging (Al Achkar et al., 2023). This was something I came to recognise in my own journey.

In health and social care specifically, these dynamics intensify through cultural-regulatory tensions and organisational marginalisation (Costas, 2012; Giraldez Hayes, 2023; North & Trlin, 2004). Yet my cultural background became an asset, enhancing empathy and culturally responsive practice despite accent bias or belonging challenges (Jenkins & Huntington, 2016; Omeri, 2006).

Ultimately, my story illustrates professional identity's evolution through transnational adaptation, contributing nuanced insights to Berry's acculturation framework and AoNZ health workforce diversity. Therapeutic practice benefits when migrant practitioners' reflective negotiations inform culturally safe care.

Section 2: Lived Experiences Shaping Practice

When I look across these experiences, marginalisation does not sit neatly within Berry's (1997) framework. The model describes marginalisation as a space where connection to both one's culture of origin and the host culture is weakened, leaving a sense of not fully belonging in either. As I reflect on my own journey, however, this feels too fixed to capture what I experienced. While there were moments of dislocation and exclusion, I did not feel entirely disconnected from either world. Instead, I found myself moving between them, holding on to parts of both, even when that sense of belonging felt uncertain. These moments of in-betweenness were not static, nor did they reflect a complete loss of cultural connection. Instead, they shifted depending on context, at times I felt more anchored in my cultural identity, and at other times I leaned into learning and adapting within the host environment. This movement does not align easily with the fixed categories proposed by Berry (1997) but rather suggests a more fluid and ongoing negotiation of identity. In this way, marginalisation was not something I simply "occupied," but something I moved through, alongside moments of integration, tension, and growth. This movement between belonging and dislocation raises important questions about how identity itself is shaped through migration and professional practice.

Migration literature often describes identity as fluid and co-constructed, shaped through ongoing negotiation between heritage and host cultures (De Haas, 2021; Portes et al., 1999). I see this in my own journey. My professional identity has not been something I simply "adapted" to fit AoNZ. It has been something I have had to continuously rework. Yet, what the literature presents as a process of adaptation often feels, in practice, like a process of adjustment under pressure. For example, research on migrant health practitioners highlights the need to modify communication styles and professional behaviours to align with local expectations (Mannes et al., 2023). I recognise myself in this. I have softened my voice, adjusted my expressiveness, and learned to read unspoken professional norms to be taken seriously. While this reflects what is often framed as cultural competence, my experience suggests something more complex: not just adaptation, but partial erasure. The expectation is not only to learn the system, but to fit into it in ways that make difference less visible. This tension complicates the idea of "integration" often presented in

migration literature, prompting me to question whether adaptation always feels as empowering as it is described.

This is where my experience begins to diverge from the more optimistic framing of integration in literature. While studies highlight resilience, mentorship, and professional development as pathways to successful adaptation (Leberman et al., 2016), my reflections suggest that these supports are not always present or sufficient. Instead, I have often encountered what Ahmed (2012) describes as the gap between diversity as an institutional narrative and diversity as lived reality. Inclusion is spoken about but not always practiced in ways that allow full participation. These experiences have led me to reflect more deeply on what I bring into practice and how my own identity shapes the care I provide.

At the same time, literature affirms something I have come to understand through experience, that who we are as practitioners deeply shapes how we care. My cultural background, my lived experiences, and my ways of relating are not separate from my practice, they are central to it (Cleary & Armour, 2022; Posluns & Gall, 2019). For me, this shows up through storytelling, warmth, and relational depth. These are not techniques I consciously apply; they are ways of being that come from my cultural grounding. However, the tension arises when these ways of being are not recognised within dominant definitions of professionalism. Cornett et al. (2023) notes that unresolved identity tensions can impact practitioner wellbeing and practice. I feel this tension in the moments where I hold back, where I question whether I am “too much,” or where I adjust myself to align with expectations that were not designed with practitioners like me in mind. Yet, despite these tensions, my experiences have also helped me recognise the value of the very qualities I once felt pressured to suppress.

Yet, my experience also reinforces the importance of culturally responsive care described in literature. Adaptations such as storytelling, culturally familiar communication styles, and relational approaches are shown to improve engagement and trust (Benjamin et al., 2025; Hall, 2018; McDermott et al., 2024). What stands out to me, however, is that these adaptations are often discussed in relation to clients. My experience shifts this perspective slightly; these are not just strategies I use; they are part of who I am. The very qualities that I have sometimes felt pressure to minimise are the same ones that strengthen my therapeutic relationships. Reflecting on this has also made me more aware of the broader power dynamics that shape both care and professional belonging.

This is where the concept of cultural safety becomes particularly significant. Cultural safety asks not only whether care is appropriate for the client, but also how power operates within the

therapeutic space (Nursing Council of New Zealand, 2011). Through my experiences of marginalisation, I have become more aware of these dynamics, not just for clients, but for myself as a DRT practitioner. I have felt what it means to be positioned at the margins, and this awareness shapes how I create space for others. Although these experiences have at times been difficult, they have also transformed how I understand myself as a practitioner.

