2016

The integrationists : exploring the experiences of third culture kid psychotherapists

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ABSTRACT

This study was undertaken to explore how being a third culture kid (TCK) impacts the experience of working as a psychotherapist. A TCK is a person who spent a significant part of their developmental years living outside their passport country, often moving between numerous countries. This study sought to understand the unique perspective that TCKs bring to psychotherapy work and to increase the visibility of transnational, multicultural therapists and clinicians of color in the clinical literature.

Sixteen TCK psychotherapists on five continents were interviewed, responding to a range of questions about how their TCK identities impact their experience of clinical work.

Five major themes arose in the findings, each of which had particular influences on the work of these TCK psychotherapists: parsing cultures and knowledge of mobility, rootlessness and a fragmented identity, being an integrationist, holding an insider-outsider perspective, and feeling accepted versus othered. Additionally, participants directly named five clinical skills or abilities that were enhanced by their TCK upbringing: familiarity with loss and grief; identifying with clients who experience alienation; an ability to sit with a client's pain; being an observer; and, open-mindedness.

THE INTEGRATIONISTS: EXPLORING THE EXPERIENCES OF THIRD CULTURE

KID PSYCHOTHERAPISTS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2016

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CHAPTER 1

Introduction

This study proposes to explore the experience of Third Culture Kids (TCKs) working as psychotherapists. In particular, the study will explore the experience of TCK clinicians in order to better understand the unique perspective that TCKs bring to clinical work and to increase the visibility of multicultural clinicians in the mental health literature. A Third Culture Kid is "a person who has spent a significant part of his or her developmental years outside of the parents' culture [generally moving between numerous cultures]. The TCK frequently builds relationships to all of the cultures, while not having full ownership in any. Although elements from each culture may be assimilated into the TCK's life experience, the sense of belonging is in relationship to others of similar background" (Pollock & Van Reken, 2009, p. 7). How do TCK therapists' mobile, cross-cultural backgrounds impact their experience as clinicians?

TCK identity is not a visible identity. You can't see it in someone's skin color or hear it in their accent, as you might with racial and ethnic identities. You can't see it in their style of dress, their haircut, or their mannerisms, as you can with identities that we perform through culturally-agreed-upon signifiers like gender or, in some cases, sexual orientation. You can't sense it according to social norms and stereotyped status symbols as you might with one's class background. If you listen to a TCK's story, you might start to catch glimpses of a breadth of diversity in their life experience. You might pick up on seeming paradoxes and discrepancies—they say they're from Japan but they don't look ethnically Asian; or, their accent seems to change depending on the setting. You might see signs of their affiliation to multiple countries

and cultures around the world, a fluid sense of belonging. Or you might not, because TCKs tend to be chameleon-like, having adapted a facility for blending in to the culture around them and hiding signs of their "cultural marginality" (Bennett, 2004, p. 69; Pollock & Van Reken, 2009, p. 57). Of course, just like every person, TCKs have other visible and invisible identities as well. A Half-Brazilian, half-Lithuanian queer TCK. A white, female TCK with a Spanish accent. An upper-middle-class deaf TCK. One's TCK-ness is just another intersectional layer, intertwining with the many identities—dominant and marginal, privileged and oppressed—that make up an individual.

However, while one's TCK identity is distinct from—and intersects with—one's ethnic and racial identities, being a TCK *is* a particular cultural identity in and of itself. "TCKs are an example of a new way to define culture that is emerging in our post-modern world" (Pollock & Van Reken, 2009, p. 17). "Third culture" was a term initially coined in the 1950s by social scientists Ruth Hill Useem and John Useem to refer to the "interstitial culture" shared by those living an internationally mobile lifestyle (Pollock & Van Reken, 2009, p. 14). "There's no question that, in spite of their differences, TCKs of all stripes and persuasions from countless countries share remarkably important and similar life experiences through the process of living in, and among, different cultures" (Pollock & Van Reken, 2009, p. 16). The Useems viewed the "first culture" as the culture one's family or parents come from—for instance, a Tunisian family. If one leaves the first culture, the "second culture" is the one in which one is currently living—a Tunisian family that immigrates to Nigeria. However, as the Useems discovered in their research, there are populations who are constantly moving—corporate expatriates, refugees, diplomats, missionaries, military families, and others. These populations are likely to relate to the world, and to culture, differently than those who grow up in a single culture *and* differently

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than people who experience two main cultures, such as immigrants who move to a new country with the intent to adapt and remain there permanently. The "third culture" is a lifestyle and sense of belonging created, shared, and learned by those who are constantly in the process of relating and adjusting to many cultures (Pollock & Van Reken, 2009, p. 16). Picture a Tunisian family who moved to Nigeria where their eldest child was born, later to Thailand where their second child was born, and still later to Germany. TCKs "construe their identities at the margins of two or more cultures and central to none" (Bennett, 2004, p. 69). They feel their closest sense of shared identity and similarity with other people who have also moved through many cultures: other third culture kids.

As a distinct culture, TCKs have a particular worldview and approach interactions through their own culturally-informed lens. So, too, for TCK clinicians. Many authors suggest that, due to their early cross-cultural life experience, TCKs are particularly flexible, adaptable, open minded, and culturally accepting. These traits can be debatable in any given person, but there is a large body of theory and empirical research (Bushong, 2013; Gerner, 1992; Melles & Frey, 2014; Melles & Schwartz, 2013; Pollock & Van Reken, 2009; Quick, 2010; Selmer & Lam, 2004; and others) supporting the idea that, in general, these traits are more common or more developed in TCKs than in monocultural individuals. As Norka Malberg (2015), a self-described "global nomad" writes, "There is also a certain level of genuine flexibility, curiosity, and openness that emerges from having to develop within such a context, one which I feel positively informs my role as a psychoanalyst" (p. 61). How do TCK clinicians draw on their life experience and "innate" adaptability and flexibility when working with clients? What can the field of social work learn from the characteristics that TCK clinicians bring to the therapeutic encounter?

