Inner journeys: Psychodynamic perspectives on
immigration, identity and cross-cultural adaptation.

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2010

A dissertation submitted to
Auckland University of Technology
in partial fulfilment of the requirements for the degree of
Master of Health Science (MHSc)

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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 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:

Acknowledgements

I would like to dedicate this work to the memory of my brother Paul Lomaz who emigrated from England to New Zealand in his youth before relocating again to Australia as a young adult. Eventually, many years later he gave up fighting his own psychosocial battles and tragically took his own life in March 2008.

My heartfelt appreciation must be expressed to my partner and best friend Kelly for her constant companionship, love and hugs during the previous two years. Thanks are also due for her patience, thoughtful comments and feedback during the writing of this dissertation. Additionally I would like to thank my mother Irene and my father Doug for their steadfast support and guidance throughout my life, which has no doubt positively influenced my own dynamics and ways of seeing the world.

Thanks are due to the many Peruvians who allowed me into their world when I was a culture-shocked gringo adjusting to their country - in particular, the young people from Inti Runakunaq Wasin (House of the Children of the Sun) 'street kids' project and the patients of Juan Pablo II psychiatric hospital in Cusco where I undertook volunteer work. Thanks are also due to my internship supervisors at CADS (Community Alcohol and Drug Service) and Youthline where I saw many clients from diverse cultures who allowed me to witness their past and present struggles, tears, and insights during the therapeutic process.

Last but by no means least I would like to thank the students and staff of the AUT University psychotherapy programme, in particular Margot Solomon for her wisdom, guidance, support and enthusiasm as my supervisor during the writing of this dissertation.

Abstract

This dissertation explores psychoanalytic and psychodynamic perspectives regarding immigration and how the experience influences a person's psychological processes and identity. Additionally, this research considers how such theoretical understandings could inform cross-cultural therapeutic practice.

The research method consists of a modified systematic literature review (SLR) and critical evaluation of articles, many of which incorporate clinical case studies. Relevant theoretical concepts drawn on by authors are explained, and themes within the literature are organised by utilising an adapted data analysis process. Both personal and social variables influencing immigration outcome are summarised, while common psychological defence mechanisms are examined alongside cultural transference dynamics, issues of culture shock, grief and loss, and narcissistic injury. Considerations for assessment and diagnosis, and suggested treatment adaptations are also summarised.

Psychodynamic literature suggests that although immigration experiences vary, common themes include object loss, separation-individuation processes, mourning work, identity reformation, and narcissistic wounding alongside social variables such as language difficulties, prejudice and isolation. Positive factors and opportunities for personal growth as part of the immigration process are also noted.

By understanding these complex psychosocial processes, acknowledging the multiplicity of human experience, and reflecting on their own culturally constructed theoretical frameworks therapists may be better able to work with immigrant clients. It is however suggested that a shift from a primarily intrapsychic treatment focus to one emphasising interpersonal connectedness and contextual cultural factors may be essential for addressing immigrant identity issues within Aotearoa New Zealand. In doing so therapists may be able to assist clients in the process of mourning for losses and developing a stable sense of self in order to embrace their new community and live fully, while also maintaining links to their 'motherland' and retaining their own special ethnicity, culture, and language.

"It was more than culture shock. It was a spiritual crisis.

By that I mean at the deepest level of myself –

a crisis of identity, of self, of meaning…

In hindsight I understand it was part of the experience

of being a new immigrant,

it was the most serious thing I've had to overcome…

because in a way I lost part of myself

during that time of emotional struggle

and at the same time I grew into someone new".

(Kapka Kassabova, 2001, pp. 130-133).

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Chapter 1: Introduction

"All journeys have secret destinations of which the traveller is unaware"

-Martin Buber-

1.1 Introduction

This research explores the psychosocial process of immigration and the subsequent effects on a person's identity. These topics are considered in light of psychoanalytic and psychodynamic theory, and proposed guidelines for incorporating these understandings into clinical practice are outlined. For the purpose of this dissertation the words 'psychoanalytic' and 'psychodynamic' will be used interchangeably. Similarly, both 'client' and 'patient' are used in the literature to describe a person undertaking psychotherapy due to the variation in terminologies employed. Personally, I will use the term client, due to this word evoking a more egalitarian therapeutic relationship not based on a differentiation of power.

Psychotherapy can be broadly defined as "the systematic use of a human relationship for therapeutic purposes" (Butler & Strupp, 1986, p.36) that can bring about lasting positive changes in the cognition, emotions and behaviour of a client. The New Zealand Association of Psychotherapists (NZAP, 2009) adds that it is "a treatment and healing approach for psychological disturbance and dysfunction within an individual (or) systems of human relating". In addition, it also assists clients enhance their understanding of inner processes and interpersonal dynamics, while allowing the opportunity to work through challenging or traumatic experiences.

Many therapists writing about immigration (e.g., Conroy, 2008; Lijtmaer, 2001) draw on revised Object Relations approaches, Self Psychology (Kohut, 2001; Wolf, 1988), Interpersonal and Relational (Mitchell, 1988; Mitchell & Aron, 1999; Sullivan, 1953), or postmodernist modifications of psychoanalytic psychotherapy (e.g., Moncayo, 1998; Perez-Foster, Moskowitz & Javier, 1996). Despite their differences, psychodynamic therapists share an acknowledgement of unconscious processes, the effects of childhood experience on later patterns of interacting, psychological defence mechanisms, and transference/countertransference dynamics.

The Oxford English Dictionary defines immigration as the process whereby people come to permanently settle in a new country ("Immigration", 1999). This complex psychosocial process may challenge an immigrant's identity, while also offering opportunities for personal development (e.g., Akhtar, 1999). The issue of identity is paramount to the study of immigration, as it is thought that a person with an already stable identity will experience less psychological turmoil during times of change than those whose coping strategies are unable to protect their 'sense of self' (Conroy, 2008).

1. 2 Reason for Choice of Topic

My personal interest in this topic stems from an academic background studying Anthropology, Psychosocial Studies, Public Health, and Psychotherapy. Although born in New Zealand, both my mother and older brothers immigrated to this land and I have always been fascinated by the challenges and opportunities that relocation entails. My interest in the psychosocial vicissitudes of immigration was further awakened during internships in a 'street kids' project and a psychiatric hospital while living temporarily in South America. During this time I found my own sense of self and the stability of my cultural understandings being challenged through immersion in a society of vastly different norms, values, customs, and language. After an initial period of excitement and newness, my own difference and cultural-linguistic isolation did pose personal challenges.

My interest in this topic continued when upon returning to New Zealand 10 of my 25 internship clients during psychotherapy training originated from other countries. I observed how although these clients were all unique individuals, they nonetheless seemed to have experienced certain common challenges during their journey of cultural relocation and adaptation. When working with immigrants my prior experiences helped me empathise with the challenges and struggles that they had faced. It seemed to me that to ignore the impact of cultural difference and immigration, and to provide therapy in the same manner as I would for a New Zealand born client would be futile.

During this time my lack of knowledge regarding the process and effects of immigration led me to recognise the importance of therapists understanding both the intra-psychic and interpersonal experiences faced during immigration, while critically reflecting on our own culturally informed theories. I also began to question the universal cross-cultural applicability of certain psychotherapeutic theories and reflected on my own cultural bias. In doing so I acknowledged that as a middle-class, New Zealand European (Pākeha), I cannot fully understand the lived experience of an immigrant. Similarly, when researching immigrant experience I have also come to understand that objectivity is impossible when my own subjective and unconscious beliefs, motives, and choices influence data analysis and research outcome.

1.3 The Research Questions

From my experiences working with immigrant clients certain questions arose. I wanted to know how practitioners of the psychotherapeutic approach that underpinned my training address, understand, and work with immigrants' issues. The questions that this research endeavours to explore and answer are therefore:

1) *How do psychodynamic and psychoanalytic psychotherapists conceptualise the psychosocial process of immigration and its effects on identity?*

2) *How could these understandings inform cross-cultural therapeutic practice?*

1.4 The New Zealand Context

Aotearoa New Zealand has become a truly multicultural country and the 2006 census shows that 22.9% of the population (879,543 people) were born overseas (Statistics New Zealand, 2007). As psychotherapy recently became a registered profession in this country (Ministry of Health, 2003, 2008), it is likely that therapists will increasingly be employed in government funded or community services. As immigrants may access these services, it is crucial that therapists understand theoretical perspectives on the immigration process, and critically reflect on their professional practice. As Mishne (2002) states, the reality of this situation compels therapists to contemplate and explore the effects of the experience of immigration "as part of a culturally sensitive response to race and ethnicity" (p.17).

In today's multi-ethnic society there is a growing acknowledgement of the need for cultural sensitivity and respect for diverse phenomenological worldviews. This is reiterated by the New Zealand Ministry of Health (2006) who emphasise that health professionals should "sensitively attune to the culture and the psyche of the people with whom (they) work" (p. 15). The psychotherapists' code of ethical practice (NZAP, 2009, Article 1.3) also stresses that professionals must "seek training and guidance to ensure competent and culturally safe practice".

1.5 Overview of New Zealand Literature

New Zealand research on immigrants has focused on cultural safety (e.g., DeSouza, 2004, 2008), cultural matching (Patterson, 2003), or the social integration of refugees (e.g., Abbott, 1989; Ministry of Health, 2001). Some studies also assessed the impact of immigration on mental health status (e.g., Pernice & Brook, 1994), or focused on depression and anxiety amongst immigrant youth (e.g., Elliot, Lee & Jane, 1995). Most research is from psychological, public health, social work, nursing, or sociological perspectives. One qualitative study relevant to psychotherapy (Griffiths, 2007) interviewed African immigrants to New Zealand, but took a practical theology and pastoral counselling perspective, which is not completely applicable to psychodynamic practice. Local psychotherapeutic studies have discussed assisting refugee adolescents with identity formation (Brady, 2003), or considered the complexities of immigrant psychotherapists working with New Zealand clients (Thorpe & Thorpe, 2008). The current research will uniquely synthesise and contrast the array of psychodynamic and psychoanalytic literature on immigration and identity, while reflecting on the implications for cross-cultural practice in Aotearoa New Zealand.

1.6 Overview of International Literature

Various academic disciplines such as psychology, anthropology, and sociology have studied aspects of immigration, identity, and cultural adaptation. Surprisingly however (considering that many early psychoanalysts emigrated), until the last 20-30 years psychoanalytic traditions have largely neglected this topic. Many contemporary authors (e.g., Boulanger, 2004; Garza-Guererro, 2001; Kuriloff, 2001) have critiqued this lack of

theoretical discussion on such a pertinent topic. This absence of literature has been rectified in recent decades by some authors conceptualizing the process of immigration using psychoanalytic frameworks of understanding. These publications have discussed changes in identity and sense of self, culture shock, psychological defences, grief and mourning, nostalgia, and revisiting of earlier developmental stages during immigration.

In a way the emergence of such writings coincide with a 'sea-change' within the psychoanalytic tradition wherein a greater emphasis on integrative, interpersonal, and relational theories is evident. This integrative psychodynamic approach is seen when Garza-Guererro (1974) draws on Erikson's psychosocial stage theory (1956), Kernberg's (1966) ideas on splitting, and Bowlby's (1961) explanation of the mourning process. In summary he purports that mourning processes and challenges to identity are at the basis of culture shock, and that successfully mourning and working through grief is essential for successful adaptation.

Other authors such as Grinberg and Grinberg (1984, 1989) studied the immigration process from an Object Relations perspective. They focused on how certain anxieties are triggered, thus activating psychological defense mechanisms and a process of mourning for lost objects and parts of the self. In doing so they drew on Mahler's (1971) separation-individuation process while proposing that metaphorically, human development can be seen as a series of migrations away from primary objects (1984, p.14). Winnicott's (1971, 1975) concept of transitional space and Bowlby's (1960) attachment theory also informed their ideas.

Although psychodynamic writers have tended to mainly focus on traumatic aspects of culture change, immigration can also offer many positive opportunities (Akhtar, 1995; Conroy, 2008; Weiss, 1993). Buzaite (2005, p.96) citing research findings (e.g., Adler, 1975; Pederson, 1995) argues that while the psychosocial ordeals faced during immigration can be challenging, culture change is also a time of new learning and psychological and personal development, or as Meaders (1997) affirms, an opportunity for immigrants to strengthen and clarify their identity.