In this sense, marginalisation has been both constraining and generative. It has limited my sense of belonging within professional spaces, yet it has also deepened my reflexivity, strengthened my relational practice, and challenged me to think critically about what “best practice” really means. Rather than seeing practice as something I must fit into, I am beginning to understand it as something that can be expanded through the inclusion of diverse voices, experiences, and ways of knowing. These reflections also raise broader questions about how inclusion is conceptualised within DRT practice itself.

More broadly, these experiences call into question how inclusion is understood within DRT practice. If diversity is only reflected at the client level, while practitioners are expected to assimilate into dominant norms, then inclusion remains incomplete. My experiences suggest that true inclusivity requires a shift not only in how care is delivered, but in whose knowledge, presence, and ways of being are recognised as legitimate within professional spaces. Taken together, these experiences reveal the complexity of navigating professional identity within migration, belonging, and cultural differences.

Ultimately, my journey reflects the complexity of practicing within what Bhabha (1994) describes as an “in-between” space, where identity is neither fixed nor fully accommodated, but constantly negotiated. While Berry’s (1997) model provides a useful framework for understanding marginalisation, my lived experience reveals its emotional depth and professional implications. Marginalisation is not simply disconnection; it is an ongoing effort to remain visible, authentic, and grounded in spaces that do not always know how to hold difference.

Yet, within this tension lies possibility. By bringing my full self into my practice, my culture, my voice, my way of relating, I am not only resisting marginalisation but also reshaping what practice can look like. In doing so, I begin to move beyond the constraints of marginalisation towards a more integrated, culturally grounded way of practicing that honours both where I come from and where I am now.

Section 3: Implications for Practice

My experiences within the margins of practice, shaped by Berry's (1997) model of acculturation, do not simply reflect a story of exclusion. They also illuminate how identity, belonging, and professional practice are continually negotiated across cultural and institutional spaces. Over time, I have come to see that these experiences are not just personal memories or isolated moments of discomfort. They have actively shaped how I understand myself, how I relate to others, and how I approach practice as a DRT therapist. In this final section, I reflect on the wider implications these experiences hold for how we understand, deliver, and support practice at the personal, professional, and organisational levels within DRT.

Personal Implications for Practice

On a personal level, this journey has taught me that my cultural identity is not something I need to leave at the door when I enter a professional space. For a long time, I framed certain aspects of myself, my warmth, my expressiveness, my storytelling, as things to manage, dampen, or sometimes hide. I worried that they might be seen as too much, too informal, or somehow less professional. In some settings, I felt myself becoming smaller, quieter, and more cautious, as though shrinking parts of myself would make me easier to accept. Yet through the process of reflection, including my journaling for this research, I am beginning to see those qualities not as problems, but as part of what makes my practice meaningful. They are integral to how I connect with clients and how I make care feel real. This shift has required me to move from trying to “fit in” to trying to “show up.” It means allowing parts of myself that once felt unsafe to become visible within practice, not as a performance, but as an honest extension of who I am.

This has also changed how I relate to my own discomfort. I notice when I feel invisible, when my contributions are politely dismissed, or when I feel as though I must constantly explain why culture matters. At first, I often interpreted these moments as signs that I needed to adapt better, speak differently, or become less sensitive. Over time, however, I have begun to understand them as signals that point to something larger than me. They reveal the structures and expectations that shape the profession around me, and the ways some identities are more easily recognised than others. In this sense, my personal implication is simple but powerful: I am not the problem to be fixed; I am part of the resource that can deepen practice. When I feel more grounded in my own identity, I can connect more authentically with clients, and I feel less burdened by the pressure to perform a narrow version of professionalism.

This has practical consequences for how I move forward in my work. It means continuing to hold my voice, my culture, and my story as central to how I practice, rather than treating them as things to be softened into silence. It also means recognising that authenticity is not separate from professionalism. For me, the two are connected. The more I can bring my full self into practice with thoughtfulness and self-awareness, the more genuine, responsive, and human my care becomes.

Professional Implications for Practice

At a professional level, my experiences suggest that DRT could benefit from a more honest conversation about what counts as “professional” and what counts as “good practice.” Too often, professionalism is framed in ways that quietly align with dominant cultural norms, leaving little room for alternative ways of being, knowing, and relating. My journey has shown me that warmth, storytelling, and relational expressiveness are not weaknesses. They are therapeutic strengths shaped by cultural context. In some environments, these qualities were easy to misread as informality or excess, rather than as forms of connection and care. Yet for these strengths to be recognised, organisations need to move beyond simply speaking about diversity and begin reshaping expectations so that different ways of being professional are understood as legitimate rather than as deviations to be corrected.