Implications for Social Work Practice

This study will explore the experiences and perspectives of TCKs working as psychotherapists. This objective serves a larger goal of amplifying the voices of racially and culturally diverse clinicians—clinicians who do not identify as monocultural, white, and Western—which are at present a minority in the clinical literature, particularly the American clinical literature with which this researcher is most familiar. As Akyil (2011) states, "There are very few writings on the challenges of minority therapists working within the mainstream American culture" (p. 157). When the social work literature does focus on cultural issues, it is very often from a standpoint of how assumedly-Western clinicians can work with people from "other" cultural backgrounds. Much of the existing clinical literature "focuses on informing and helping therapists from the majority group in their work with racial and/or ethnic minorities" (Akyil, 2011, p. 157-8). Increasing the prevalence of clinical literature written from—rather than about—people of diverse cultural and racial perspectives is essential to promoting an anti-oppressive approach to social work (C. Ascencio, personal communication, July 24, 2015).

Defining Culture and Other Terms

In addition to the definition of TCK included above, some initial definitions of concepts are included as follows. In contrast to TCK, the term "monocultural individual" refers to people who have grown up mainly within a single cultural context and whose identity has not been strongly influenced by the mixing of racial and ethnic cultures—neither the mixing that comes from heritage (e.g. being born biracial, or growing up as a cultural minority within the dominant culture) nor mixing due to mobility (e.g. having moved between places with very different cultures).

Throughout this paper I generally refer to participants as "psychotherapists," although I also interchangeably use the terms "therapist" and "clinician." In some countries or contexts, the term "psychotherapist" might imply a particular type of professional training or licensure and it may suggest that one holds specific ideological or theoretical stances; however, that is not the case in this paper. As is the norm in this researcher's context, the term "psychotherapist" is used in a very general way, mainly to refer to the *type* of work being done: here it denotes a mental health professional who is primarily seeing clients for talk therapy/counseling as opposed to other types of mental health work like case management or prescribing medications.

Lastly, as the term "culture" is used over and over throughout this study, and indeed embedded in the very moniker, "third culture kid," it is important to attempt to define it. A popular dictionary defines it as the "behaviors and beliefs… the ways of living built up by a group of human beings" (Culture, n.d.). However, in an article titled, "Culture as deficit: A critical discourse analysis of the concept of culture in contemporary social work discourse," Park (2005) writes, "Despite the ubiquity of its usage…neither the meaning nor the significance of the concept of culture has been sufficiently examined in social work," nor has it fared much better in other disciplines such as sociology or anthropology (p. 13). Park also quotes cultural critic Stuart Hall's assertion that "no single, unproblematic definition of 'culture' is to be found here [in various discussions of culture]. The concept remains a complex one—a site of convergent interests, rather than logically or conceptually clarified ideas" (Park, 2005, p. 13). For the purposes of this study, I have approached culture in the way it is often used in popular discourse—as a set of behaviors, beliefs, and characteristics shared by a group of people—while simultaneously holding this meaning very loosely and bearing in mind that "culture" signifies very different things to different people and in different contexts. Furthermore, the purpose of

this study was not to interrogate participants' conceptualizations of culture but rather to leave

space for them to discuss culture in any way they saw fit.

CHAPTER 2

Literature Review

This literature review has found no existing empirical research on TCK clinicians. Despite their growing numbers, third culture kids are not widely discussed in the clinical literature. A search for "third culture kid" in the database PsycInfo returned only 50 results, nearly half of which were dissertations. A similar search in the Social Work Abstracts database returned zero results, even when expanded to include "global nomads" and "missionary kids," designations which commonly overlap with third culture kid. There are undoubtedly articles being written on this topic, although they can be difficult to find, particularly due to a lack of consensus around terminology. "Third culture kid" is the most commonly used term in the existing literature. However, during the course of this project, this researcher found relevant articles that used terms such as third culture individuals, missionary kids, military brats, global nomads, nomad children, tricultural individuals, and children in international schools.

As the global population becomes increasingly mobile, more and more people are exposed to TCK-type experiences. According to the United Nations Population Fund, in 2000, 2.8 percent of the world's population were migrants, while "in 2015, 244 million people, or 3.3 percent of the world's population, lived outside their country of origin" (Migration, n.d.). Recent studies have begun to demonstrate strong quantitative links between childhood residential mobility and increased risk for mental health issues. Webb, Pedersen, and Mok (2016) analyzed mobility data from an extraordinarily complete sample that included "[a]ll people born in Denmark to Danish-born parents during 1971–1997…(N=1,475,030)" (p. 1). They explored whether an individual's moves from birth to age 14 connected to adverse outcomes later in life, and found that childhood mobility did indeed link to elevated risk for all six examined outcomes—attempted suicide,

violent criminality, psychiatric illness, substance misuse, and natural and unnatural deaths (Webb, Pedersen, & Mok, 2016). "The highest risks were among cohort members who moved frequently before their 15th birthday," and these results were observed across the socioeconomic spectrum (Webb et al., 2016, p. 5). This study considered only domestic moves within Denmark rather than international moves; however, it seems likely that international moves could have adverse impacts equal to or greater than the domestic moves measured by Webb et al.

As there are no studies that explicitly examine the perspective of TCK clinicians, this literature review explores three categories of scholarly work that have bearing on this project.