Many authors (e.g., Grinberg & Grinberg, 1989; Lijtmaer, 2001) have conceptualised the immigration process as having several psychological stages and have discussed the factors that lead to successful or unsuccessful adaptation. Conroy (2008) for example claims that people who had early psychological disturbances and pre-migration trauma have greater difficulties, while those with basic capacities to mourn, form healthy relationships, and endure difficult feelings have a greater chance of success. On the other hand, relationally and interpersonally focused authors (e.g., Halperin, 2006) highlight age, socio-economic background, and cultural-linguistic differences as the most important factors in determining the outcome of successful adaptation.

It has been found that immigrants employ a range of strategies to cope with the trauma of loss and adaptation to new and emotionally confusing environments. Psychological defences such as splitting (e.g., Akhtar, 1995; Lijtmaer, 2001), projection (e.g., Walsh & Schulman, 2007), denial, and isolation as well as adaptive mania or delayed depression (Grinberg & Grinberg, 1989; Lijtmaer, 2001) are noted as being prominent. It has been suggested that the defences employed by immigrants often relate to the quality of their childhood object relationships, attachment styles, and whether they successfully worked through various psychosocial developmental stages.

1.7 Dissertation Outline

This dissertation is organised into sections including an explanation of why the topic was selected and a declaration of the research questions. Additionally, the importance of the research for the current New Zealand context has been outlined as well as an overview of local and international studies. Next, the methods and research design will be presented including an explanation of why adaptations have been made to the traditional Systematic Literature Review (SLR) methodology. Rigour is also addressed and search criteria and inclusion/exclusion factors for literature selection are defined. An approach influenced by Thematic Analysis (Braun & Clarke, 2006) is used for data analysis, and researcher reflexivity is addressed by considering my own philosophical and cultural position.

As numerous psychodynamic authors writing about this topic draw on the theories of Mahler, Winnicott, and Bowlby, key concepts espoused by these theorists will be explained. In addition, theoretical perspectives on self and identity will be summarised with particular emphasis on cultural and ethnic identity, and identity change during immigration. The subsequent chapter will compare and contrast literature findings pertaining to the immigration process such as revisiting earlier developmental stages, culture shock, grief, mourning and nostalgia, acculturation and adaptation, narcissistic injury, and disillusionment.

The variables influencing immigration outcome will be examined, and implications for clinical practice explored. A critical discussion of the differences between collectivist and individualistic cultures, and the culturally embedded nature of psychoanalytic theory will then be undertaken. Considerations for assessment and diagnosis of immigrant clients, and clinical practice guidelines will also be synthesised. Pertinent psychological defence mechanisms and cross-cultural transference and counter-transference dynamics are also discussed. In conclusion, consideration will be given to how these findings may be incorporated within a New Zealand multicultural context, while discussing the limitations of the current literature review and considering directions for future psychotherapeutic research.

1.8 Summary

In this chapter key theoretical terminologies and concepts have been outlined and defined. Additionally, my personal reasons for selecting this topic have been discussed through drawing on both my own experiences in a foreign land, and my therapeutic work with immigrant clients in New Zealand. The research questions that have underpinned and guided this dissertation have been clearly stated, and the topic has been contextualised within the contemporary New Zealand cultural climate. Additionally, international and local research relevant to this topic has been summarised. In conclusion, an outline of the various sections and chapters of this dissertation have been presented.

Chapter 2. Methods and Research Design

2.1 Introduction

This section will present the research method and explain why modifications to the traditional Systematic Literature Review (SLR) approach were made. Qualitative rigour is discussed and is achieved through consideration of sampling criteria (inclusion and exclusion factors), an adapted data analysis approach (Thematic Analysis), awareness of my own reflexivity and bias, and consideration of the research's clinical applicability.

2.2 Methods

The research will consist of a modified SLR and critical evaluation of psychoanalytic and psychodynamic literature. The reason for focusing on these modalities is due to my own training being underpinned by these approaches, and it is a natural progression to question how such concepts relate to clinical practice issues. Key word searches based on inclusion criteria will be utilised to locate relevant literature in databases and library catalogues. This review will combine expert opinion from psychodynamic theorists and published reflections by immigrants or clinical examples drawn from psychotherapeutic case studies. Emergent themes will then be grouped into categories and subtopics by an adapted Thematic Analysis process in order to form the topical framework of the dissertation.

2.3 Modified Systematic Literature Review

Upon considering the purpose of the research and the questions to be answered it was decided that a SLR would be the most suitable research method. A thorough understanding of the ways in which immigration is conceptualised by psychodynamic practitioners is achieved through a systematic analysis of literature to an extent far greater than if focus groups or interviews were undertaken with a small sample. Concomitantly, the collective expertise and critical reflections contained within such writings can guide the application of such theories in clinical practice.

The Cochrane Handbook (Higgins & Green, 2008) outlines seven steps to a SLR, which have guided the research process of the current study. These include: Formulating clinical

questions, locating and selecting studies, critical appraisal, collecting data, analysing material, interpreting results, and improving practice. The Cochrane Collaboration and the Evidence Based Practice (EBP) movement emerged out of Evidence Based Medicine, which aims to integrate individual clinical expertise with the best available external evidence from systematic research (Sackett et al, 1996). EBP is similarly defined as the "integration of best research evidence with clinical expertise" (Chatterjee, Poddar & Ameen, 2005, pp.2-3), but considers client values and emphasises the application of empirically based treatments within clinical settings.

EBP is strongly underpinned by the post-positivist paradigm, which ranks studies according to scientific merit, with randomized controlled trials being the "gold standard" (Milton, 2002). Such criteria are however unsuitable when considering the subjective experiences of immigrants, and psychotherapists' interpretations of human phenomenon as they clash with the "day to day, moment to moment experience of the fluid, moving nature of personal meaning in the therapeutic encounter" (Milton, 2007, p.161). A *modified* qualitative systematic literature review will therefore be utilised.

2.4   Ensuring Qualitative Rigour

Sandler et al (2000, cited in Milton, 2007) argue that research on psychotherapy should be "more systematic…and more rigorous" (p.164). This need for rigour can be addressed by utilising the British Psychological Society (2009) criteria for evaluating papers using qualitative methods, which proposes consideration of four factors including sampling, data analysis, researcher reflexivity, and utilisation. The way in which these four factors have been incorporated into the research process is outlined below.

2.4.1   Sampling: Selection Methods and Inclusion/Exclusion Criteria

The *Google Scholar* internet search engine was initially utilised to gain an overview of concepts pertaining to the topic, so that a systematic literature search could be undertaken using key words and phrases. Library Catalogues from AUT University and the University of Auckland were also searched to locate relevant books (Appendix B).

Additionally, regularly cited texts on this topic were manually located from the reference lists of articles and books.

A systematic search of six academic databases was then undertaken using combinations of key word and phrase searches. These databases consisted of Psychoanalytic Electronic Publishing (PEP), PsychInfo, PsychArticles, ProQuest (including theses and dissertations), and Medline (via Pubmed). Summary tables of searches and the number of results retrieved are listed in Appendix A. Inclusion and exclusion criteria were then applied in order to select literature directly relevant to the research topic. These criteria are listed below:

Inclusion Criteria.

1) Literature that discusses psychoanalytic/psychodynamic theory and addresses the process of immigration and/or individual psychodynamic therapy with immigrant clients.
2) Articles or books on group analysis or child/adolescent psychotherapy will be included if they also refer to individual adult psychotherapy, or discuss the general process of immigration and its psychological factors.

Exclusion Criteria

1) Literature on immigrant mental health issues, social or educational problems solely relating to psychology, social work, nursing, sociology, or education professions.
2) Literature relating to alternative therapeutic modalities (e.g., Cognitive Behavioural Therapy, Transactional Analysis, or Family Therapy) without discussing psychodynamic concepts and approaches.
3) Literature that is not written in, or translated into, the English language.
4) Literature pertaining primarily to refugees or forced migration.

2.4.2 Data Analysis: Adapted Thematic Analysis

To ensure qualitative rigour data analysis needs to be conducted in a meaningful way. Milton (2007) proposes that Thematic Analysis can serve this function and be customised for researching specific psychotherapeutic modalities and client groups (such as immigrants). The researcher does this by identifying issues of potential interest and

mapping the common themes and variations found across the literature, while constructing an interpretive commentary to report on the findings in relation to the research questions (Braun & Clarke, 2006). While not formally undertaking a Thematic Analysis due to the limited scope of this study, the data analysis process has nonetheless been informed by these principles.

I initially familiarised myself with the diverse data on the topic, while reading widely and noting down ideas. While doing this I created preliminary codes (with coloured tabs and letters) across all literature sources based on recurrent patterns. I then drew diagrammatic maps whereby the common topics and theoretical approaches were grouped or contrasted. From this process certain key themes became evident, and these themes subsequently became the chapter headings and subtopics within the dissertation.

2.4.3 Researcher Reflexivity

Researcher reflexivity necessitates that I outline my philosophical allegiance, consider my role in the research, and be transparent about my own beliefs. My personal viewpoint is that knowledge is socially constructed and diverse ontological viewpoints lead to different perspectives on the nature of psychological, emotional and social problems (Hersch, 2003). In relation to psychotherapy, such views consider "both the client and the therapist as experts who participate in a common venture" (Feixas & Botella, 2004, p. 197). Additionally I believe that prevailing theoretical paradigms are strongly influenced by dominant western socio-cultural ideologies. Subsequently I consider that various subjective interpretations of immigrant experiences exist rather than one 'scientific truth' (Cheek, Shoebridge, Willis, & Zadoroznyj, 1996; Grant & Giddings, 2007), a stance that could influence the interpretation of the literature and thus effect the research outcome. Such bias and subjectivity I consider as an inescapable part of the research process.

2.4.3   Utilisation

Utilisation relates to if and how the research finding will be applicable, and in what context. It is anticipated that the research findings will be of use to health professionals who work with immigrant clients including psychotherapists, clinical psychologists, social workers, and counsellors. It may assist such practitioners clarify psychodynamic

perspectives related to the immigration process and improve understanding of this theoretical framework when applied during clinical practice. This would hopefully improve the overall effectiveness of interventions and lead to best practice.

2.5   Ethical Approval

Ethics approval is not required as no human subjects will be involved in the research process. All data, vignettes, or case study examples will be sourced solely from published literature and are therefore exempt from requiring AUTEC approval (article 6.2).

2.6   Summary

This chapter outlined the research method and research design employed and delineated how qualitative rigour will be ensured by consideration of sampling (inclusion/exclusion criteria), data analysis, researcher reflexivity, and utilisation. It was shown how the SLR approach will be adapted to locate and review relevant psychodynamic data regarding immigration and the effects on identity and cross cultural clinical practice.

Chapter 3: Theoretical influences and concepts

3.1 Introduction

Psychotherapy theory provides a 'map of the territory' so that clinical interventions are informed by coherent understandings of therapeutic processes (Casement, 1990). In this chapter certain theoretical concepts will be summarized including Mahler's (1952, 1971) concept of childhood separation-individuation, Attachment Theory (Ainsworth, Behar, Waters and Wall, 1978; Bowlby, 1977, 1982), and Winnicott's (1967, 1971) ideas on potential space, transitional phenomena, and true/false self. These theories were selected during the data analysis process due to their frequent utilisation by psychodynamic authors, and their application to discussions of identity, immigrant experience, and cross-cultural therapy.

3.2 Mahler: Separation-individuation

It is thought that adult responses to separation and loss are influenced in part by templates established during early life experiences (Bloom-Fesbach & Bloom-Fesbach, 1987). A significant aspect of the immigration process is the experience of separation, which is both and internal event connected to identity formation and object relations, and an external experience linked to loss of objects, places, and people (Levy-Warren, 1987). It is also simultaneously considered to encapsulate a symbolic thought process, a psychosocial developmental milestone, and a significant life stage event (Bloom-Fesbach & Bloom-Fesbach, 1987).

Using Object Relations concepts and through observations of children and mothers Margaret Mahler formulated a theory of early development based on the shift from dependence and merging with the mother, to differentiation and greater intrapsychic autonomy (Mahler, 1952; Mahler, Bergman, & Pine, 1975; St Clair, 1986). She describes three developmental phases commencing with normal autism (0-2 months), followed by the symbiotic period (2-5 months) of omnipotence and 'psychological fusion' with the mother. Gradually however a more realistic and autonomous identity emerges during the separation-individuation period.