This also means making space to acknowledge practitioner culture as part of practice. Just as we are encouraged to honour clients’ cultures, there is an equal need to recognise that practitioners bring their own histories, values, communication styles, and ways of connecting into the therapeutic relationship. This matters because practice is never culturally neutral. The way I speak, listen, interpret, and respond is shaped by who I am and where I have come from. Supervision, team meetings, and professional development could explicitly invite practitioners to reflect on how their cultural identities shape their practice, and how they themselves experience inclusion or exclusion within the workplace. This would not only support migrant practitioners but also strengthen the profession by broadening the range of perspectives that inform care.

There is also a need to apply cultural safety not only to clients, but to practitioners. This means creating environments where difference is not merely tolerated, but genuinely valued; where microaggressions and quiet dismissal are named and addressed; and where migrant practitioners are not expected to adjust everything about themselves to fit dominant norms. It also means acknowledging that belonging in a workplace is not automatic. Belonging is created through everyday interactions, through whether people are heard, respected, and given room to

contribute. Rather than assuming that integration means assimilation, organisations can foster integration by offering culturally aware mentoring, encouraging diverse teams, and creating opportunities for migrant practitioners to share knowledge and lead conversations. These steps would help move DRT away from a one-size-fits-all model and toward a more responsive, flexible, and humane way of working.

My journey through acculturation, shaped but not confined by Berry's (1997) framework, has also shown me that identity and professional practice are lived along a shifting path between separation, assimilation, marginalisation, and integration. I have felt the quiet pull of separation, where retreating into my South African community offered comfort and continuity amid cultural unfamiliarity. In those moments, familiarity became a kind of shelter. I have also experienced phases of assimilation, where I softened my accent, set aside cultural expressions, and tried to fit in so that I might be accepted as a DRT therapist, only to realise that such erasure came at a cost to my authenticity. I have felt the weight of marginalisation too, in moments when belonging felt conditional or out of reach, despite my openness to engage.

Yet when I step back and look across these experiences, what emerges most clearly is a movement toward integration. For me, integration is not a fixed outcome or a neat balance. It is a living, everyday practice of maintaining my South African heritage while actively participating in the professional and social life of AoNZ. It shows up in how I weave food, rituals, language, and communal values into my DRT practice, how I stay connected to my heritage community, and how I continue to hold my voice as a Coloured South African woman even within dominant professional spaces. It is also present in the quieter moments, when I choose not to edit myself as heavily, when I speak with more confidence, or when I allow my cultural perspective to shape how I understand care. This is integration not as resolution, but as ongoing negotiation, where my past and present remain in dialogue with one another.

Organisational Implications for Practice

At an organisational level, these experiences point to the need for policies and workplace cultures that explicitly recognise cultural identity as a professional asset. Rather than treating cultural differences as something to be managed or minimised, organisations could affirm that practitioners' heritage, language, values, and relational styles enrich DRT practice. This could include formal recognition of cultural identity in job descriptions, supervision frameworks, and professional development plans, as well as structured opportunities for migrant practitioners to lead cultural learning sessions, share stories, and mentor others. These changes would signal

that diversity is not only present at the surface level but valued in ways that shape decision-making and practice.

Organisations also need to look beyond symbolic inclusion and ask whether their everyday practices genuinely support belonging. This includes paying attention to how meetings are run, whose voices are heard, how feedback is given, and whether staff feel able to speak openly without fear of being dismissed or misunderstood. If inclusion is only visible at the level of policy statements, then the deeper structures of exclusion remain untouched. However, when organisations create space for difference in practical and relational ways, migrant practitioners are more likely to feel that they can contribute fully rather than simply adapt quietly. This kind of environment does not just benefit the individual practitioner, it strengthens the whole team, because a wider range of perspectives leads to more thoughtful and inclusive practice.

For DRT specifically, this has important implications for the kind of profession we are building. A field that values cultural identity, reflexivity, and relational practice is better placed to meet the needs of diverse clients and communities. It also becomes a more honest and sustainable profession for practitioners who bring multiple cultural realities into their work. In that sense, organisational change is not separate from personal or professional growth. It is part of the same process. When institutions make room for practitioners to bring their full selves into the work they do, they create conditions in which care can become more responsive, more equitable, and more genuinely human.

Concluding Reflection

These findings invite a reimagining of DRT as a field that can make space for the full spectrum of migrant experiences: those who separate, those who assimilate, those who integrate, and those who linger on the margins. By holding my voice, my story, and my ways of being as legitimate contributions to practice, I contribute, in a small but meaningful way, to a more honest, reflective, and culturally grounded profession. For me, this means continuing to show up not just as someone who has adapted, but as someone who has integrated with all the complexity, tension, and richness that comes with it.