1. Literature about Clinicians of a Particular Identity

The first category includes work that discusses the experiences of clinicians who hold a particular identity. The most prominent of these are articles about clinicians of a particular race, ethnicity, or sexual orientation. Many of these papers focus on the experience of a single therapist. Some of these are Scholarly Personal Narratives, such as "On Becoming an Elder: An Immigrant Latina Therapist Narrative" (Flores, 2009). Others are case studies written from the point of view of a single clinician, using that clinician's experience to draw more general conclusions, such as "The pregnant lesbian therapist: experiences of a clinician" (Sachs, 1986), or "When the psychotherapist is Black" (Cavenar & Spaulding, 1978). Similarly, writings in this category often center on a clinician with a particular identity in relationship with a client of a specific identity (either different or similar to the clinician's), for example "Gay Subjects Relating: Object Relations Between Gay Therapist and Gay Client" (Balick, 2007), or "Countertransference in cross-cultural psychotherapy: the example of Jewish therapist and Arab patient" (Gorkin, 1986). Unlike these existing articles, this study proposes to aggregate the feedback of numerous TCK therapists' experience, and to discuss their clinical work with all

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types of clients, rather than their experiences working with a particular type of client. Because of the exploratory nature of this study, this broader approach will give a wider view of TCK clinicians' experience.

2. Literature about TCKs

The second and most robustly relevant category is that of literature devoted to studying, describing, and defining third culture kids, which is a growing although not large body of work. These works provide insight into who TCKs are and into the cultural and social forces that likely shaped the clinicians who will be interviewed in this study. "The TCK community is represented by nearly every nationality. Together, these TCKs share an experience that binds them as a multiethnic, multiracial, and multireligious group—the experience of growing up outside their passport countries in an ever-fluid multicultural and international community" (Gaw, 2007).

As discussed above, research suggests that TCKs' experiences of moving through multiple countries and cultures during their developmental years give TCKs particular skills and traits. In the words of one TCK, "I am struck again and again by the fact that so much of the sociology, feeling for history, geography, questions [about] others that our friends' children try to understand through textbooks, my sisters and I acquired just by living" (Pollock & Van Reken, 2009, p. 87). Studies such as Gerner's (1992) article, "Characteristics of internationally mobile adolescents" or Selmer and Lam's (2004) "Third-culture kids: Future business expatriates?" empirically examine some strengths and positive traits of TCKs, reporting that TCKs are more likely to be flexible and adaptable. However, these two studies were limited in that their participants were mainly TCKs from Western backgrounds. Melles and Schwartz in their 2013 article "Does the third culture kid experience predict levels of prejudice?" found that the number of countries participants had lived in during their developmental years was predictive

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of levels of prejudice. In their seminal book, *Third Culture Kids: Growing Up Among Worlds*, Pollock and Van Reken (2009) explore numerous positive characteristics of TCKs, including: an expanded worldview, adaptability, less prejudice, an ability to live in the moment, well-developed observational skills, adeptness in cross-cultural interactions, and others. Many of these traits resulting from TCKs' uniquely mobile and cross-cultural lifestyles are also central to clinical mental health work (Sommers-Flanagan & Sommers-Flanagan, 2012). However, research also points to negative characteristics resulting from TCKs' mobile upbringing. In one study of TCKs using the Multicultural Personality Questionnaire, "Statistical analyses revealed that TCKs scored higher on the dimension of Openmindedness and Cultural Empathy and scored lower on Emotional Stability" (Dewaele & van Oudenhoven, 2009, p. 443). Pollock and van Reken (2009) outline numerous "challenges" that TCKs face, including: confused loyalties, ignorance of one's home culture, lack of true cultural balance, more prejudice (for instance a strongly colonialist mindset), effects of cycles of multiple losses on relationships, uneven maturity, and unresolved grief.

While there has been no empirical research on this topic, this literature review did find a handful of first-person accounts of multicultural, transnational, and TCK clinicians collected in the 2015 book *Identities in Transition: The Growth and Development of a Multicultural Therapist*, edited by Monisha Nayar-Akhtar. Particularly germane to this study, Norka Malberg discusses how her TCK identity impacted her clinical work in a particular case:

> …Maria continued to enquire about my ethnic origins. Why [did] my accent
> [sound] different? Why did I use words that were more South American? I could
> have given her my well-rehearsed story about where I was from (as I have been
> doing since a very young age), however, it was more important for our work that

together we understood how difficult it was for Maria to trust and to take a leap of

faith with a "Puerto Rican who did not look or sound like one." Why was it

important for her that we were alike? What was the meaning of this in the context

of having two mixed race children? As it often happens, the puzzling nature of my

ethnicity could potentially become both an obstacle and a window into the multiple

meanings that inform someone's internal representations. (2015, p. 63)

As Malberg illustrates—in a chapter fittingly titled "De Dónde Eres? Finding a "From" in

Psychoanalysis"—the complexity inherent in the TCK identity can add richness to the clinical

encounter and can provide a vehicle for exploring many of the client's issues. At the same time,

when not carefully managed, the "puzzling nature" of the clinician's TCK-ness can function as a

roadblock in a therapeutic relationship (Malberg, 2015, p. 61, 63). A gap in the literature exists

around whether therapists have developed particular strategies for using their TCK identities in a

way that aids their clinical work rather than hindering it.

The existing literature on TCKs does include writings about TCKs as *clients* in therapy.

These include Lois Bushong's 2013 book *Belonging Everywhere and Nowhere: Insights into*

Counseling the Globally Mobile; Gaw's 2007 book chapter "Mobility, Multiculturalism, and

Marginality: Counseling Third-Culture Students;" and Melles and Frey's 2014 article, "Here,

Everybody Moves": Using Relational Cultural Therapy with Adult Third-Culture Kids." These

writings clearly identify the need for more awareness of TCK issues in clinical settings

(Bushong, 2013; Gaw, 2007; Melles & Frey, 2014; and others). For instance, Gaw (2007)

estimates that 37,000 TCKs matriculate to US universities each year. Yet, in one academic

survey of 88 TCKs, "46% reported a bad experience [in therapy] because the therapist did not

understand specific TCK issues" (Bushong, 2013, p. 14). As these writings point out, TCKs and

others around them often struggle to acknowledge that TCKs might need support. Their lives are often so rich and filled with the privileges of traveling and seeing the world, "that they and those around them don't see how they could have a reason to be depressed" (Bushong, 2013, p. 60). However, a highly mobile life also comes with its own needs and difficulties, including chronic cycles of relatively sudden or severe separation and loss; difficulties in identity formation due to a lack of stability or cultural belonging; and reverse culture shock or isolation when repatriating to one's supposed "home" (Bushong, 2013; Quick, 2010).