The separation-individuation stage contains four sub-phases (Cashdan, 1988; St Clair, 1986). Initial differentiation is followed by the practicing sub-phase (10-18 months), when the infant enthusiastically investigate the external world, then the rapprochement sub-phase (18-24 months), where they ambivalently oscillate between autonomous exploration and returning for reassurance (Glickauf-Hughes & Wells, 1997; Knafo, 1998). The fourth sub-phase consists of establishing 'emotional object constancy' and 'consolidation of individuality' (Denford, 1981; Mahler et al, 1975), which relies on forming an internal representation of the mother (primary object) to draw on for support.

Separation-individuation theory proposes that what happens within the first three years of life establishes a template that largely dictates how a person will relate to others and cope (or not) with later traumatic experiences (Mitchell & Black, 1995; St Clair, 1986). Blos (1979) related this theory to the turbulence and confusion of adolescence, which he called the 'second separation-individuation'. Akhtar (1995, 1999) later coined the term 'third individuation' to draw connections between the developmental tasks of the rapprochement sub-phase (Mahler et al., 1975) and the processes of immigration.

Akhtar links children's tendencies to demarcate their world into either all bad or all good (St Clair, 1986) with the use of 'splitting' defences among immigrants, and discusses how immigrants often alternate between asserting independence from their cultural group and immersing themselves in cultural events or re-visiting their homeland (Akhtar, 1995). McWilliams (1994) describes this as the human inclination "to cling to the familiar right after having achieved some new level of competence" (p.121).

Recent research has sought to explore the applicability of separation-individuation theory to immigrant situations. Marlin (1992) analysed unconscious motives for immigration and argued that leaving the homeland can facilitate intrapsychic separation processes and may be an "unconscious expression of distancing, abandoning, and vengeance on parents" (p.41). Mirsky and Yael (2006) also claimed that immigration offers additional opportunities for establishing autonomy and facilitating psychological maturity.

In a study by Gnaulati and Heine (2001) ethnic differences in separation-individuation were assessed in a sample of 300 undergraduate students using the Separation-Individuation Test of Adolescence (SITA; Levine, Green, & Millon, 1986). Findings suggested strong cultural variation in separation individuation processes and also differences in early attachment and object relational norms. Gender differences in separation-individuation processes may also exist. Walsh and Horenczyk (2002) interviewed immigrants to Israel to examine views of what constituted 'successful immigration'. Females emphasised belonging, community, and connection, while men accentuated competence, independence, and financial/career success. It would seem that these findings further highlight the importance of psychotherapists being mindful of such diversity when working with clients of a different gender or culture.

While acknowledging the uniqueness of each immigrant's experiences Akhtar (1995) argues that a process replicating that of separation-individuation does commonly occur among adult immigrants. Garza-Guererro (2001, p.1082) however warns that "the separation-individuation process, like any other metaphor of today's pluralistic psychoanalysis…is (only) a putative approximation that serves a descriptive function". Similarly, Togashi (2007) admits that while reflections of the separation-individuation process may be evident during immigration, it does not necessarily always occur as part of the inner experiences of all immigrants.

Criticisms of Mahler's theory of separation-individuation (Bowlby, 1982; Eagle, 1984; Klein, 1981; Peterfreund, 1978; Stern, 1985) focus on three main areas. Firstly they often stress discrepancies between this theory and findings from research on the social, cognitive and perceptual abilities of infants. Another common criticism is that the designation of stages is an arbitrary construct that is not measurable. Thirdly, it is argued that we cannot truly know the thoughts and feelings of young children during pre-verbal years, and that inferences from either child observation or through reflections of adult clients during therapy may not be accurate.

Despite these criticisms, Mahler's ideas have been widely adopted and have proved useful for informing psychotherapeutic practice. In my opinion lack of 'empirical evidence' can be prejudicially used to criticize psychodynamic models, while privileging cognitive-behavioural therapies that produce instantly observable outcomes. Due to a focus on unconscious processes, psychodynamic approaches cannot be easily measured in this way, but this does not mean that they are ineffective. I would argue that the reality of adult clients' childhood memories does not need to be validated, as of therapeutic importance are their subjective thoughts and emotions about early experiences, and how these impact on their current life. I would also propose that the very act of verbalising such experiences allows a 'space' where previously unstated feelings can be explored, and worked through in the here and now, so that reparation of past developmental deficits may occur.

3.3 Winnicott: Potential Space, Transitional Phenomena and True/False Self.

Winnicott, an English paediatrician and psychoanalyst diverged from dominant psychoanalytic views. His concept of 'potential space' (Winnicott, 1965) provides a useful way of conceptualising the interplay between intrapsychic processes and object relations, and the external familial and social context from which culture is derived (Applegate, 1990; St Clair, 1986). Variations of this space include "the protected realm" within which the child can explore and play (Mitchell & Black 1995, p.128), "the area of transitional object and phenomena…the area of cultural experience, the area of creativity" (Ogden, 1985, p. 90).

It is explained (Winnicott, 1971) that for a child the transitional object (epitomised by the 'comfort blanket') is a defence mechanism to guard against anxiety by bridging the space between mother and child. For immigrants, culturally familiar customs, rituals, groups, and foods can serve a similar purpose of bridging the gulf between cultures and soothing emotional pain deriving from loss of the old, or frustration with the new environment (Byskosh, 2006; Glickauf-Hughes & Wells, 1997; Modell, 1985).

In addition to 'transitional objects', some authors see immigration as facilitating a 'transitional space' (Denford, 1981; Lamothe, 2005) or a 'bicultural space' wherein they can develop their sense of self free from negative childhood experiences and re-model, test, and adjust their identity without scrutiny or judgement (Byskosh, 2006). In children, it is believed that exploitation of 'potential space' by parents leads to the development of a false-self by thwarting autonomous and independent thought and exploration (St. Clair, 1986; Winnicott, 1989). Similarly, impingement by therapists and people from the new society can lead to a false-self defence in immigrants, in which they disown a part of their self by overlaying another cultural image or forced identity (Conroy, 2008). This could lead to a 'pseudo-adjustment' and a less authentic cultural self that responds in compliance to societal demands (St Clair, 1986).

Winnicott (1967, 1971) proposed that 'true self' as opposed to 'false self' experiences depend on how successfully one's holding environment allowed this to develop during childhood. Kegan (1982) however argues "there is not one holding environment early in life, but rather a succession of holding environments (within) a life history" (p.116). A number of authors (e.g., Byskosh, 2006; Conroy, 2008; Wyatt-Brown, 1995) have also reflected on the capacity of a new society to offer this 'holding environment'.

Modell (1985) adds that the holding environment of therapy can assist an immigrant give up their 'false self' and heal past developmental deficits. Knafo (1998, pp. 48-53) gives the example of a psychotherapy client called "K" who was unable to cope with separation from her homeland and family. The author describes how within the 'transitional space' of therapy she was able to transition, adapt and sculpt a revised identity. Similarly, with another client called "T", the transitional/therapeutic space was used as a holding environment that acted as a "bridge", not only between inner life and outer reality, but also between country of origin and the new land in which he had settled.

3.4 Attachment Theory

John Bowlby (1977) moved away from a view of object relations focused on intrapsychic fantasy representations and abandoned the Freudian notion of 'drives', instead proposing that internal representations reflect external relationships (Karen, 1990). This led to him being ostracised by the psychoanalytic movement of the time for his 'radical' ideas. Mary Ainsworth (Ainsworth et al, 1978) in collaboration with Bowlby undertook extensive research observing how children use their mothers as a secure base and how they interact with her after an absence, or with a stranger in a 'strange situation'.

Attachment theory therefore became a way of understanding human affectional bonds and "the many forms of emotional distress…to which unwilling separation and loss give rise" (Bowlby, 1977, p.127). Other theorists such as De Vryer (1989) extended this concept to encapsulate attachment to the non-human environment, and suggest that mourning for the loss of things such as ones country can be as heartrending as grief for the loss of people.

In Attachment Theory, interpersonal experiences during childhood influence 'inner working models' that impact attachment and subsequent relationships throughout life (Feeney & Noller, 1996, p.91). Collins and Read (1994) state that these inner working models are not rigid but are likely to change during transitional life events such as cultural relocation (cited in Muuss, 1996, p.107). Bowlby (1977) adds that one of the main variables influencing attachment outcome is "the extent to which a child's parents a) provide him with a secure base, and b) encourage him to explore from it" (p.136). For immigrants, the therapeutic relationship can act as a secure base, from which they can explore the new environment and regularly return to process feelings and gain support.

Sengun (2001) related ideas from Attachment Theory to psychoanalytic work with immigrants, the inference being that the new country is the 'strange situation' and the immigrant's ability to adapt depends on their attachment style. She explains that immigrants who were securely attached are more likely to be confident in exploring their new environment, while anxiously attached people would experience greater 'separation

anxiety', and avoidantly attached people may tend to isolate themselves due to fear of new experiences. Finally, it is stated that mental health problems or psychotic episodes may be more likely amongst immigrants with disorganized attachment styles.

Numerous studies demonstrate how attachment style influences how people cope with stressful circumstances. For example Rice (1990) conducted a meta-analysis of 30 studies between 1975 and 1990 that showed a strong positive correlation between emotional and social adjustment levels and attachment style. West, Livesley, Reiffer, and Sheldon (1986) also suggested that attachment style could influence an individual's ability to establish and use social networks, and how they make meaning of life events. In contrast, Lim (2002) compared 260 subjects across three cultural groups and argued that adult Attachment Theory might not be cross-culturally applicable due to its strong bias toward Western ideas and values. Despite such criticisms I would argue that as long as cultural variations in attachment style and are allowed for, the ideas of Attachment Theory are of crucial importance for therapists who work with immigrant clients.

3.5 Summary

This chapter has discussed theoretical concepts espoused by Mahler, Winnicott, and attachment theorists Bowlby and Ainsworth. The relevance of these ideas to understanding the immigration process and psychotherapeutic work with immigrants has been presented alongside adaptations of these ideas by contemporary psychodynamic writers. These concepts have also been considered in light of contemporary research studies, critiques, or clinical case studies.

Chapter 4: Concepts of self and identity related to the immigration process

4.1 Introduction

In this chapter background perspectives regarding identity will be outlined in relation to psychodynamic thought. In addition to individual identity, the concepts of cultural, ethnic, and social identity are explored and related to identity change during immigration. This change in an immigrant's sense of self is often considered as occurring in a number of stages, theoretical variations of which are summarised. Research studies related to identity change are also presented.

4.2 Theoretical Perspectives on Self and Identity

Victor Tausk, a student of Sigmund Freud first introduced the term identity into psychoanalytic literature in 1919 (Roazen, 1969). Identity refers to a sense of self and includes features that make an individual both unique and similar to others (Bhugra & Becker, 2005; Honess & Yardley, 1987; Lapsley & Power, 1988). The formation of identity is mediated by biological, psychological, and social influences, and thus is constantly re-forged by life experiences (Mann, 2006). In contrast to psychological and sociological definitions, classical psychoanalytic theory focuses on intrapsychic processes. The 'structural model' (Freud, 1923) purports that the 'self' consists of the *id* (an inherent structure of instinctual drives present at birth), the *ego* (the conscious and functional part of the person which mediates between primal urges and the reality of the outer world), and the *superego* which acts as the observing, reflective and critical part of the psyche (Dilman, 1984; St.Clair, 1986).

In contrast, postmodernism, argues that identity, knowledge, power, and 'truth' are constructed by social and cultural context and influence (Burr, 1995; White & Epstein, 1990). Such views expand on the ideas of theorists such as Habermas, who proposed that "competing human interests…shape both the development of knowledge and the way that social reality is perceived" (Cheek et al, 1996, p.168). Chessick (1996) argues that such views ignore the undeniable effects of the past on the present. He asserts that occurrences within therapy and in the client's psyche can hold some element of "truth" that is not a

social construction. An intermediary position between such opposing understandings of identity is seen in contemporary Object Relations or Relational Psychoanalytic approaches where relationships with people and culture/society are internalised and create the basis for the 'self' (Cashdan, 1988; Conroy, 2008).