Limitations

This study is shaped by my own lived experience and cannot claim to speak for all migrant health practitioners or all South African immigrants. As an autoethnography, the focus rests on a single, detailed narrative, which provides depth rather than breadth. While this allows for rich, nuanced reflection on marginalisation, assimilation, separation, and integration, it also means the findings are context-specific to my personal and professional journey in AoNZ. Other migrant practitioners may occupy different positions within Berry's acculturation framework or experience similar strategies in ways that are shaped by distinct cultural backgrounds, professional roles, and organisational settings.

Another important limitation is that my reflections are retrospective and mediated through memory. My journal excerpts and reflective accounts were written after the fact, not in real time, which means some details may be softened, reshaped, or reinterpreted through the lens of hindsight. While this reflective distance has supported deeper meaning-making, it also means that the data do not capture the full immediacy of each experience as it unfolded.

Methodologically, this study relies heavily on my personal voice, which inevitably shapes how themes are constructed and interpreted. Since I am both the researcher and the researched, there is a risk that I may over-emphasise certain aspects of my experience that feel significant to me, while under-representing others that did not stand out until later. Peer-debriefing or broader member-checking with other migrant practitioners could have helped balance this, but time and access constraints limited these opportunities within my research design.

Finally, this work is grounded in AoNZ's bicultural context, which means its implications are most directly relevant to similar professional and cultural environments. While the broader themes of marginalisation, integration, and cultural identity in practice may resonate with migrant practitioners in other countries, the specific ways they are enacted may differ across healthcare systems, policy settings, and sociopolitical histories. These limitations do not diminish the value of the study; rather, they highlight the need for further research that can both extend and contextualise these insights across different professional and migrant experiences.

Conclusion

In closing, this autoethnography stands as both an account of my journey and an invitation to others to listen, reflect, and reimagine how identity and practice can be healed across borders.

This autoethnography began as a way to map my migration journey, but it has become something deeper. A reckoning with how movement across borders reshapes not only who I am, but how I care. In answering my first question, ‘How does my immigration journey impact my personal and professional identity as a diversional and recreational therapist in Aotearoa, New Zealand?’, I have come to see myself not as a single, fixed identity, but as a person moving through assimilation, separation, marginalisation, and integration. At times, I have silenced my South African self to be accepted, softening my accent and setting aside cultural expressions that felt “too much.” At other times, I have retreated into the comfort of my heritage community, seeking continuity when the world around me felt unfamiliar. I have also felt the sting of marginalisation, when belonging seemed conditional or out of reach, even when I was open to engagement. Yet, with time, I have moved toward a more integrated sense of self, one that holds my heritage and my life in AoNZ together, not in conflict, but in conversation.

In responding to my second question, ‘How do my personal migration experiences shape my practice of diversional and recreational therapy interventions in Aotearoa, New Zealand?’, this study has shown that my lived experience is not separate from my practice; it *is* my practice. My South African values of community, storytelling, relational warmth, and collective care shape how I design programs, how I invite families into decision-making, and how I use food, rituals, and language as tools of connection. These are not techniques I learned from a textbook; they are ways of being that grew out of my cultural and migratory history. Assimilation, separation, and marginalisation have not only constrained me at times, but also deepened my empathy, sharpened my awareness of exclusion, and pushed me to question what “best practice” really means. In doing so, my migration journey has become a silent but powerful co-teacher in every therapeutic encounter.

Finally, in response to my third question, ‘What implications are there for others to learn from my experiences in their own understanding of identity and practice when healing across borders?’, this autoethnography invites practitioners, educators, and organisations to see migrant experiences not as deficits to be fixed, but as strengths to be honoured. My story is not the only one, but it is part of a broader migrant narrative, of people who carry histories, traumas, and joys into professional spaces that are not always ready to hold them. It invites others to explore how

their own migrations, geographical, cultural, or professional, shape who they are and how they practice. It calls for environments that actively support integration by naming power, recognising differences, and making space for diverse ways of knowing and being. It asks us to move beyond tolerance toward transformation where diversity is not only spoken about but lived.

In sharing this narrative, I do not claim closure, but an unfolding continuation of my understanding of this experience. Migration, identity, and practice are not fixed points; they are ongoing movements always shifting, unfolding, and reconfiguring. For me, this autoethnography is part of that unfolding, a way of holding both my South African self and my AoNZ-based practice together, and learning how to heal, connect, and belong across the borders that have shaped my life. This is not an ending; it is a practice of becoming one that I carry forward, one day, one session, one client, one story at a time.

Dedication

This work is dedicated to all those who have struggled to find belonging in their adopted countries and to those who are still navigating uncertainty, loneliness, and the daily challenges of starting over. To every migrant who has fought to rewrite their story far from home; to those who have felt invisible in new places, and to those still seeking a space where they are truly seen, may this thesis stand as a small testament to your courage, your perseverance, and your hope.