Recurring issues and themes that are central to TCK cultural identity appear throughout the literature on TCKs. Tina Quick's (2010) *The Global Nomad's Guide to University Transition* contains an entire section devoted to helping TCK university students figure out how to answer the question, "Where are you from?" in social situations. Quick's book, and many other works (Bushong, 2013; Malberg, 2015; Pollock & Van Reken, 2009) refer to the ubiquitous TCK-issue of how to explain where one is from—and the deeper identity issues that often accompany this dilemma. David C. Pollock and Ruth E. Van Reken—the original scholars who coined the term Third Culture Kid—expand this discussion into a wider examination of how TCKs relate to surrounding dominant cultures. They describe three common methods by which TCKs attempt to deal with their difference from dominant cultures, arguing that most TCKs use all of these strategies at different times:

Chameleons—those who try to find a "same as" identity. They hide their time lived in other places and try to conform externally through clothes, language, or attitudes to whatever environment they are in.

Screamers—those who try to find a "different from" identity. They will let other people around them know that they are not like them and don't plan to be.

Wallflowers—those who try to find a "nonidentity." Rather than risk being

exposed as someone who doesn't know the local cultural rules, they prefer to sit

on the sidelines and watch, at least for an extended period, rather than to engage

in the activities at hand. (Pollock & Van Reken 2009, p. 57)

3. Literature on Cross-Cultural Communication

The third category covered by this literature review is: writings on cross-cultural

communication, including writing specific to cross-cultural clinical interactions, as well as the

broader area of literature dealing with intercultural interactions in general. TCKs each carry

inside themselves so many cultural affiliations that, regardless of the client's culture, a TCK

clinician is likely to be working "cross culturally" in almost any clinical interaction. Articles

such as Erdur, et al.'s (2000) "Working alliance and treatment outcome in ethnically similar and

dissimilar client-therapist pairings" and Tang and Gardner's (2006) "Interpretation of race in the

transference: Perspectives of similarity and difference in the patient/therapist dyad" touch on

issues that affect TCK clinicians, such as the idea that a therapist's ethnic or racial identity can

mean very different things to different clients.

When surveying the vast pool of general cross-cultural literature, one article in particular,

"Becoming Interculturally Competent," (Bennett, 2004) stands out as particularly useful for

framing and defining different ways that TCK clinicians might experience cross-cultural

interactions. This article by Bennett (2004) puts forth what he calls the Developmental Model of

Intercultural Sensitivity, which outlines six steps or six distinct kinds of intercultural/cross-

cultural experience. These are divided into three ethnocentric stages: Denial, Defense, and

Minimization; and, three ethnorelativistic stages: Acceptance, Adaptation, and Integration

(Bennett, 2004, p. 62). In describing the two latter stages of his intercultural development model,

Adaptation and Integration, Bennett illustrates many of the dilemmas and tensions TCKs face in their constant cross-cultural experiences—including their clinical interactions. Bennett (2004) points out, "The major issue to be resolved at [the] Adaptation [stage] is that of "authenticity." How is it possible to perceive and behave in culturally different ways and still "be yourself?" (p. 69). This is a quintessentially TCK question, which Bennett (2004) suggests can be answered by "defining yourself more broadly… expanding the repertoire of perception and behavior that is "yours"" (p. 69). Successful Adaptation establishes the conditions for Bennett's (2004) final stage, Integration, which is in many ways synonymous with being a TCK: "One's experience of self is expanded to include the movement in and out of different cultural worldviews…It is descriptive of a growing number of people, including many members of non-dominant cultures, long-term expatriates, and global nomads" (p. 69-70).

Bennett (2004) is perhaps overly optimistic in his assertion that people, such as TCKs, in the Integration stage are able to easily shift cultural perspectives "without losing themselves" because they "self-reflexively define their identities in terms of perspective-shifting and bridge-building" (p. 70). While most texts agree that TCKs are more adept than non-TCKs at shifting cultural perspectives, many writers (Pollock & Van Reken, 2009; Bushong, 2013; Quick, 2010; and others) suggest that, even for TCKs, the experience of shifting cultures is often intermingled with moments of feeling lost, confused or experiencing tension about their cultural identity and behavior. The fact that TCKs do not always find it painless to integrate cultural difference—their own and others'—is exemplified by the fact that TCKs need to switch between all three of Pollock and Van Reken's chameleon, screamer, and wallflower adaptation strategies at different times and in different interactions.

Summary

It is not hard to imagine that the core TCK themes that arise in the literature—such as how to answer the complicated question of "Where are you from?"; perceiving and behaving in culturally different ways without losing oneself; the intersection of race and TCK identity; cycles of separation and loss; and, how one decides whether to disclose one's TCK identity—may also appear in clinical settings for TCK psychotherapists. The repeated themes and issues that arise in the literature on TCKs shed light on topics that could be important to explore with TCK clinicians and helped shape the interview protocol for this study.

CHAPTER 3

Methodology

The purpose of this study was to explore the experience of TCK psychotherapists in order to better understand the unique perspective that TCKs bring to clinical work and to increase the visibility of psychotherapists from a variety of cultural backgrounds in the mental health literature. As discussed in the previous chapter, this literature review has found no existing empirical research on TCK psychotherapists. In order to examine such a new area, this project was an exploratory empirical study using qualitative research methods. The research design was based on semi-structured interviews with 12-15 individuals. Semi-structured interviews with TCK psychotherapists allowed this researcher to explore the research question in a nuanced way, and granted flexibility to delve into the complexities of each interviewee's individual experience.