4.3 Cultural, Ethnic and Social Identity

In addition to individual identity, many authors have discussed the notions of racial, cultural, ethnic, and social identity (e.g., Bhugra & Becker, 2005; Davies & Bhugra, 2004; Rotheram-Borus, 1989; Verkuyten, 2004). Grotevanc (1993, cited in Muuss, 1996, p.71) for example suggests that identity is "an integrated orchestration of domains, including 'assigned' ones (e.g., social class, gender, ethnicity) and 'chosen' ones" (vocation, political ideology, religion etc). Ghorpade (2009) explains that these various 'state dependent self-representations' dictate how people experience their sense of self in different contexts. Others have referred to a cultural (Hoffman, 1989) or 'ethnic unconscious' (Buzaite, 2005; Herron, 1995), from which an individual draws shared understandings, social cues, and identity characteristics.

Some authors claim cultural or ethnic identity derives from multidimensional beliefs people have about their self in relation to group membership (Berry et al 1992; Sanchez-Johnsen & Cuellar, 1996), religion, food, and leisure activities (Bhugra, 2004), while social identity encapsulates personality characteristics ascribed to social roles. Perez-Foster (1996) explains that shifts in identity can also accompany language change. This is exemplified by Hoffman's (1989) descriptions of how as an immigrant she had a 'public self' that spoke English and a private 'Polish-speaking self.

4.4 Changes in Identity During the Immigration Process

The complex psychosocial process of immigration often brings about changes in an immigrant's identity. Ones 'psychic home' (having a stable, authentic sense of self) can be largely lost when leaving a familiar environment to settle in a new country (Conroy 2008; Imberti, 2008). Garza Guererro (1974) refers to this process as a 'culture shock', which threatens identity stability and leads to intrapsychic reorganisation. Grinberg and

Grinberg (1989) discuss how in addition to external losses, immigration brings about grief for lost parts of the self and evokes fantasies and fears. Conroy (2008) explains that working through such anxieties "promotes the development of a more mature and expanded sense of cultural identity" (p.43). Akhtar (1995) integrates these various perspectives and proposes that 'culture shock' combined with mourning for losses and the filling-in of the 'transitional area' (Winnicott, 1953) by local culture, gradually leads to the emergence of a 'hybrid identity'.

Copelman (1993, cited in Aktar, 1995) claims that identity change continues across the years and does not cease once an immigrant has settled. Others (Swartz, Montgommery & Briones, 2006) argue that despite continued changes, a strong continued sense of self could serve as an anchor and a protective factor during transition. Ultimately whatever form it takes, most authors agree that "immigration is bound to test ego resilience, both from outside and from the forces unleashed within" (Akhtar, 1995, p.1058).

4.5 Stages of Immigrant Adaptation and Identity Change

The adaptation and identity change processes during immigration are often viewed as occurring in several stages. Grinberg and Grinberg (1989) for example suggest that immigrants move through intense sorrow over losses to a manic state, to nostalgia, to a point where the two cultures have been integrated. Many writers assume that if the challenges of such stages remain unresolved then emotional distress and mental health problems may be exacerbated (e.g., Aldorando, 2001). Despite the usefulness of such conceptual frameworks Sue and Sue (1991) warn that stage models must be used flexibly and they urge people to recognize that "cultural identity development is a dynamic process" (p.141).

Atkinson (1989, cited in Sue et al, 1989) designed a five-stage generic identity development model based on the idea that all ethnic minorities undergo an inner striving to build strong individual and group identities despite discrimination and adverse societal factors (Wyatt-Brown, 1995). These stages are below:

1) Conformity: Preference for the values/norms of the majority culture.

2) Dissonance: Shame at conforming, aware of positive aspects of minority group.

3) Resistance and immersion: Grasping minority values and rejecting majority culture.

4) Introspection: Querying own cultural rigidity and developing autonomy.

5) Synergetic articulation and awareness: Balanced attitude towards old/minority culture and new/majority culture leading to increased self worth and confidence.

In contrast, a model developed by Yoshizawa-Meaders (1997) describes three styles of adjustment to a new environment. The first is when one's own culture in denied in a rushed attempt to fit in, the second when immigrants isolate themselves and rigidly hold onto old traditions, while the third group flexibly express their own cultural identity, while also being receptive to new influences. The author also linked this last stage to 'trans-cultural identity' when the person overcomes dichotomies and integrates both cultures into their being. The extent to which such integration is possible is however a point of contention among authors, some of whom argue that one can never completely be a part of a culture that they adopt. Kohut (1977, p.280) for example says that the reorganization of immigrants' psyches after cultural change can take "several generations". Eng and Han (2000) reiterate this when they describe how rather than feeling integrated many Asian-American immigrants often feel trapped between two worlds, while remaining in an existence of 'suspended assimilation'.

The five-stage theory devised by Poston (1990) that explains how children with parents of different cultures develop ethnic identity is also useful in understanding the process immigrants go through when attempting to exist in both cultural worlds. In bi-cultural children this includes an initial stage of being oblivious to belonging to racial/ethnic groups, followed by developing negative attitudes towards one parent's ethnicity and favouring the dominant culture. Lastly they appreciate both ethnicities and integrate these into a cohesive dual identity. Similarly, immigrants may not initially realise their differences until faced by an alien culture, and they may then deny their own background to fit into the dominant milieu, before finally appreciating aspects of both cultures.

4.6 Research on Identity and Immigration

Recently, a number of studies have explored identity change during immigration. Mann (2006) uses a case study of an immigrant Iranian family to illustrate the effects of environmental variables and intergenerational factors on identity change. Similarly, Inman, Howard, Beaumont, and Walker (2007) interviewed sixteen Indian parents about the influence of immigration on the ethnic identity of their children. Data analysis showed that retention of ethnic identity was related to participation in ethnic customs and events, maintaining cultural traditions and continuing close links to family and community.

Phinney and Alipucia (1990, cited in Muuss, 1996) also showed the importance of ethnic identity retention. They found that "low levels of ethnic identity among black youth were related to anxiety and feeling of insecurity" (p.80), and that Mexican subjects who had a strong ethnic identity had better self-esteem. Phinney, Horenczyk, Liebkind, and Vedder (2002) summarized existing research with the conclusion that a *combination* of a strong cultural and ethnic identity (old country) and a strong identification with the new country is most advantageous for immigrants' wellbeing and adaptation.

4.7 Summary

In this section the importance of identity whether individual, social, ethnic, or cultural have been considered in relation to the immigration process. It was shown how changes in ones sense of self and identity can change during the immigration process, is often envisioned by authors as occurring in various stages. Research on identity change during/after immigration was also presented which describes the importance of retaining an ethnic identity, while also building a strong new identity related to the new culture and country so than an integrated sense of self based on both old and new eventuates.

Chapter 5: The psychosocial processes of immigration

5.1 Introduction

Psychotherapists conceptualise the psychological processes of immigration differently, depending on what theoretical system they adhere to. Classical psychoanalysts such as Falk (1974) discuss how crossing borders and "the mixture of attraction and fear" (p.650) experienced during immigration derive from childhood unconscious sexual desires towards the mother as part of the Oedipal stage. Contemporary psychodynamic therapists more commonly view immigration as a traumatic psychosocial journey encapsulating separation-individuation and identity change (Akhtar, 1995, 1999), culture shock (Garza-Guererro, 1974), and mourning for lost 'objects' and cultural experiences (Grinberg & Grinberg, 1989). Relationally orientated therapists (e.g., Conroy, 2008; Weiss, 1993) focus more on the effects of external and social factors on a person's dynamics, while adherents of Self Psychology (e.g., Antokoletz, 1993; Togashi, 2007) discuss narcissism and the transformation of previously internalised cultural 'selfobject' structures.

5.2 Stages of the Immigration Process

The immigration process is often described as occurring in stages including pre-migration (preparing to move), migration/transit (the physical relocation), and post-migration and resettlement in the new society (Bhugra & Becker, 2005; Mishne, 2002). Griffiths (2007) also related the immigration process to stages of initiatory rites of passage including separation/preparation, the liminal stage, and reincorporation into society with a new role (Turner; 1969; Van Gennup, 1960). Based on analysis of the 'lived-experience' of 48 Latin American immigrants to Canada Krimer (1986) suggested five stages: the initial touristic or encounter stage, beginning (including the crash into reality), mourning (including disillusionment), accommodation, and finally integration of the two worlds.

Themes from the personal experiences of immigrant psychoanalysts as summarised by Fogelman (Cited in Elovitz & Kahn, 1997) also revealed an adaptation process leading "from shock to denial, to confrontation, to strong feelings (e.g., survivor guilt, rage, helplessness, grief) and a search for meaning, which resulted in the emergence of

creativity" (p.285). When recollecting her own experience Hoffman (1989) discusses how a more realistic picture of the new country emerged after the initial "honeymoon" period leading to changes in her intrapsychic world. She states:

After the initial culture shock and culture thrill wear off, after one gets used to the strangeness and the excitement of new buildings and clothes and music and ethnic diversity and the extremes of wealth and poverty, and the foibles of democratic election and the difficulties of getting a job; after the immigrant's dendrites stop standing on end from the vividness of first impressions, comes this other, more elusive strangeness – the strangeness of glimpsing internal landscapes that are arranged in different formations (p.265).

Such poignant words epitomize the initial shock of finding oneself in a different world, with confusing socio-cultural idiosyncrasies. This chaotic yet exciting time of new experience gives way to the day-to-day realities of surviving as a member of the new society and to changes in ones psyche and sense of self. With this in mind a psychotherapist with a newly arrived immigrant client could be mindful of these stages and of the changes that the client will go through, and they may need to tailor interventions so they are appropriate to the client's present stage of adaptation.

5.3 Adaptation, Acculturation and Assimilation

There are three general viewpoints regarding cross-cultural adaptation (Winn & Priest 1993, cited in Negy et al, 2004, p.237). The 'problem approach' claims immigrants will always be marginalized, the 'equivalent approach' that they can gradually identify with then assimilate into the dominant culture, and lastly the 'variant approach' purports that they can develop an integrated identity drawing on both old and new societies.

The adjustment process people make when adapting to the dominant culture of their new country is called 'acculturation', which can take a number of forms. These include 'selective acculturation' whereby the immigrant picks and chooses cultural beliefs and behaviours (Berry et al, 2002; Bhugra & Becker, 2005; Fisher & Lerner, 2005), and 'additive acculturation' (Gibson, 2001), when new skills, cultural knowledge and

language are added without replacing existing ones. Similarly, the 'alternation model',
posits that people can "gain competence within two cultures without losing (their)
cultural identity" (LaFromboise, Coleman & Gerton, 1993, p.395).

Some authors (e.g., Bhugra & Becker, 2005; Davies & Bhugra, 2004) propose that full
assimilation into the dominant culture may help immigrants feel part of the new society.
Recently however, academics suggest that integration into the new society while
maintaining a network of ethno-cultural support leads to better psychological outcomes
(Alba & Nee, 2003; Boulanger, 2004; Cheng & Chang, 1999). Despite this, Hovey (2000,
cited in Bolsheva, 2006) asserts that recent immigrants often find this difficult and may
feel conflicted between holding onto the customs and values of their homeland and
adopting those of their new country.

5.4 Culture Shock

Garza-Guererro (1974) described culture shock as a "reactive process stemming from the
impact of a new culture upon those newcomers who attempt to merge with it" (p.409).
Pederson (1995) however stresses that when someone experiences culture shock they are
not only reacting to external environmental differences, but are undergoing an inner
shock due to the necessity to confront their own self. Stein (1985) takes a different
perspective and discusses how culture shock may be an unconscious attempt to reverse
"unresolved attachments, separations, and losses" (p.328), which may show forth in
adverse mental, emotional and physical symptoms (Ticho, 1971).

Adler (1975) viewed this culture shock process as occurring within five stages consisting
of 1) the honeymoon stage, 2) disintegration, 3) reintegration, 4) autonomy, and finally 5)
interdependence. Alternatively, Garza-Guerrero (1974) proposes that it occurs in three
sequential stages. The first is the encounter stage, where multiple changes lead to a
discontinuation in the immigrant's sense of self. Secondly, if the mourning process for
lost objects (places and people) is successful, aspects of the new culture are internalized
into a reorganized psyche. In the third stage, aspects of both old and new countries and
identities combine to contribute to what Akhtar (1995) refers to as a 'hybrid identity'.