Over the course of this journey, I have learned that the struggle to adapt is rarely linear and often marked by silent battles. There are moments of vulnerability when fear clouds the promise of new beginnings, and moments of strength when, despite it all, you choose to remain open to possibility. If you find yourself feeling disconnected, remember you carry a resilience forged not just in surviving, but in daring to dream and to grow. The invisible tapestry of migrant stories, each threaded with loss, renewal, and determination, inspires everything written here. May you know that your journey matters deeply, and that healing, connection, and transformation are always within reach.

With all my love and solidarity,

Lynette

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First and foremost, I give all glory and thanks to my Lord and Saviour, Jesus Christ. Through every season, times of clarity and times of uncertainty, it has been His grace that has sustained me. In moments of doubt, He was my strength; in moments of stillness, He was my peace. Without Him, this journey would not have been possible.

To my beloved husband, my anchor, my compass, and my constant. Your unwavering support, quiet strength, and encouraging words have carried me through the long days and sleepless nights. Thank you for standing beside me, even when the path was unclear, and for reminding me of who I am when I forget.

To my precious children, Hope, Joshua, Zachary, and David, thank you for your patience, your love, and your understanding when I was distracted or tired. Each of you has inspired me in different ways, and your very presence in my life has been a reminder of what truly matters. I hope this achievement shows you that with perseverance and faith, we can overcome anything.

To my grandson Asher, your light, laughter, and innocence are a joy and a reminder of all that is still to come. To my granddaughter Olive, born into our lives just days ago, yet already a quiet blessing. Your arrival feels like a gentle anchoring, a sign of a life more rooted and settled here in Aotearoa. In your tiny hands rests the promise of new beginnings, new belonging, and the continuation of our family's journey across oceans and generations. May your days be filled with softness, wonder, and the strength of those who came before you. You are a precious reminder that even after long journeys, new life can grow in steady soil.

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This thesis is more than a culmination of academic work, it is a symbol of our healing, our growth, and our shared journey as a family. We walked through valleys and found our way back to hope. Every chapter written here has been supported by love, grace, and a deep knowing that we are being led toward something greater.

I leave this work with a heart full of gratitude, remembering this truth:

“So many people from your past know a version of you that no longer exists anymore. Growth is beautiful.” – Anonymous

With all my love and gratitude,
Lynette

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Appendices

Appendix A

Reflective Journal Entries and their Instagram Prompts

This appendix provides an overview of my reflective journal stories, including their titles, dates, Instagram prompt references, and the brief themes that emerged from each entry. These journal stories formed the backbone of my autoethnographic process, offering a space where prompts, memories, and lived experiences could unfold into fuller reflections. The material gathered here reflects the intentional moments of writing. Times when I sat down to make sense of what I was feeling, noticing, or questioning. Together, these entries trace the evolving threads of accent, belonging, care, and identity that shaped this inquiry, showing how meaning was built slowly, deliberately, and with attention to the everyday textures of my life and work.

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
'A Journey of Culture and Identity' 29/03/2025	-	-	-
'What Is My Culture?' 29/03/2025	-	-	-
'Carrying Culture as an Immigrant' 29/03/2025	-	-	-
'Culture in My Practice as a Diversional and Recreational Therapist' 29/03/2025	-	-	-

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
'Learning and Weaving Cultures into My Practice' 29/03/2025	-	-	-
'The Unspoken Expectation of Cultural Understanding' 29/03/2025	-	-	-
'Maybe It's Not About the Happy Ending, But About the Story...' 29/03/2025	Nicholas John - <i>'Enjoy the ride- great quote from Albert Camus</i>	Belonging/Process	Sparked reflection, reframing my migration journey as ongoing, not over or final or settled.
'Where the Story Matters More Than the Ending' 29/03/2025	Nicholas John - <i>'Enjoy the ride- great quote from Albert Camus</i>	Belonging/Process	Prompted valuing process over "happy endings" in therapy journeys.
'Show Up on Time. Know Your Stuff. Know Your Goals. Have an idea.' 29/03/2025	-	-	-
'No One Tells You How Hard It Is to Rewire Your Brain...' 29/03/2025	-	-	-
'Philippians: The Happiest Book in the Bible, Written from Prison... and	Women_ who- pray <i>'Philippians is known as the happiest book in the Bible, yet it was written in prison. Moral</i>	Joy in adversity / resilience	Sparked reflection on choosing joy amid thesis challenges

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
a Reflection for My Research Journey' 29/03/2025	<i>of the story: Don't let your circumstances steal your joy.'</i>		
'Looking Inwards: Seeing Our Triggers, Embracing Growth, and Relating It to My Thesis' 29/03/2025	-	-	-
'Develop the Ability to Be Disliked: A Path to Freedom in My Thesis, Immigrant Journey, and Practice' 29/03/2025	-	-	-
'The Moment I Was Just a Person' 01/04/2025	-	-	-
'What Does My Culture Mean to Me?' 07/04/2025	-	-	-
'In the In-Between: Identity, Migration, and Belonging' n.d.	-	-	-
'The Dreamer and the Planner' 30/04/2025	-	-	-
'Shared Tracks, Separate Paths' n.d.	-	-	-