Strengths of this design include the fact that interviews gave participants time to explore the topics in a nuanced way, as well as the flexibility to delve into deeper follow-up questions as was relevant in each particular interview. Many TCKs have not had very many chances to discuss their TCK identity and they do not always have words readily available to describe their experiences. Interviews, as opposed to a written survey, provided a relational context in which to explore the often-overlooked area of TCK identity. It can sometimes be easier to find ways to articulate new or complex topics during the give-and-take flow of a dyadic conversation than when answering survey questions solo.

Limitations of this design include the fact that the small sample size did not result in generalizability of the findings. While some people might find interviews conducive to discussing their TCK background and the relational aspects of therapy, others might have found it easier to communicate through writing and would have found it easier to share their information in qualitative surveys.

In addition to the definition of TCK included in the previous chapter, some initial definitions of concepts are included as follows. "Culture" in this project is defined as the combination of external patterns of behavior and a "system of shared concepts, beliefs, and values. It is the framework from which we interpret and make sense of life and the world around us" (Pollock & Van Reken, 2009, p. 41).

Characteristics of Participants

Inclusion criteria. The population studied was English-speaking psychotherapists who are also Third Culture Kids. The sample was open to psychotherapists trained in any mental health discipline, such as social workers, psychologists, psychiatrists, licensed mental health counselors, marriage and family therapists, and others. The sample geographic location was global. Many TCKs speak languages other than English, but this method was limited to English language interviews which will exclude certain TCKs.

Participants were required to meet three eligibility requirements. (1) They must be trained mental health professionals who have at least two years of experience practicing psychotherapy. (2) They must be able to read and speak English. (3) They must be Third Culture Kids. Whether a participant is a Third Culture Kid was determined by meeting both of these two criteria: (a) self-identifying as a Third Culture Kid and (b) having made two international moves between the ages of 5-18. Two international moves might mean a first move from country A to country B and

a second move from country B to country C. Or, it might mean a first move from country A to country B and a second move from country B back to country A.

"TCK" is a broad category, which, as Pollock and Van Reken's definition in this paper's introduction demonstrates, is defined more by a person's own felt experience than by any rigid categorical borders. However, the experience of having moved between cultures during one's *developmental years* is a critical part of TCK identity. The study's inclusion criteria are based on the ways that the current literature defines TCKs (Bushong, 2013; Quick, 2010; Pollock & Van Reken 2009; and others). Inclusion criteria based on participants having made at least two international moves between the ages 5-18 ensures that they experienced at least two global, cross-cultural transition periods during their developmental years.

This study was open to TCKs of any nationality, ethnicity, place of origin, or current location. Mobility and a global perspective are central to TCK lifestyle and identity. TCKs move so often that they carry TCK culture with them wherever they go; their TCK-ness exists separate from the passport they hold, where they were born, and where they are currently living. Limiting the sample based on a geographic designation would have put arbitrary limits on a population that is by its very nature a global population. These broad, inclusive criteria for determining who is a TCK helped make the study more feasible, as the subgroup of TCK clinicians is fairly specific.

At the outset of this study, the inclusion criteria called for licensed psychotherapists with at least two years of experience practicing psychotherapy. However, as this researcher began the recruitment process, it became clear that, because licensing and training requirements differ significantly from country to country, in some places professional credentials rest on particular types of training rather than licensure. After receiving approval from the Smith College School

for Social Work Human Subjects Review Committee, the inclusion criteria were changed to require that participants be trained psychotherapists with at least two years of experience.

Exclusion criteria. Non-English speaking adults who otherwise met the inclusion criteria were not be able to participate. Any individual who refused to sign the informed consent form would have been excluded from this study.

The Recruitment Process

Prior to recruitment of participants for this research, approval for the study and safeguards to ensure ethical standards were obtained from the Smith College School for Social Work Human Subjects Review Committee (Appendix B). During the recruitment process, I reached out to three recruitment categories, using a recruitment letter or internet posting. The internet posting was shorter and simpler because online audiences are less likely to read a long description. The three categories were: (1) Organizations that specialize in providing resources for families in global transition. (2) Referral boards and organizations for psychotherapists who primarily work with TCKs/international clients; from reading the professional biographies of the psychotherapists on these boards, it was clear that many of them are TCKs themselves. (3) Web forums for TCKs and expatriates. I posted in open groups as well as closed groups of which I was already a member and thus had permission to post. I did post in closed groups of which I was not a member.

One of the biases associated with this sampling technique is that dissemination of recruitment material was mainly done through networks with which this researcher is personally connected. These networks were biased toward TCKs who have experience in similar parts of the world as myself, for instance, North America or Southeast Asia, and it may also be biased towards TCKs of similar middle and upper-middle-class backgrounds as this researcher.

As this researcher is a member of the same population and holds the same identities as the research sample (TCK psychotherapist), no TCK psychotherapist who was personally acquainted with this interviewer was interviewed for this study. The sample did not focus on children, wards of the state, prisoners, pregnant women and fetuses, persons who are mentally disabled or otherwise cognitively impaired, or economically or educationally disadvantaged persons.

Data Collection Methods

The research design was based on semi-structured interviews, 35-70 minutes in length, conducted in English either face-to-face or via online videoconference. Please see Appendix A for a copy of the interview protocol. The interview questions were pilot tested with one TCK psychotherapist from this researcher's existing network before being finalized. With the exception of two interviews, all interviews were audio-recorded. Two participants requested not to be audio-recorded; instead, this researcher took detailed typed notes during the interviews. Conducting videoconference interviews as well as in-person interviews was necessary to take into account the global spread of TCK life. This allowed the researcher to sample a larger geographic area and to reach a more diverse group of TCKs. Videoconferencing was chosen as an interview method instead of telephone because videoconferencing allowed this researcher to speak with international interviewees for free rather than incurring international phone fees.