What all of these theories have in common is the description of how an individual's sense of self is destabilised and their identity challenged due to immersion in a new and confusing external environment that affects their internal psychic structure. Such challenges inadvertently bring up past attachment and developmental issues, which leads to a period of psychic disorganisation and personal crisis. Eventually however, most authors suggest a final reintegration and reorganisation of the immigrant's identity that contains the influence of both old and new cultural influences.

5.5 Cultural Bereavement, Grief, and Mourning

Mourning according to Freud (1917/1957) is "the reaction to the loss of a loved person, or to the loss of some abstraction…such as ones country" (p.243). Such mourning and grief resulting from relocation has more recently been termed 'cultural bereavement' (Eisenbruch, 1984), which is common when immigrants have experienced multiple losses (Mirsky, 2004). Imberti (2008) grouped these losses into four categories - loss of mastery over surroundings, loss of family networks and support, loss of language, and loss of the every day patterns of existence, which can make immigrants feel like strangers in a strange land. Some authors (e.g., Sengun, 2001) have warned that unless mourning for these losses occurs, immigrants cannot achieve a sense of integration.

To conceptualise the processes of grief inherent in the immigration process a number of theories have been devised. Grinberg and Grinberg (1989), for example propose that after immigration, emotional pain, fear of the unknown, loneliness, disorientation, and paranoia alternate with depressive anxieties. Immigrants then start to connect to previously repressed feelings despite sorrow and nostalgia for the lost world. Lastly, when the mourning is complete an integration of past and present cultures is possible leading to a "remodelled sense of identity" (p.98).

In an earlier theory Bowlby (1960, 1961) described how a three-stage process of grief occurs among adults (such as immigrants), which mirrors the "shock and anxiety" commonly experienced by children when separated from their mother. In the first phase the child or immigrant experiences disappointment, anxiety, and grief due to separation

from the original object (mother or homeland), and their energy is focused on recovering this lost object. In the second stage psychic disorganization, emotional pain, and despair may occur as they slowly withdraw their energy from the lost object. In the final phase, mourning processes are completed and a new self-state emerges whereby energy is also directed towards new objects such as people or places (Bowlby, 1961).

Ward and Styles (2003) apply this theory to an Australian study of 154 female English and Irish immigrants to determine whether multiple losses can cause a grief reaction and threaten identity. Findings suggested that women who successfully reached Bowlby's final stage of grieving were able to 'reinvent' themselves using social strategies, while those unable to do so suffered psychological distress. Based on a study of eighty Puerto Rican immigrants Yvette (1987) puts forward one explanation for why some people cannot adequately grieve during immigration. The research findings showed that experiences with prior loss, and historic identity development problems negatively affected the normal process of mourning during immigration.

5.6 Narcissistic Injury and Disillusionment

Narcissistic grandiosity, sometimes evident during cultural relocation, could be seen as a false-self defence or persona that acts to protect a vulnerable or depleted inner self (McWilliams, 1994). Togashi (2007) used Self Psychology to explain how many immigrants may have narcissistic fantasies of finding understanding and "twin-ship", or being recognised for their greatness in a new country. From clinical case studies he concludes that immigrants can feel betrayed by both old and new countries when their fantasies do not eventuate, which can destabilize their sense of self. Falk (1974) suggests that Oedipal issues reactivated during immigration could be related to narcissistic wounding due to rejection. He states that "many immigrants to America had fantasies of it being like a great good mother taking them in her embrace" (p. 651) but when they arrived their hopes were shattered when they were not warmly welcomed. Byskosh (2006) for example explains the disappointment of her patient "Ana" who travelled to America from Poland after receiving a Masters degree. The harsh reality of a "shabby" apartment, unemployment or low paying menial jobs contrasted drastically with the

idealised "glamorous" America. Despite living in conditions much worse than in Poland many immigrants did not tell relatives back home of the reality in order to avoid shame and disgrace.

One immigrant psychotherapist (Imberti, 2008) describes moving from Argentina to New York with her family in search of a better life. She empathises with highly trained immigrant clients who now work as cleaners or labourers and describes how initially her own husband was employed in a succession of minimum wage jobs, often working 15 hours a day, every day of the week. Such disillusionment is also experienced by many immigrants to New Zealand. One such immigrant (Peter) explained how upon arrival in New Zealand many immigrants became "shell-shocked" when they ended up "washing cars" and doing "menial things" (Griffiths, 2007, p.45). Peter believes this experience can have a profound negative emotional effect on immigrants. This view is replicated by Akhtar (1999), who mentions that "low self esteem, cynicism, and depression" (p.25) can eventuate if immigrants are continually unsuccessful in their search for appropriate employment.

It has been shown that "maintaining one's professional identity assures an inner continuity in change" (Lichtenstein, 1963, cited in Akhtar, 1995, p.1055). Losing this, alongside the losses of esteem, social role, culture, and family can however be very destabilizing. Walsh and Horenczyk (2002) suggest that counselling and psychotherapy could be an important means of assisting immigrants heal narcissistic injuries often connected to feelings of incompetence and shame due to loss of professional role, dignity, and social status after immigration.

5.7 Research Summarising Themes of Immigrant Experience

A number of qualitative research studies have provided insights into the feelings, thoughts and reflections of immigrants during the process of relocation. In a Detroit study (Marougy, 1999) fifteen immigrants discussed their individual struggles that included profound grief and loss, as well as positive outcomes such as increased awareness and personal growth. Another study (Jacard, 2001) highlighted issues of

identity change, loss of language, mourning, and a sense of belonging versus alienation and loneliness, as well as idealization of either their home country or the new land.

Structured interviews and case studies of immigrant clients undertaken by Bolsheva (2006) outlined similar challenges including language and cultural loss, prejudice or discrimination, loneliness or isolation, difficulty adapting to the new cultural nuances, and a loss of identity related to nationality and ethnicity. Similar themes were also evident in a study of Chinese immigrants (Cline, 2008), and a New Zealand study that interviewed non-white South African and Zimbabwean immigrants about their experiences (Griffiths, 2007). Significant factors included stress, homesickness and loss, mourning, loneliness, belonging, acceptance, marginalization, and "identity" issues.

Contrary to research that highlights traumatic or challenging experiences Zabrowski (1999), interviewed 17 Brazilians living in Los Angeles and analysed the data using Grounded Theory. She found that in this instance the common experiences did not necessarily imply trauma, but more commonly joy, self-discovery, and a heightened sense of having new opportunities. It could be argued however that such outcomes would be expected when the immigrants derive from a country with limited prospects for economic progression, frequent poverty, and dangerous and adverse social conditions.

5.8 Psychosocial Variables Effecting Outcome of Immigration
Numerous authors investigate what factors lead to the success or failure of psychological immigration. These may include pre-migration, migration, and post-migration factors that occur after relocation to the new country (Bhugra & Becker, 2005).

Based on the ideas of Bowlby (1961) it is suggested that immigrants who have experienced early or repeated traumatic loss may be predisposed to negative psychological outcomes. To test such ideas Conroy (2008) presented composite case studies of Object Relations psychotherapy with Eastern European immigrants. She discovered that while immigration is difficult for anyone, negative outcomes were more likely with immigrants who were not securely attached, had experienced past traumas, or had not sufficiently dealt with identity issues. The psychological 'capacity to be alone'

(Winnicott, 1959) is however thought to improve chances of success (Sengun, 2001), as is the ability to "organize the experience; to attach meaning to it and to construct a new reality" (Wyatt-Brown, 1995, p.5).

Relationally focused authors argue that the psychological outcome of immigration is not solely determined by intrapsychic factors or childhood experiences, but by tangible external variables. These include the level of cultural difference between societies (Searle & Ward, 1990; Ward & Kennedy, 1992), age, reasons for relocation, and reception by the host country (Garza-Guererro, 1974; Halperin, 2006; Mishne, 2002; O'Hare, 2004; Sengun, 2001). The ability to frequently visit one's home country to 'emotionally refuel' is also thought to lead to better results (Akhtar, 1995; Denford, 1981, Sengun, 2001). Additionally, religious involvement may aid adjustment and provide solace, support, and a sense of community (Bolsheva, 2006; Wald 2004). On the other hand Aroian, Norris, Patsdaughter, and Tran (1998) discovered that groups predisposed to harsher immigration experiences included women, older immigrants, those with minimal support systems, language proficiency or educational qualifications (Jayasuriya, Sang & Fielding, 1992; Torbiorn, 1982), and those who experienced discrimination.

Akhtar (1995) lists ten points, which succinctly summarise many of these pertinent internal, developmental, and external influences that contribute towards immigration outcome. The strength of this list is that it acknowledges the complexities of the human experience and considers how a person's inner dynamics and interpersonal, cultural, and societal factors are all interrelated and cannot be considered in isolation. These include:

1) The extent of the person's ability to intrapsychically accept his or her loss.
2) Whether the immigration is temporary or permanent.
3) The degree of choice in leaving one's country.
4) The possibility of revisiting the home country.
5) The age / life-stage of the immigrant
6) The reasons for leaving one's country.
7) Level of prior achievement of the intrapsychic capacity for separateness.

8) The way in which the host culture receives the migrant

9) The magnitude of cultural differences between the adopted and the home country

10) The extent to which one's original role/vocation can be resumed in the new land.

Some earlier psychoanalysts (e.g., Stein, 1985) argued that maintaining ethno-cultural connections hinders the mourning process and is an unhealthy defence against differentiation. On the contrary, some contemporary psychoanalytic therapists (e.g., Grinberg & Grinberg, 1989) suggest that successful immigration entails embracing the new society while concurrently maintaining connections with the original culture, language, and ethnic group. This view is endorsed by a Dunedin study of 223 Cambodian immigrants, which found that people who did not integrate into New Zealand culture or retain their heritage had the highest rates of mental illness (Cheung, 1995). This is replicated by another New Zealand study (Pernice & Brook, 1996) which suggested that immigrants who interacted solely with their own ethnic community had worse anxiety and depression scores.

A literature review by Bhugra (2005) of four academic databases also concluded that a strong social support system could reduce the risk of mental illness amongst immigrants. Case study data of immigrants from Spain, Mexico, China, India, Uruguay, Somalia, and Iraq (Henry, 2006) similarly supports such 'Continuing Bonds' theories of mourning (e.g., Klass, Silverman & Nickman, 2006), whereby immigrants need not abandon past emotional attachments. Instead they can use 'linking phenomena' (Volkan, 1999) to stay connected to the past while adjusting to their new situation. Kosic (2002) also found that immigrants who maintained a strong ethnic identity displayed higher levels of self-esteem. It is therefore proposed that therapists could support immigrant clients to build "a network of friends and family members who are accepting, understanding and supportive" (Negy, Klein, & Brantley, 2004, p.241), while also helping them to integrate into the new society.

5.9 Summary

This chapter discussed the ways in which psychotherapists conceptualise the psychosocial processes and stages of immigration. It has been shown that upon arrival in the new country issues of adaptation predominate and differing views on acculturation have been summarised. The theories surrounding culture shock and the stages of this process are also outlined. In particular, Bowlby's theory of the grieving process is considered alongside research related to grief and loss among immigrants. Issues of narcissistic wounding and disillusionment are also described, while being illustrated by immigrants' reflections, case studies, and empirical research. Finally, variables that influence the psychological outcome are summarised from the literature and clinical practice considerations are noted.

Chapter 6: Considerations for clinical practice

6.1 Introduction

The effects of cultural relocation are most visible in the clinical context when clients present with issues of culture shock, identity crises, and grief and loss (Levy-Warren, 1987). When working with these issues therapeutically a number of factors need to be considered including variations in cultural world-view between therapist and client, problems with cross cultural assessment and diagnosis, and whether technical adaptations need to be made. Additionally, awareness of psychological defence mechanisms and common cross-cultural transference dynamics seems crucial.

6.2 Collectivist Versus Individualistic Cultures

A fundamental premise underpinning 'western' culture is the belief in a separate 'self' and the emphasis on individualism (Sue, Ivey & Pedersen, 1996). Such egocentric ideals are reflected within developmental theories focusing on personal identity, autonomy, insight and self-reflection, and economic and educational systems that prioritise personal success (Cushman, 1990). Such beliefs frequently underpin clinicians' formulations and assessments of their client's psychological and emotional health, as well as decisions about the therapeutic goals of treatment (Tummala-Narra, 2004).