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
‘The Train Journey – A Reflection on Shared Purpose and Transitional Moments’ <i>n.d.</i>	-	-	-
‘Shared Tracks and Changing Stations – A Reflection on Connection and Transition’ <i>n.d.</i>	-	-	-
‘In Between’ <i>n.d.</i>	-	-	-
‘The Power of Presence’ <i>n.d.</i>	-	-	-
‘Thinking More Deeply’ <i>n.d.</i>	-	-	-
‘It Wasn’t Fear, It Was the Unknown’ <i>n.d.</i>	Jeff Moore - <i>‘Next time you feel nervous about stepping outside your comfort zone, remind yourself: this feels scary because it’s new, not because I can’t do it. Keep going’</i>	Fear of the unknown / growth through discomfort	Prompted reflection on migration anxiety as natural response to newness, not inability, leading to strength and transformation.
‘More Than the Choice You See’ <i>n.d.</i>	-	-	-
‘The Courage to Be Myself’ <i>n.d.</i>	-	-	-

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
'The Story Is the Point' <i>n.d.</i>	Nicholas John - <i>'Enjoy the ride- great quote from Albert Camus</i>	Embracing the process	Prompted reflection on valuing life's ongoing story. Its struggles, growth, detours over "happy endings" in migration and research.
'Where Identity and Practice Meet' <i>01/05/2025</i>	-	-	-
'Woven Into Something Greater' <i>01/05/2025</i>	-	-	-
'Where Vision, Healing, and Practice Meet' <i>01/05/2025</i>	-	-	-
'Quiet Strength, Enduring Purpose' <i>01/05/2025</i>	-	-	-
'Built on Sacrifice, Carried by Purpose' <i>01/05/2025</i>	-	-	-
'Learning to Pause, Learning to Grow' <i>13/05/2025</i>	-	-	-
'Saying No to Good, Yes to Best' <i>n.d.</i>	-	-	-

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
- <i>n.d.</i>	Mental Aspect: Mindset matters.	Focus on what matters	
- <i>n.d.</i>	ASB advert: Whakanui Te Reo	Collective strength / whanaungatanga	Prompted reflection on team/whānau support in career growth and migration, not individual achievement.
- <i>n.d.</i>	therealroman A snippet from my series on Coloured identity	Coloured identity / in-betweenness	Made me reflect on my own migration feeling like That always negotiating between exclusion and belonging, redefining who I am in this space between cultures.
- <i>n.d.</i>	Coral Santoro There's a unique kind of courage in leaving everything familiar behind and starting again from scratch.	Migration courage / building from zero	Reminded me of my own move, carrying courage from crossing borders into every new challenge in therapy and belonging here.
- <i>n.d.</i>	Aunty Brenda Matthews 'Who, who, who are you?'	Identity masks / authentic self	Made me think about the masks I wear in migration, smiling through cultural disconnection, wondering who I really am underneath

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
- n.d.	The actor's apothecary	Accent struggles / bilingual identity	Made me reflect on how my accent makes me feel "less" here in AoNZ
- n.d.	pey.pey.33	Cultural belonging / embracing origins	Made me reflect on carrying my South African roots proudly in AoNZ, standing tall instead of blending in.
- n.d.	brittainynoe	Core identity / beyond roles	Made me question who I am beneath migration, therapy roles. Discovering my true self independent of others' expectations.
n.d.	Bbcglobalwomen Sharon Stone on resilience	Inner resilience	Reminded me that through migration losses, no one can take my core spirit, strength, and cultural soul I have carried here.
n.d	nicholasjohn	Mutual growth / seeing others' best	It made me reflect on how seeking the best in therapy clients and colleagues brings out my own strongest qualities here.
- n.d.	Nasser_qazi	Strong mind / embracing adversity	It made me see migration pain strengthening my mind, smiling

Journal title	Instagram post reference	Brief post theme	How it prompted reflection
			through challenges to emerge wiser in therapy work.
10/12/2024	corporate mystic	Inspirational leadership / unlocking potential	It made me reflect on leading through inspiration in DRT by helping clients reach their potential like I navigate my migration journey.
- 11/12/2024	drive ambition	Growth through wins/losses	It made me see migration setbacks as proof that I have grown, just like the wins that built me in DRT practice in AoNZ.