Nature of Participation

Individuals interested in participating were able to contact this researcher via email or phone. Once an individual expressed a desire to participate, they were emailed a consent form (see Appendix C) that described the nature of the study, the risks and benefits of participation, and the precautions taken to ensure their confidentiality. After reading this information,

individuals who meet all selection criteria and agreed to participate in the study sent their signed consent form to this researcher via email attachment before the interview took place. For all participants who were interviewed via online videoconference, a PDF of the signed form was accepted as original. For in-person interviews, a hard copy of the signed consent form was collected at the time of the interview. The interviews took place in person if the participant was in the Boston area and via online videoconference if the participant was not local. Each interview session began with a confirmation of consent to participate in the interview and consent to audio record. A set of short-answer demographic questions were included at the end of the interview.

Risks of Participation

Potential risks for participants were considered minimal. Participants were practicing mental health professionals. Questions were designed to encourage TCK psychotherapists to reflect on and share their thoughts and insight about how their TCK identity impacts their experience as clinicians. Such reflections were not expected to cause distress or trigger negative thoughts or feelings.

Benefits of Participation

Participants did not receive any compensation for participating in the study. There were no tangible rewards for participation. However, benefits to participants include: (1) the opportunity to help build solidarity and a body of knowledge around the unique experience of being a TCK clinician; (2) personal growth via reflecting on the links between one's TCK background and one's clinical work in a structured way; and, (3) contributing to furthering social justice within the mental health field by allowing for more diverse transnational, multi-cultural clinician voices to be represented in the clinical literature.

Precautions Taken to Safeguard Confidentiality and Identifiable Information

Data analysis was performed by this writer, with consultation from my research advisor and an independent content expert, both of whom are bound by confidentiality agreements. A professional transcriber was hired to transcribe some of the audio interviews; the transcriber signed a confidentiality agreement. Participants' identities and responses to interview questions are confidential. No personally identifying information was requested of participants; if any personally identifying information was disclosed, it was not coded. The audio files had all actual names removed and replaced with a unique participant identification number before being given to the professional transcriber. Only the investigator had access to the code book. My research advisor had access to the data only after any possible identifying information was removed. This researcher is the only person who met with the participant or knew about the interview.

Any relevant paper documentation was stored in a locked security container in a secured residence. Electronically stored data was stored on encrypted, password-protected media. The laptop computer storing this data has password-protection such that only this researcher has access to the computer. The signed Informed Consent Forms were stored separately from the audio recordings and transcriptions of interviews. All data will be kept secure for three years as required by Federal regulations. In the event that materials are needed for research purposes beyond this time, they will be kept secured until no longer needed, and then destroyed.

Published data was disguised by presenting demographic data in quantitative form. Where there was a concern about possible identifying material in the narrative, illustrative vignettes and quoted comments were carefully disguised.

The Voluntary Nature of Participation

Participation in this study was voluntary. Participants had the option to refuse to answer any question during the interview, to end the interview early, and to withdraw from the study at any point during the recruitment, informed consent, and interview process. Participants who had already completed the interview had the option to withdraw from the study before the date of April 1, 2016. In the event that a participant decided to withdraw, all of the data gathered from that participant was removed from the study and destroyed.

Data Analysis

The audio-recorded interviews were transcribed using two methods. Three interviews were transcribed by a professional transcriber. Eleven interviews were transcribed by this researcher. In two instances where participants requested not to be audio-recorded, data analysis relied on detailed, near-verbatim notes the researcher took during the interview.

Although the same semi-structured interview protocol was used with every participant, the interviews differed notably in content and in length (from about 35-70 minutes). Certain questions seemed very relevant to some people, while others had little to say in response to many of my questions and spoke about other topics instead. I approached the data analysis systematically using a thematic-analysis method influenced by David R. Thomas's 2006 article, "A General Inductive Approach for Analyzing Qualitative Evaluation Data." This methodology was also influenced by Steinberg's (2004) *The social work student's research handbook* and Engel and Schutt's (2013) *The practice of research in social work.*

First, all of the interviews were reviewed as a group. Second, I reviewed each interview individually and coded the many themes that emerged. Next, these themes were collapsed into a smaller number of categories. As I pulled together the quotes and textual evidence from the

interviews that applied to each category, I continually refined the categories, searching for sub-topics and contradictory points of view (Thomas, 2006, p. 242). Lastly, by examining differences, similarities, and linkages between the categories, I created a framework to illustrate the interrelation between the various themes and categories that emerged in this study.

Two external sources aided in the creation of this framework. Early drafts of the framework were discussed with a content expert who provided critical feedback that allowed me to clarify and shape the framework into the final form presented below. I also presented an early version of my findings to a research forum. Themes and linkages emerged as I was in the process of preparing and giving this presentation; furthermore, my listeners provided feedback and asked questions that sparked further insights into the data and helped me clarify my framework.

Sample Demographics

This study had a sample size of 16. Interviewees were currently living in six countries on five continents: Australia, Democratic Republic of the Congo, Myanmar, Norway, the United Kingdom, and the United States (shown in black in Figure 1). Between them, the participants had lived in 38 different countries (shown in dark grey in Figure 1).

Figure 1: Geographic Breadth of Sample

Countries lived in
Currently practicing in

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The clinicians in the study had between five and 30 years of clinical experience (m=14 years). They were aged between 28-68 years old and the average age was 44. Eleven participants identified as female, five identified as male, and none identified as transgender or gender-nonconforming. Interviewees came from a number of different mental health backgrounds (see Figure 2), although all of them had had at least two years' experience providing counseling/psychotherapy.