While autonomy, independence, and individuality are the goals in western psychotherapy, other ethnic groups might define 'healthy' behaviours differently (Perez-Foster, Moskowitz, & Javier, 1996; Sue, Ivey & Pedersen, 1996). In Asian cultures for example "interdependence, interpersonal harmony, and family stability" may be seen as the ideal (Chiu & Lee, 2004, p.218). Variation in cultural norms regarding hierarchical roles, age and gender interactions, social etiquette, ability to express anger, and contractual and financial arrangements can also impact on the therapeutic frame (Roland, 2005). Developmental and psychosocial milestones may also vary across cultures and differ to psychoanalytic benchmarks based on western-centric values (Tseng & Streltzer, 2001).

Grey (2001) writes about his experience of practicing psychoanalysis in India and discusses how he erroneously imposed a western ideal of independence onto his clients without considering differences in cultural worldview. He explains how he thought one patient "was completely inclined to rely on others (and)…had considered none of the obvious moves toward self-sufficiency" (p.683), not understanding that such psychoanalytic ideals were contrary to the Indian culture in which the client lived.

6.3 Cross-cultural Assessment and Diagnosis

A number of authors agree that a comprehensive assessment should be undertaken including a history of familial, educational, work, social and cultural background (Elovitz & Khan, 1997) and include intrapsychic, interpersonal and cultural dimensions (Halperin, 2006). It is also suggested that traumatic experiences, acculturation level and language competency should be evaluated (Tseng & Streltzer, 2001). Furthermore, the DSM-IV suggests clinicians undertake a cultural formulation to assess the role and influence of cultural factors on psychological symptoms as well as possible effects on the therapeutic relationship (APA, 1994). Another tool that may improve diagnostic accuracy of immigrants is the Cultural Bereavement Interview devised by Eisenbruch (1990).

Such considerations are necessary as some cultures may have different pathology and 'normality' continuums to those common in western societies (Roland, 2005; Tseng & Streltzer, 2001). For example, particular behaviours may be 'normal' within their cultural context, but could be viewed as maladaptive psychological traits in a western country (Wyatt-Brown, 1995). Understanding clients' cultural norms and values is therefore essential for devising formulations and treatment plans (Mishne, 2002; Sanchez-Johnsen & Cuellar). To do this, Devereux (1953) suggests learning and reading about a client's culture prior to the first session, while others warn that therapists who generalize clients' experiences based on ethnicity could damage the therapeutic alliance (Negy, Klein & Brantley, 2004; Sue and Sue, 1990). To remedy this problem Falicov (1998) recommends a 'combination-plus approach' of prior cultural awareness combined with a stance of 'not knowing'. Perez-Foster (1998) likewise advocates for "a joint quest for understanding and meaning" (p.168) between therapist and client.

In my own haste to formulate clients' dynamics during psychotherapy training I prematurely applied psychoanalytic diagnostic criteria (McWilliams, 1994; PDM Taskforce, 2006) and theories of character formation (Johnson, 1994), while underestimating the influence of cultural variation. An example is when I assumed that a female Latin American client exhibited both 'masochistic' and 'histrionic' personality traits at a neurotic level of functioning. While some authors (e.g., Cofresi, 2002) have stated such characteristics are common among Latina clients, in hindsight I wonder if this isn't more indicative of cultural differences in how Latin American and NZ-European women relate to male professionals (Mancayo, 1998). These relational patterns may be based on 'Marianismo' and 'Machismo' (traditional sexual codes of behaviour), which are important organisers of intra-psychic and interpersonal conflicts (Bracero, 1998).

I also found that expressing an understanding of a client's culture based on academic reading and personal travel experiences could hinder the therapeutic relationship. In this case the client may have felt that my superficial 'outsider' viewpoint could lead to me misunderstanding their unique personal experience due to stereotypical assumptions. Subsequently I found that one of the more effective ways of working with culturally diverse clients was to take a tentative 'naïve enquirer' stance as advocated by authors such as Falicov (1998) and Perez-Foster (1998).

The expression and process of grief also differs across cultures, and if therapists do not consider cross-cultural variation then misdiagnoses may occur (Bykosh, 2006; Davies & Bughra, 2004). The Diagnostic and Statistical Manual for Mental Disorders (DSM-IV: APA, 1994) for example sets an arbitrary limit of two months for bereavement, after which a major depressive episode is indicated. Many authors (e.g., Bykosh, 2006; Garza-Guererro, 2001; Grinberg & Grinberg, 1984) therefore stress the importance of differentiating between identity crises, culture shock, adaptation processes, and mental illness exacerbated by the crisis of relocation.

The therapist's attitude, beliefs and prejudices also influence cross-cultural assessments (US Department of Health and Human Services, 2001, cited in Downing, 2004) and diagnosis. Tseng and Streltzer (2001, p.277) therefore propose that psychotherapists must "constantly examine and manage (their) own cultural beliefs, attitudes, and particularly, values", while Roland (2005) advises them to undertake cultural self-reflection. These factors are also emphasised by the main postgraduate psychotherapy training programme in New Zealand, whose learning outcomes require students to practice "self reflectively" and value "individual and cultural differences" (AUT University, 2008). It also seems imperative that issues of culture be grappled with during clinical supervision in order to increase therapist self-awareness and improve cultural sensitivity (Tummala-Narra, 2004). Such continual supervision and professional development is a requirement outlined in the code of ethics of the New Zealand Association of Psychotherapists (NZAP, 2008, Article 2.5).

6.4 Suggested Technical Adaptations for Cross-cultural Therapy

An important consideration when working with immigrant clients is when and how therapists should raise the topic of cultural difference (Gorkin, 1996). Research suggests "neither over nor under-emphasising the matter" (Bernard, 1953; Jackson, 1983, cited in Gorkin, 1996, p.163) but many writers (Griffith, 1977; Schachter & Butts, 1968; Tseng & McDermott, 1972, cited in Gorkin, 1996) recommend breaching the subject early in therapy. Negy (2004) on the other hand believes that psychotherapists are not able to accurately determine how, when and to what extent cultural and ethnic identity issues should be worked with, until they have, over time gained a deeper awareness of the underlying issues that led to the client seeking therapy.

Conroy (2008) states that the focus of such treatment is to help immigrant clients integrate, accept and own the various parts of themselves that have been disowned through loss and trauma. Research by Volynsky (2007) of Eastern-European immigrants showed that such grieving can only properly occur when the inner changes triggered by immigration have been registered on a conscious level. Therapists could therefore assist clients to continually "work through" difficult feelings, emotions and conflicts (Conroy,

2008, p.271) or help them find "their own forms of acknowledgement, symbolic leaving or closure" (Griffiths, 2007, p.53).

Recent research concerning psychotherapy outcomes with ethnic minorities (although relatively scarce), indicates certain therapeutic strategies that may be effective (Lam & Sue, 2001, cited in Tummala-Narra, 2004). Altman (1993) suggests using Pine's (1985) technique of 'striking when the iron is cold'. For example, he might warn an immigrant patient a moment in advance that he is about to say something difficult to hear, in order to give the client an opportunity to orient to the stressful situation. Or he might refrain from interpreting active transference, commenting on it only in retrospect some days later, when the anxiety level is lower.

Additionally it is suggested that psychotherapists should establish their credibility quickly (Sue & Zane, 1987), and instigate mutual trust early in the treatment process (Jackson, 1983). Tummala-Narra and Gaw (2000) also stress the importance of considering family, group connectedness, and community when working with immigrants. They propose that therapists show sensitivity to reluctance about disclosing intimate personal or family issues to an outsider. Therapists should also and be willing go outside the normally established 'therapeutic frame', and even include family members or support people in sessions if this is seen as advantageous to treatment.

Based on research findings Yvette (1987) proposed that treatment informed by both psychodynamic and culturally specific knowledge could help clients process past and present loss and separation. In particular, Imberti (2008) suggests exploring how immigration has transformed the client's inner world, while affirming their achievements, validating difficulties and empathising with grief and loss. Tseng and Streltzer (2001, p.274) also recommends helping clients "maintain a healthy ethnic identity and, at the same time, adjust to the society of the majority". In particular they urge therapists to have an awareness of the cultural-political context from which clients come and alter the therapeutic frame and technique accordingly (pp.118-119).

Akhtar (1995) provides multiple guidelines for working with immigrants including helping them disengage cultural from intrapsychic conflicts, acknowledging differences in the therapeutic frame including time (e.g., punctuality for sessions), and money (e.g., payment of fees). He also suggests 'mirroring' (Kohut, 1977) and 'affirming' interventions, validating feelings of dislocation, facilitating grief processes and empathising with loss while allowing "ample psychic space". He also suggests awareness of differences in individuation processes, transference associations, and variation in emotional expression due to the use of a second language.

Despite authors proposing diverse approaches for reconfiguring clinical practice in multicultural contexts (e.g., Mancayo 1998; Tseng, 1999), meta-analyses of outcome studies (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000) ultimately confirm that the therapist-client relationship is the most significant variable effecting treatment outcome. To build an effective cross-cultural therapeutic relationship authors suggest having an open, self-aware, and inquisitive therapeutic stance (Gelso & Carter, 1985; Mishne, 2002), empathic warmth and attentive listening (Marmor, 1982), cultural sensitivity, cultural knowledge, empathy, and insight (Tseng & Streltzer, 2001).

Another crucial question is whether clients should if possible be treated by someone of their own cultural background (Patterson, 2003). Coleman (2000, cited in Mishne, 2002) cites research that shows how cultural matching of therapist and client "improved client attendance in therapy, but did not significantly effect treatment outcome" (p.213). Immigrant clients may not always be able to choose a therapist of the same culture, and may sometimes prefer to see a therapist from the country that they wish to become a part of (Boulanger, 2004). It could also be argued that the benefits of culturally matched psychotherapy are outweighed by the occurrence of intra-cultural 'blind spots' (Mishne, 2002). Ultimately, Seligman (1995, cited in Moskowitz, 1996) proposes that whatever ethnicity the therapist belongs to is of less importance than whether or not the client was able to actively take part in selecting who they see for treatment.

6.5 Common Psychological Defences Among Immigrants

It has been said that all cultures have "defensive hierarchies that result in cultural patterns, and a commonality of defences that give rise to a particular ethnic character" (Tseng & Streltzer, 2001, p.116). Togashi (2007) for example discusses how some psychological defences reflect a cultures ethos, customs or beliefs. The Japanese word 'Iji', meaning 'stubbornness' or 'pride' for example could be misinterpreted as a pathological defence in the west. This sense of honour is however a culturally specific way of maintaining self-esteem as evident in the Japanese expression "even when starving, a samurai acts as if his stomach is full" (Togashi, 2007, p.184).

Bowlby suggested that underpinning all such defences "is detachment, a deactivation of the fundamental and central need for attachment" (Mitchell & Black, 1995, p.137). When immigrants are detached from their country, culture and family and face stressful situations that challenge their stable sense of self, regression may occur and adaptive defences may emerge such as splitting, denial, isolation and reversal of affect (Grinberg & Grinberg, 1984; Lijtmaer, 2001).

If immigrants are unable to emotionally contain conflicting feelings, or the clash of old and new cultural experiences are too overwhelming, defensive splitting frequently occurs (Sengun, 2001). This may lead to the immigrant projecting the negative onto the new or old country while idealising the other (Grinberg & Grinberg, 1984; Walsh & Shulman, 2007). Grinberg and Grinberg (1989) discuss how this defence protects against intense or unmanageable feelings such as guilt and anxiety. Akhtar (1995) also claims that the mending of such splitting leads to successful immigration outcomes. Splitting in this context allows the immigrant "to structure the world into predictable categories in order to facilitate perceptions of personal control and adaptive action" (Dean, 2004, p. 31).

Walsh and Shulman (2007) undertook a study of 68 immigrants to Israel from the former Soviet Union to assess when such splitting is a 'healthy and adaptive defense' and when it is 'pathological'. Findings indicated that while splitting in recent immigrants was commonly seen as evidence of greater 'psychopathology', it actually related to better

psychological health in the long term (p.368). Research results also indicated "the need for respecting the role of defense mechanisms (and)…allowing space for feeling and experiencing the mourning process" (Walsh & Shulman, 2007, p.370). These findings are in accordance with Akhtar's (1999) opinion that splitting may be an indispensable regressive process that provides the immigrant with the time and space to adjust and adapt to their new surroundings.