Appendix B

Prompts drawn from scattered phone memos

This appendix presents the words and brief notes I typed into my phone throughout the thesis process. The table includes prompts drawn from my scattered phone memos that were captured during commutes, in between tasks, or in quiet moments of pause. These short, often fragmented entries reflect immediate reactions, questions, and reflections on accent, belonging, care, and workplace culture. They later helped to deepen and activate my journal storytelling within the autoethnographic process. I chose to include these memos because they hold the small, honest

moments that surfaced along the way, and the thoughts that arrived when I was not formally writing. They remind me that much of this learning unfolded in everyday spaces, shaped by sudden memories or feelings about identity and belonging. Including them gives these raw, in-between reflections a place in the story, acknowledging how understanding often emerged in motion, not only at the desk.

Phone memos
Events: clearing of cupboard
Respect
No career pathway
Wanting a degree
Which one to choose
Being of service
40 years in the wilderness
Questions about degree choice
Inferiority complex
Struggle
Adjustment
Family commitment
Working all
Husband starting new business
My own career
My own bank account
Friends at work
Not fitting in
Stepping into someone else's shoes
Compassion and care

Boss who wanted every day at care home to be the best for residents
Understanding why we do what we do
Idolising president
Closed group
Family champions
Does it matter to family at home
Does it matter to me
Speaking at graduation
Reflection on words spoken
Training ground for the future
Got job on interview both times actually
Three times
New learning
Respect
Communication
Healing myself
Documenting moments
Learning how to speak up
Appreciating my value
What can I contribute?
Why did you silence me?
Why did you disrespect me?
I have to get help to deal with my feelings
Find your people
Kafir story as life changing

I belong
Challenge definition of love- the deliberate forgetting of yourself in the interest of others
Brene Brown
Make no apologies
Opportunity to fulfil my purpose
Asked about my skin colour vs my husband's skin colour
What race group do I belong to?
Are my kids adopted?
What was my reaction?
I immediately tried to tell my DNA results- crazy
Coloured people no culture to identify with- Think about this
Two trips to ICT services at AUT still no joy with installing NVIVO
May have to do manual analysis
What would happen to me if I didn't integrate well in my practice?
What is the impact of time?
For results positive or negative?
Do we keep integrating or other?
Does it stop?
Why does my accent make residents smile but colleagues pause?
Ubuntu care vs Kiwi efficiency.
Not fitting in
Be the best for residents
Understanding why we do what we do
Does it matter to me?

Healing myself
Learning how to speak up
Appreciating my value
Find your people

Appendix C

Berry's Acculturation Research February 16, 2026

Codes

Name	Description
Assimilation	Reflects situations where individuals choose not to preserve their cultural heritage and instead seek everyday engagement with other cultural groups, prioritising adaptation to the dominant culture. (Assimilation is treated as distinct from integration, as it involves different attitudes and behavioural patterns. (Berry, 2005, pp 703-705).
ASS Community Involvement	Joining local groups, volunteering, or events in host or heritage settings. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
ASS Contact and or Participation	When talking about having contact with, or participating in, the wider or host society beyond own heritage community. (Berry, 2005, 697–712.) While not preserving one's own cultural heritage.
ASS Feeling Excluded (forced)	Feels pushed out, discriminated against, or unwelcome. (Berry, 2005, pp 679-712).
ASS Feeling Included	Feels welcomed, accepted, or belonging in host society (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
ASS Food Rituals or Traditions	When talking about cooking, eating, or following traditional foods, customs, holidays, or ceremonies. (Berry, 2005, pp 697-712). while not preserving one's own cultural heritage.
ASS Friendships or Social Networks	Builds or maintains friends from heritage, host, or mixed groups. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
ASS Language use	When speaking, reading, writing, or engaging with home language or the host language. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
ASS Ties to heritage Community	When staying connected to family, friends, or groups from original culture. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
ASS Values or Beliefs	When talking about not holding core ideas, morals, religion, or principles from home culture. (Berry, 2005, pp 679-712).

Name	Description
ASS Work and or Study Participation	talks about taking part in jobs, training, education, or professional activities in the host society. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
Contact and/ or Participation	When talking about having contact with, or participating in, the wider or host society beyond own heritage community. (Berry, 2005, 697–712.)
Community Involvement	Joining local groups, volunteering, or events in host or heritage settings. (Berry, 2005, pp 679-712).
Feeling excluded	Feels pushed out, discriminated against, or unwelcome. (Berry, 2005, pp 679-712).
Feeling included	Feels welcomed, accepted, or belonging in host society (Berry, 2005, pp 679-712).
Friendships or Social Networks	Builds or maintains friends from heritage, host, or mixed groups. (Berry, 2005, pp 679-712).
Work and or Study Participation	Talks about taking part in jobs, training, education, or professional activities in the host society. (Berry, 2005, pp 679-712).
Cultural Maintenance	(Berry, 2005, 697–712) -talks about keeping, valuing, or protecting heritage culture and identity in the new country (New Zealand).
Food, Rituals or Traditions	When talking about cooking, eating, or following traditional foods, customs, holidays, or ceremonies. (Berry, 2005, pp 697-712).
Language use	When speaking, reading, writing, or engaging with home language or 22005, ppt language. (Berry, 2005, pp 679-712).
Ties to Heritage Community	When staying connected to family, friends, or groups from original culture. (Berry, 2005, pp 679-712).
Values or Beliefs	When talking about holding core ideas, 2005, pp, religion, or principles from home culture. (Berry, 2005, pp 679-712).
Integration	Reflects an orientation where individuals seek to preserve their cultural heritage while engaging in regular interaction with other cultural groups. It assumes that non-dominant groups have the freedom to choose how they acculturate, maintaining cultural integrity while participating fully in the wider social network. (Berry, 2005, pp 703-705).
INT Community Involvement	Joining local groups, volunteering, or events in host or heritage settings. (Berry, 2005, pp 679-712).
INT Contact and or Participation	When talking about having contact with, or participating in, the wider or host society beyond own heritage community. (Berry, 2005, 697–712.)