Figure 2: Types of Clinicians Represented in Sample
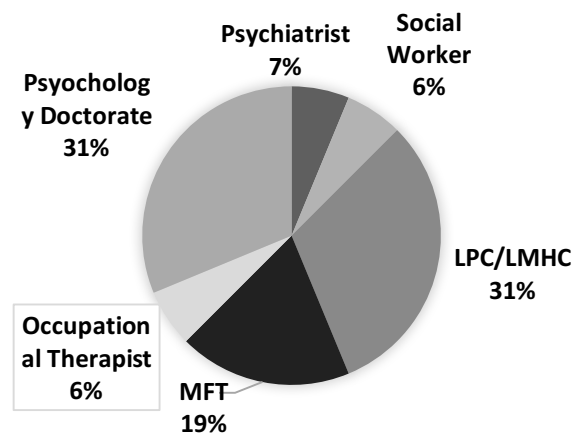
LPC/LMHC = Licensed Professional Counselor or Licensed Mental Health Counselor
MFT = Marriage and Family Therapist

I had originally sought a sample size of 12-13 people. However, out of the first 12 respondents to participate, 10 were white. Because I began this study with the intention of giving voice to a multicultural and multiracial group of clinicians, I increased the sample size to 16 in hopes of having a more racially diverse sample. In the end, 63 percent of participants were white of various nationalities and 37 percent were clinicians of color from various backgrounds (see Figure 3). Participants reported their social class backgrounds during their childhood and adolescence, as illustrated in Figure 4.

Figure 3: Participants Racial Identity
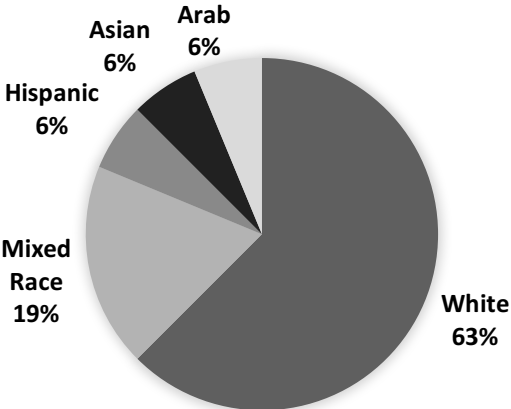
Figure 4: Participants' Social Class Before Age 18
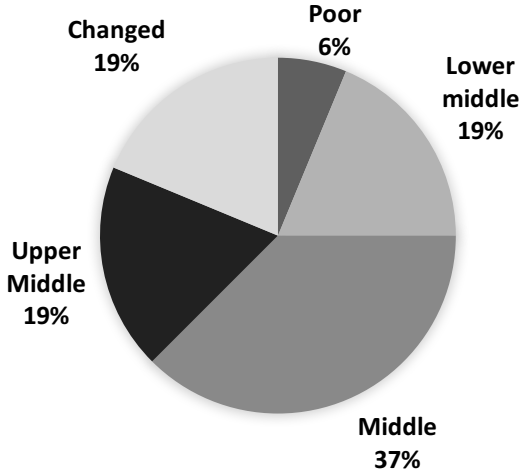
CHAPTER 4

Findings

Due to the variability in responses, the data analysis was not structured around the interview questions; rather, the framework presented here grew organically from the themes that participants shared during the interviews. The findings are arranged in two overarching categories: (1) explicit and (2) implicit findings. The first category includes themes that participants explicitly articulated during the interviews, namely how growing up as a TCK directly contributed to the development of certain clinical skills and abilities. In the second category, I report topics that emerged more implicitly during the interviews. For the most part, the second category explores themes and linkages that I pulled out while analyzing the data, rather than themes or links articulated by participants. This section, therefore, is more subject to my biased interpretation than the explicit findings. The second category is structured around five implicit findings that arose during the interviews. After describing and defining each implicit finding, I discuss the way it seems to impact or connect to clinical psychotherapy work.

Explicit findings

Participants named five general clinical skills or abilities that were enhanced by their TCK upbringing: familiarity with loss and grief; identifying with clients who experience alienation; an ability to sit with a client's pain; being an observer; and, open-mindedness. The latter two skills are explored in detail below. I did not ask participants whether being a TCK helped or hindered them as a clinician; rather, my questions were more neutral, for instance: "How would you describe your therapeutic style or approach?" and, "Are there other ways that

you feel your TCK identity impacts your clinical work?" Despite my attempted neutrality, participants focused heavily on how various TCK-traits positively influenced their clinical work, and rarely articulated explicit ways in which being a TCK might negatively influence their psychotherapy work. More than one interviewee spoke directly to this point: "The life experiences that I had were so useful to me now, as I'm in this work!…It's my own bias, but…this lifestyle is good training for future clinicians." Some of the more complex, positive-and-negatively-mixed impacts of TCK-identity on clinical work appeared in the interviews' implicit content, discussed in the next section.

Explicit finding 1: Being an observer. I found that TCK psychotherapists drew strong connections between their TCK backgrounds and the observational skills that they use in their clinical work. As one therapist stated:

> For many years [as a child] I saw myself as being like a pair of eyes. I had no substance, I was just a pair of eyes working out the lay of the land in the new situation I was in and how to stay on the right side of the power brokers. That was kind of the survival technique that worked for me….That was my training! In addition to whatever theory training I got [in graduate school]…how to read people, how to be sensitive to what this one needs versus the next person. How to read body language….That was very much my childhood experience.

Specifically, interviewees displayed a tendency to be very observant of *relational* details. How TCKs navigate the ever-challenging question of, "Where are you from?" provides a useful micro-illustration of the type of relational attentiveness that many participants demonstrated. As one clinician explained, "[I used to give the whole spiel about where I was from, but] then I noticed that people are not that interested anyway, so I learned to kind of modify my responses

and read people's cues and how much they want to hear." This question, that for many non-TCKs is a forgettable moment of small-talk, requires TCKs to carry out a complex, in-the-moment analysis along the lines of, *What are they really asking? Do they actually want to know me and do I feel safe enough to give a truthful, revealing answer?* Another interviewee explained, "If they're genuinely curious and they want to have more conversation, hey, I'd be glad to. And if not, [my initial answer is vague so that] I'm not putting a lot else out there of my story that, really, they weren't all that interested in." In moments like these, TCKs learn not only to be observant, but to quickly take stock of who they are in relation to another, how the other might be viewing them, and how to tailor their behavior to fit that particular interaction—a nuanced relational awareness that aids clinical work.