Grinberg and Grinberg (1989) describe the tendency for immigrants to cling to different aspects of their original culture and society (familiar objects, music, memories, and dreams) and group together with others of the same culture, religion, and background. Griffiths (2007) explains that this can provide solace and a sense of identity continuance during an inherently destabilizing time. Conroy (2008, p.100) argues that immigrants need this continued connection as it can act as a transitional space. In his novel entitled 'Identity' Milan Kundra (1996) illustrates this tendency for individuals to want to hold onto the people, customs and familiarities of the past. He writes that:

Remembering our past, carrying it with us always, may be the necessary requirement for maintaining as they say, the wholeness of the self. To ensure the self doesn't shrink, to see that it holds onto its volume, memories have to be watered like potted flowers, and the watering calls for regular contact with the witnesses of the past (Cited in Hardcastle, 2008, p.35).

Other defences common among immigrants are denial and isolation of affect. Imberti (2008) explains that such defensive mechanisms allow them to cope by distancing themselves from their feelings and avoiding thinking about their losses. Some authors (Conroy; 2008; Grinberg & Grinberg, 1989) also refer to the commonality among immigrants of an initial "manic pseudo-adjustment" period followed by a delayed depression or psychotic state. Conroy (2008, p.265) gives the example of a patient 'Bruno' who fell into a "state of profound grief and depression" after his "initial manic defenses became exhausted".

Pernice and Brook (1995) undertook a study of New Zealand immigrants to test such hypotheses. The research examined 129 Southeast Asian refugees, 57 Pacific Island immigrants and 63 British immigrants. A questionnaire and the Hopkins Symptom Checklist-25 were administered in a relevant language. The study found that recent immigrants (less than six months) did not show signs of increased mania compared to other groups. Additionally, immigrants who had been living in New Zealand for between six months to six years did not show increased depression or other mental health problems, and immigrants who had residence for over 6 years actually had better mental health than the other groups.

These findings challenge the commonly held psychoanalytic theory that immigrants are more likely to experience an initial manic period followed later by delayed depressed or mental illness. Such discrepancies between theory and research are a reminder that psychotherapeutic constructs should not be accepted as unchangeable fact, but should rather be used to inform thinking and guide practice. In my opinion, such contradictions also exemplify the need for the psychotherapeutic profession to be open to continual reconsideration, questioning and revision of their theories in light of new research or in relation to different contextual situations.

6.6 Cross-cultural Transference / Counter-transference
Transference may be generally defined as "the redirection of feelings and desires and especially of those unconsciously retained from childhood toward a new object" (Webster's New Collegiate Dictionary, 1976). In this way issues from the past are unconsciously played out in the present with different actors. Psychoanalytic considerations of transference based on culture have historically been rare, and when discussed have been "from the Freudian or Kleinian perspective, as either a manifestation of intrapsychic conflicts or projection of unwanted mental content onto the racial other" (Yi, 1998, p.245).

Examples of problematic transference reactions include over-compliance, excessive admiration or friendliness, suspicion and mistrust, or hostility based on ethnic stereotypes

(Comas-Diaz & Jacobsen, 1991; Tseng & Streltzer, 2001). Hong and Ham (2000, cited in Chiu & Lee, 2004) specifically noted common transference issues among Asian clients including hierarchical transference, power in racial transference, and ethnic self-identity in self-object transference. Additionally, Taketomo (1989) describes a common transference among Japanese clients whereby the therapist is placed in the role of teacher or paternal authority figure.

From my own experience such hierarchical transference dynamics were evident with some clients of Asian, South American, Pacific Island, Indian, and African nationalities. When these issues were explored some clients discussed respect of elders and deference to professional authority figures. Much to my dismay some continued to use formal language or call me "Mr Kerrisk" despite my constant embarrassment. In hindsight such behaviour by non-white immigrant clients could have reflected the complex historical and political inequalities, as well as class, racial or social structures within their countries of origin. Upon reflection it seemed that female clients from patriarchal societies or those from poor, "lower-class" families were more likely to exhibit these tendencies compared to their compatriots who were of educated, professional, or 'upper-class' backgrounds.

Countertransference (the therapist's feelings in response to a client), while originally viewed as a hindrance, is currently seen as useful for providing insight into to the client's experience (Schechter, 1992, cited in Chiu & Lee, 2004, p.220). Tobin (1986) explains that when working cross-culturally, therapists may experience various responses to perceived characteristic differences between their and their client's racial and cultural groups. Problematic countertransference responses could include "inappropriate exploration based on curiosity, guilt grounded in perceived collusion with the oppressive majority, or denial of the therapeutic importance of cultural differences". Responses arising within an intra-ethnic therapeutic relationship can include "feelings of survivor guilt, over-identification, and defensive distancing" (Tseng & Streltzer, 2001, p.117).

Some authors have formulated new terms such as inter-ethnic or intra-ethnic transference (e.g., Comas-Diaz & Jacobsen, 1991; Spiegel, 1976). Grey (2001) explains that ethnotransference consists of "firm convictions shared with members of one's own ethnic group about diverging convictions and practices of another" (p.684). Such transference can manifest in interventions influenced by culture-driven values, academically based theoretical beliefs, or conscious or unconscious prejudices (Gorkin, 1996; Mishne, 2002).

Qureshi (2005) also notes that differences in cultural understandings can create problems due to therapist preconceptions influencing assessment methods, treatment planning, as well as the meaning that is attributed to behaviour and interactions. This is seen when Kozuki and Kennedy (2004) analyzed data from eight psychotherapy cases of Japanese individuals seen by Western therapists. Among other findings they discovered that culturally unfamiliar behaviours were pathologised by Western therapists.

La Roche (1999) suggests that such therapeutic prejudice mirrors society's cultural and power arrangements and that a better understanding of these processes enhances the effectiveness of therapeutic interventions by linking personal issues with the socio-political and cultural context. Similarly, psychoanalytic criteria for "analysability" (Freud, 1905) requiring clients to tolerate frustration, be eloquent and educated, portray insight, and have the ability to conceptualise abstract theoretical concepts are based on upper-middleclass Western ideals (Altman, 1993, 1996; Perez-Foster, 1999; Perez-Foster, Moskowitz, & Javier, 1996).

One psychotherapist (Kuriloff, 2001) discussed how when initially applying such psychoanalytic criteria of 'analysability' to immigrant clients he found himself clinically assessing clients as untreatable and unsuitable. He described how he has since replaced such ideas with "more inclusive and creative notions…of who can be helped and how" (p.674). Such changes in perspective are in line with research findings that assessing for analysability during initial sessions is highly problematic (Bachrach & Leaff, 1978; Erle and Goldberg, 1984, cited in Moskowitz, 1996).

6.7 Summary

A number of clinical implications have been discussed in this chapter. Firstly, therapists should be aware that individualistic concepts central to psychodynamic theory could clash with the collectivist worldviews held by many immigrant clients. Additionally, during the assessment phase cultural factors need to be considered, but judgements based on western psychiatric diagnostic criteria (e.g. DSM-IV) could be problematic.

Although a number of suggestions for working with immigrant clients have been outlined, it is argued that the therapeutic relationship is more important than the technique or modality used. An intersubjective approach whereby the therapist undertakes a collaborative therapeutic endeavour and adopts a stance of "informed not knowing" (Culbertson, 1999) seems most culturally appropriate. A number of common defence mechanisms utilised by immigrants have also been discussed alongside culturally influenced transference and countertransference dynamics. Lastly, the importance for therapists to undertake supervision and be aware of their own cultural bias, presuppositions and responses to culturally different clients was highlighted.

Chapter 7: Discussion and Summary

The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.

Marcel Proust

7.1 Introduction

This final chapter will reconsider the initial research questions and reflect on the themes and findings from the literature. A critical discussion regarding theoretical appropriateness and issues for the clinical application of findings within a New Zealand context will also be outlined, while acknowledging limitations and considering possible topics for future research in this area.

7.2 Critical Discussion on Findings

When considering the initial research question it was found that psychodynamic psychotherapists vary as to how they conceptualise immigration, and its effects on a person's identity and psychological processes. Some of the most prolific writers on this topic (e.g., Akhtar, 1995, 1999; Grinberg & Grinberg, 1984, 1989) have been immigrants themselves, and can therefore analyse their own experiences in light of psychoanalytic theory. While the literature does emphasise traumatic and challenging aspects of cultural relocation, opportunities for growth as part of the immigration process have also noted.

Psychodynamic literature suggests that although immigration experiences vary, common themes include object loss, separation-individuation processes, grief and mourning, identity reformation and narcissistic wounding. It has however been shown that cultural and gender-based variation exists not only in relation to separation-individuation and developmental processes, but also with regards to attachment behaviour. The implication of such findings is that in addition to intrapsychic processes, psychotherapists may need to consider socio-cultural variables, and acknowledge how such factors impact on their client's psychological health.

During the data analysis process it was found that ideas from Winnicott, Mahler and Attachment Theory strongly influenced psychodynamic literature on immigration. From a Winnicottian perspective a 'good enough' therapeutic situation facilitates a 'controlled regression' to address past developmental deficits, while acting as a transitional space that bridges cultures and allows for the exploration of identity (Knafo, 1998, p.48), while fostering the emergence of the client's true self (Glickauf-Hughes & Wells, 1997; Modell, 1985; St. Clair, 1986). Similarly in Mahler's theory, individuation and higher levels of object relatedness may be achieved through the internalisation of needed functions (Mahler & Furer, 1968, cited in Glickauf-Hughes & Wells, 1997; St Clair, 1986). Proponents of Attachment Theory add that the therapeutic relationship can act as a 'secure base' (Bowlby, 1969, cited in Glickauf-Hughes & Wells, 1997) from which the immigrant can explore their new world. Notwithstanding their theoretical differences I would argue that ideas from both Psychoanalytic and Attachment theories are complementary, and could be integrated within a broader psychodynamic approach suitable to working with immigrant clients (Bloom-Feshbach & Bloom-Fesbach, 1987).

The second research question asked how psychodynamic understandings about the immigration process could inform cross-cultural therapeutic practice. The literature review shows that contemporary psychodynamic theories offer a substantial contribution to the field of cross-cultural therapy. One such contribution is the application of knowledge regarding psychological defence mechanisms and transference dynamics to the immigrant client's situation. Additionally a varied, deep and rich tradition of psychoanalytic theory can lend greater insight into challenges faced by immigrants and be utilised to inform clinical practice. My own perspective is that there need not be a dichotomy between intrapsychic, socio-cultural, and interpersonal considerations and that they can all be (and indeed should be) worked with in contemporary psychodynamic assessment, diagnosis, formulation, and treatment planning for immigrant clients.

Despite such contributions, whether psychoanalytic psychotherapy is appropriate for contemporary multi-ethnic contexts is a frequently debated issue (Kakar, 1985; Perez-Foster, Moskowitz, & Javier, 1996; Tseng & Streltzer, 2001; Yi, 1998). An extension of

this second question could therefore consider which psychodynamic modalities are more suitable for cross-cultural work. The criticisms suggest that underlying psychoanalytic concepts are embedded within western philosophical ideals (Tseng & Streltzer, 2001), and constructed from culturally specific assumptions about identity, human development, interpersonal relations, and psychological norms (Roland, 1996). For these reasons it has be argued that psychoanalytic approaches run the risk of reinforcing discrimination (Altman 1993; 1996), or imposing the dominant culture's standards of behaviour on culturally diverse clients (Mancayo, 1998). In response to such accusations the question must be asked as to whether a truly culture-free psychotherapist or theory actually exists, considering that the main 'tool' of treatment is the therapist's own self and personality, which cannot be devoid of cultural influence.

Sue, Ivey and Pedersen (1996) also critique psychoanalytic approaches for their emphasis on unconscious processes, while neglecting the social, economic, and cultural factors that often impinge on clients' emotional and mental wellbeing. Instead, they propose a multi-cultural therapy approach that highlights the importance of the therapist and client's cultural identities, and how these impact on the therapeutic relationship. Such treatment adaptation for cross-cultural therapy are backed by a recent meta-analysis (Griner, 2008), summarising evidence from 80 studies indicating "a moderately strong benefit of culturally adapted treatments (d = .44) relative to traditional treatments" (p.6).

Admittedly, most early psychoanalysts did overlook and minimise the impact of interpersonal and socio-cultural factors on their immigrant clients due to an emphasis on intrapsychic drives and unconscious processes (Boulanger, 2004; Kuriloff, 2001). It is however likely that many critiques arose in response to classical 'one-person' psychoanalytic and staunch Ego-Psychology approaches. Psychodynamic psychotherapy does not however consist of one homogenous theory or school of thought, and diverse approaches cannot be judged in the same light. It is therefore suggested that some psychodynamic approaches may be more suitable for cross-cultural therapy than others.