Name	Description
INT Feeling Included	feels welcomed, accepted, or belonging in host society (Berry, 2005, pp 679-712).
INT Food Rituals or Traditions	when talking about cooking, eating, or following traditional foods, customs, holidays, or ceremonies. (Berry, 2005, pp 697-712).
INT Friendships or Social Networks	builds or maintains friends from heritage, host, or mixed groups. (Berry, 2005, pp 679-712).
INT Language Use	when speaking, reading, writing, or engaging with home language host language. (Berry, 2005, pp 679-712).
INT Ties to Heritage Community	When staying connected to family, friends, or groups from original culture. (Berry, 2005, pp 679-712).
INT Values or Beliefs	When talking about holding core2005, pp morals, religion, or principles from home culture. (Berry, 2005, pp 679-712).
INT Work and or Study Participation	talks about taking part in jobs, training, education, or professional activities in the host society. (Berry, 2005, pp 679-712).
Marginalisation	Reflects situations where individuals have limited opportunity or motivation to maintain their heritage culture. Often due to enforced cultural loss, while also experiencing minimal engagement with other groups, frequently as a result of exclusion or discrimination. (Berry, 2005, pp 703-705).
MAR Contact and or Participation	Limited contact with, or participation with own culture due to enforced cultural loss, or discrimination (Berry, 2005, 697–712.).
MAR Feeling Excluded (forced)	Feels pushed out, discriminated against, or unwelcome. (Berry, 2005, pp 679-712).
MAR Food Rituals or Traditions	when talking about cooking, eating, or following traditional foods, customs, holidays, or ceremonies. (Berry, 2005, pp 697-712). while not preserving one's own cultural heritage.
MAR Friendships or Social Networks	Limited opportunity to engage with friends from heritage, host, or mixed groups. (Berry, 2005, pp 679-712).
MAR Language Use	Limited opportunity for speaking, reading, writing, or engaging with home language or the host language. (Berry, 2005, pp 679-712).
MAR Limited Community Involvement	Limited opportunity to join local groups, volunteering, or events in host or heritage settings. (Berry, 2005, pp 679-712).
MAR Ties to Heritage Community	Limited connections to family, friends, or groups from original culture. (Berry, 2005, pp 679-712).

Name	Description
MAR Values or Beliefs	Enforced loss of core ideas, morals, religion, or principles from home culture. (Berry, 2005, pp 679-712).
MAR Work and/ or Study Participation	Limited in jobs, training, education, or professional activities in the host society. (Berry, 2005, pp 679-712).
Separation	Reflects situations where individuals prioritise the preservation of their heritage culture while deliberately limiting interaction with other cultural groups, orienting inward toward their original cultural community. (Berry, 2005, pp 703-705).
SEP Community Involvement	Avoidance of joining local groups, volunteering, or events in host or heritage settings. (Berry, 2005, pp 679-712).
SEP Contact and/ or Participation	Avoidance of contact with, or participating in, the wider or host society beyond own heritage community. (Berry, 2005, 697–712.)
SEP Food Rituals or Traditions	Only engaging with cooking, eating, or following traditional foods, customs, holidays, or ceremonies. (Berry, 2005, pp 697-712). while not participating in the host culture.
SEP Friendships or Social Networks	Avoidance of building or maintaining friends from the host, or mixed groups. (Berry, 2005, pp 679-712).
SEP Language Use	Only or mostly speaking, reading, writing, or engaging with home language or the host language. (Berry, 2005, pp 679-712). while not preserving one's own cultural heritage.
SEP Ties to Heritage Community	Only staying connected to family, friends, or groups from original culture. (Berry, 2005, pp 679-712).
SEP Values or Beliefs	Only valuing core ideas, morals, religion, or principles from home culture. (Berry, 2005, pp 679-712).
SEP Work and/ or Study Participation	Avoids forming relationships when taking part in jobs, training, education, or professional activities in the host society, (Berry, 2005, pp 679-712). Unless there is a fully original culture in a sub-group (e.g. classmates or colleagues).