Altman (1993) suggests that the Relational Psychoanalytic approach is particularly suitable due to its focus on interpersonal connectivity and the acknowledgement of clients being embedded within certain social, familial, and cultural contexts. Many contemporary psychotherapists (Conroy, 2008, pp.14-16; Glickauf-Hughes & Wells, 2007) also advocate for Object Relations theories which purport that psychic structure depends on the internalisation of the individual's relationships with the interpersonal environment. The Intersubjective Psychoanalytic perspective may also be culturally sensitive; as it suggests that feelings and cognitions of both client and therapist "become a field of interaction that operates on multiple levels" (Mishne, 2002, p.30). Altman's (1993) views mirror my own, as my clinical experiences have led me to a 'Relational Psychoanalytic' viewpoint that considers the undeniable influence of gender roles, culture, and external societal and familial experiences on ones inner world of object relations.

7.3 Implications for Psychotherapeutic Practice in New Zealand

When considering how psychodynamic understandings could inform clinical practice, cross-cultural appropriateness as well as contextual issues must be considered. These include the distinct cultural situation of Aotearoa New Zealand, and the differences in cultural understandings between therapist and client. It is suggested that when working cross-culturally psychotherapists may need to balance the dichotomy of being philosophically and culturally conscious, with recognising that they "cannot escape acting as moral agents, whatever their specific theories" (Downing, 2004, p.129). I take this to mean that while psychotherapists may aim at bringing about positive change in the client while being culturally sensitive, therapeutic goals are not free from the culturally informed theories that they adhere to. Even if unconscious, the bias of the therapist's personal, cultural and theoretical foundations are likewise inescapable. It therefore goes without saying that the therapist's personality and thinking will influence the client, but I would also argue that the therapeutic relationship is a two-way intersubjective process whereby meaning can be co-created as part of a shared process (Stolorow & Atwood, 1992; Yi, 1998).

Despite such arguments, it is agreed that without adapting theoretical assumptions, classical psychoanalytic psychotherapy can seem inaccessible to some immigrants due to underlying individualistic principles, which are foreign to cultures that value interconnectedness. Instead, a multiplicity of approaches and a willingness to evolve and adapt existing theory and technique in order to encapsulate and not alienate the views and experiences of clients seems crucial. Such an inclusive view is adopted by McWilliams (2004) who instead of strictly demarcating psychodynamic approaches from other therapies prefers to envisage a "continuum from psychoanalysis through exploratory psychodynamic therapies (to)…expressive…and, finally the supportive approaches" (p.13).

In a New Zealand context Durie (1999) put forward a culturally sensitive approach to therapy that assumes psychological problems derive from or are exacerbated by an insecure sense of self which stems from "impaired access to the institutions within which culture is nurtured and from which individuals draw strength" (Durie, 1999, p.76). In agreement with relational and attachment theories he proposes that "identity is not primarily an inner experience" but is instead "a construct derived from the nature of relationships with the external world" (p.70). The aims of such therapy are to develop a stable cultural identity, enhance interpersonal relationships and foster reciprocal interaction and participation with society as a whole.

It is possible that insights gleaned from such Māori paradigms might also inform an integrative approach to therapeutic work with immigrant clients. Bowden (1999), a New Zealand psychotherapist warns that while Pākeha need to be careful with borrowing cultural frameworks from Māori out of context, but also acknowledges the importance of such ideas on psychotherapeutic conceptualisation. He affirms that the psychotherapy profession in this country has before them the exciting opportunity of being able to explore and discover what is culturally suitable for clinical work in this land and to then "build theory and practice which is distinctively ours" (Bowden, 1999, p.2).

Bowden (1999) also stresses that while creating psychotherapy that is respectful of Māori and collective cultures it is imperative that the therapeutic focus change from individual identity, intrapsychic dynamics and individuation, to an interpersonal framework that emphasises community and collective identity. He argues that psychodynamic concepts should therefore be renamed, for example 'transference' could be called "shared experience" (Bowden, 1999, p.4). Such reactionary suggestions, while no doubt expressing a desire for bicultural awareness can be seen as 'throwing the baby out with the bathwater'. Although 'shared experience' is indeed crucial to cross-cultural therapy, removing core psychotherapeutic terms is in my perspective erroneous, as the concepts of transference and countertransference could be seen to encapsulate nuances of meaning across approaches and could actually deepen a shared cross-cultural journey.

An important consideration when exploring the experiences of immigrants to Aotearoa New Zealand is the Treaty of Waitangi (Te Tiriti O Waitangi) and its call for partnership between Māori and Pākeha. Some immigrants may struggle with such bi-cultural notions, when they are part of a multicultural society. This situation could form an uneasy juxtaposition whereby immigrants may want to merge with the existing cultural dyad, but also feel like a third-party who is not privy to the existing relationship. This may lead to them having to struggle to find their own inter-cultural identity with regards to the existing cultures. Such a situation has an interesting correlation to Psychoanalytic notions and in particular Oedipal theory, and developmental concepts of differentiation and identity formation.

Another consideration for the application of psychodynamic concepts within a New Zealand context is the current drive for evidence-based and time-limited treatment within government and non-government organisations. 'Theoretical integrationism' could make psychodynamic approaches more applicable for cross-cultural therapy in the New Zealand health system. Such integrative approaches seek to overcome the inadequacies and partiality of single theories through combining aspects from two or more modalities into a new coherent therapeutic system (Downing, 2004; Norcross, 2005).

An example of this is when Bolsheva (2006) suggests that Depth Psychology (including psychodynamic) methodologies can be adapted to brief, short-term therapy, which could incorporate Cognitive-Behavioural homework tasks and cognitive restructuring. Such ideas are however not new and over the last twenty-five years various integrative approaches have been created such as Time Limited Dynamic Psychotherapy (Levenson, 1995), Cognitive Analytical Therapy (Ryle & Kerr, 2001) and Schema Therapy (Young, Klosko & Weishaar, 2003).

7.4 Strengths and Limitations of Literature Review

The extent of the literature synthesised within this study is one of its main strengths. This literature included books, journal articles, published case studies, and immigrants' reflections. Research studies (both quantitative and qualitative) have also been included to illustrate the concepts discussed. Additionally, a rigorous and systematic research approach was utilised when deciding what literature to include or exclude. While a data analysis process was utilised, it was not possible to undertake a full Thematic Analysis due to the scope of the current research. It is also acknowledged that the interpretation of data cannot be fully objective and personal bias and my subjective viewpoints have inevitably influenced the research outcome. Another limitation is that while the findings will inform clinical practice within a New Zealand context, very little of the literature and research sourced for this study was written or undertaken in this country. Original research including interviews and focus groups or case study material from my own client work could have added strength to the existing findings; however the incorporation of such methods were not possible due to the limited size of the current study.

7.5 Future Directions for Cross-cultural Psychotherapy Research

In New Zealand there is a stronger dialogue relating to cross-cultural work and immigration within the counselling profession than in the psychotherapy community, while research on this topic is dominated by the discipline of psychology. This lack of formalised discussion, and peer reviewed psychotherapy research does not however reflect the practice that is being done, as anecdotal evidence suggests these issues are also very important to psychodynamic therapists. An argument could be made for greater

interdisciplinary dialogue and research within the psychotherapy profession, so that contemporary practice and therapeutic thought is reflected within the current literature.

Due to the limited cross-cultural research undertaken in New Zealand specifically addressing the clinical application of psychodynamic theories, there are numerous areas that could be the focus of future research. Traditionally, psychotherapy research has favoured qualitative methodologies that are more conducive to understanding the emotional world, and lived experiences of the research participants. An interpretive-phenomenological approach (Giddings & Grant, 2007) could be useful in gaining a rich description of the lived experience of immigrants who have relocated to New Zealand, and exploring their experience of being a client in psychodynamic psychotherapy. Additionally semi-structured interviews and/or questionnaires could be used to ascertain what theories, modalities and techniques New Zealand psychotherapists draw on when working cross-culturally.

7.6 Conclusion

It has been shown how the process of immigration and cultural adaptation "tugs at the very roots of identity" (Levy-Warren, 1987, p. 301) and can have profound effects on a person's emotional and mental state, as well as how they interact within their new environment. The main clinical issues shown to arise from this experience are culture shock, identity crises, and grief and loss processes. Although immigration experiences vary, common themes include object loss, separation-individuation processes, mourning work, identity reformation and narcissistic wounding, alongside social variables such as language difficulties, prejudice, and isolation. Although cultural relocation evokes many challenges, positive opportunities for personal growth during the immigration process were however also noted.

The current research points to the possibility that classical one-person psychotherapies based on Freudian drive theory and Ego Psychology may not be conducive to contemporary treatment of immigrants. In particular, fundamental individualistic ideas central to such approaches may need to be reconsidered when working with clients from

collectivist cultures. Despite this caveat, many foundational principles from psychoanalysis have already been re-contextualized within broader psychodynamic modalities and can provide valuable insights into the intrapsychic and interpersonal dynamic of immigrants. There have been concerns about the appropriateness of psychodynamic psychotherapy with immigrants replicating unequal social and cultural situations. Burston and Frie (2006) however believe that undertaken with the right intent, psychotherapy should fundamentally be a political and critical 'discourse', whereby therapists are required to consider the life-stories and situations of their clients in terms of factors including the political, and socio-economic factors that impact their lives.

In conclusion I would argue that the modalities adhered to by psychotherapists working with immigrants may have less influence on clinical effectiveness than the therapist's cultural sensitivity and awareness of their own beliefs and preconceptions. The importance of such factors highlights the necessity of psychotherapists to undertake their own therapy, be aware of their own idiosyncrasies, and continue ongoing professional supervision. In line with research studies and meta-analyses (e.g., Horvath & Symonds, 1991; Martin, Garske & Davis, 2000), psychotherapy literature frequently espouses the view that 'working alliance' is linked to improved outcomes (Clarkson, 2008; Gelso & Carter, 1994). Ultimately this leads me to believe that a psychotherapist's willingness and ability to form a mutually respectful collaborative working alliance and to be empathically attuned to the emotional needs of the culturally different client may be the most crucial treatment factors.

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Appendix A: Table of Database Key Word Searches and Results

DATABASE	KEY WORDS	RESULTS
PEP	Psychodynamic + immigration	61
Psychoanalytic Electronic Publishing	Psychodynamic + migration	35
	Psychoanalytic + immigration	247
	Psychoanalytic + migration	287
	Psychotherapy + immigration	124
	Psychotherapy + immigrant	149
	Immigration + identity	168
	"Immigration process"	5
ProQuest Central	Psychodynamic + immigration	9
Multiple databases	Psychodynamic + migration	1
Including Theses/Dissertations	Psychoanalytic + immigration	29
	Psychoanalytic + migration	18
	Psychotherapy + immigration	219
	Immigration + identity	9
	"Immigration process" + Psychotherapy	9
PsychArticles	Psychodynamic + immigration	71
	Psychodynamic + migration	50
	Psychoanalytic + immigration	69
	Psychoanalytic + migration	53
	Psychotherapy + immigration	226
	Immigration + identity + psychoanalytic	45
	"Immigration process"	46
PsychInfo	Psychodynamic + immigration	29
	Psychodynamic + migration	21
	Psychoanalytic + immigration	98
	Psychoanalytic + migration	74
	Psychotherapy + immigration	240
	Immigration + identity	168
	"Immigration process"	5
Medline (Via Pubmed)	Psychodynamic + immigration	13
	Psychodynamic + migration	10
	Psychoanalytic + immigration	54
	Psychoanalytic + migration	58
	Psychotherapy + immigration	180
	Immigration + identity + psychoanalytic	13
	"Immigration process"	29

APPENDIX B: Table Library Catalogue Key Word Searches and Results

Key Words	Results: AUT Library	Results: University of Auckland Library
Migration + psychotherapy	7	6
Migration + psychoanalysis	4	3
Culture + psychoanalysis	124	241
Immigration + identity	59	304
Cultural + identity + psychotherapy	24	18
Immigration + psychological	14	52
Psychoanalytic + identity	50	42
Acculturation + psychotherapy	5	2
Cultural + loss + psychotherapy	5	4