Explicit finding 2: Open-mindedness. Study participants drew explicit links between their formative TCK experiences and their clinical tendency to be open-minded and avoid taking things for granted:

> [One] of the things that I've found really useful out of my third culture kid
> experience, is that I kind of grew up learning not to just assume to take people at
> face value…it comes more naturally to kind of hold those assumptions in check.
> Not that I don't have them, but to always bear in mind, "But I don't know….What
> *is* this person's story?"

Some interviewees primarily saw their open-mindedness as enhancing their ability to tolerate uncertainty and ambiguity: "I think it makes me more open to understanding that I don't know everything.…What would solve this…in my culture is probably going to be devastating in your culture and in your situation." Others connected their open-mindedness mainly to a nonjudgmental stance toward clients: "Being a TCK has a huge impact on being nonjudgmental.

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That's just the way it was growing up. Here's someone with…a completely different background, but they're my dear friend." One practitioner shared how he felt his experiences compared with those of his colleagues:

> A lot of social workers come from fairly staid, middle-class backgrounds. They can't hide the shock or the judgments that they're feeling when clients come and say stuff to them, and [clients] pick that up. So I think that my threshold is probably a bit different. And that definitely, one hundred percent, comes from growing up in different cultures, moving around, and just thinking, "Oh, so this is how you do it," or, "This is how it works here."

For many therapists in this study, open-mindedness seemed to stem, in part, from the view that culture and identity are social constructions that can shift based on context and perspective. Bennett (2004) refers to this as ethnorelativism: "The experience of one's own beliefs and behaviors as just one organization of reality among many viable possibilities" (p. 62). As one clinician put it, "I think [being a TCK] makes you someone who doesn't think there's a box. There are lots of boxes and you can think outside any of them." Clinicians connected their open-mindedness and their social constructionism to the breadth of their childhood experience: "There is something about growing up [as a TCK] that…loosen[ed my] identification with one monolithic culture…Made me feel that the self…is merely a construct." For some, their ethnorelativism underpins their approach to therapy or their commitment to social change:

> [TCKs] know that humans are capable of all kinds of things because we've seen them living in all kinds of different ways…Whether you're talking about climate change or class oppression or gender inequality....Understanding the arbitrary

nature of how structures are built…and that they can change.…Things could be

different, things could be a lot better.

Implicit Findings

Implicit finding 1: Parsing cultures and knowledge of mobility. Participants in this

study used the term "culture" liberally, yet none attempted to explain or clarify what they meant

by it; likewise, I did not ask. Regardless, the TCK therapists interviewed displayed a capacity for

parsing cultural signs and for thinking in depth about the implications of culture (in many senses

of the word). As one practitioner stated, "I'm always hyper-aware of cultural differences and

where people might be coming from, why they might be confused and so on." Interviewees used

their inherent TCK knack for decoding national/ethnic cultures—inbuilt via their childhood

moves—to parse the other types of cultures and subcultures they encountered in their clinical

work, e.g. drug culture, the culture found in international schools, homeless culture, etc.

Describing his work in a prison, one clinician illustrated his tendency (also shared by many other

respondents) to notice the existence of a distinct culture where others might not and then

instinctually analyze and dissect it:

> I spent a lot of time building relationships and talking to the guys in [the prison
>
> where I worked].…There's always invisible signs and symbols…protocols,
>
> finding out who's who, and how things are done, what you can say and you can't
>
> say, the body language, which is all different.…I'd come home and I'd crash out
>
> and sleep for a couple hours because my brain was overwhelmed.…I
>
> realized…I'm in my own country, but it's like going [to another country] and
>
> trying to figure out everything all fresh again.

Beyond merely parsing and identifying cultural signifiers, participants were also closely attuned to the *processes* and strategies of cultural transitions and global mobility. Some shared the schemas they used to understand and discuss such processes:

On one end of the spectrum, there are people who try to cut ties [with their previous culture] as much as possible and immerse themselves in new culture.… And at the other end of the spectrum there are people who completely push away the new culture and…stick to [their home culture] almost exclusively. People will cope with [immigration] however they can and we should allow them to cope in whatever way they please.

TCK clinicians were often aware that attending to culture was a strength of theirs: "A lot of what I was commended on [during my training] was my ability to think about cultural differences." Perhaps related to this awareness, participants also displayed frustration with institutions and individuals (particularly supervisors or colleagues) whom they felt did not approach cultural concepts with enough nuance. One explained, "In Canada couple of times…I immediately could tell [a few clients were experiencing] issues that were cultural issues. I would talk about it with my supervisor.…She didn't think it was important.…But she also hadn't been outside of Canada so I wasn't too surprised." Another clinician said of his graduate program:

[We had] training around racial identity development that was very helpful and very important, and also very North America-centric. And in that way, frustrating. [I wish they didn't] assume that racial identity development and cultural identity development are one in the same thing but [were] actually able to tease that out.

Parsing cultures and knowledge of mobility: Connection to clinical work. The ability to parse cultural signifiers and think deeply about cultures and transitions connects to participants'

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clinical work in three main ways. Firstly, for many interviewees, this trait shapes their caseload, increasing the number of TCK or immigrant clients they see. Many participants market themselves as therapists who focus on TCK/cross-cultural issues. Even clinicians who did not have full control over their own caseload still sometimes reported this effect: "The doctors who refer people to me [within the Medicare system] particularly like referring to me the complex, culturally-different people. They're aware that I have an understanding of…cross-cultural difficulties." That said, not every therapist felt that their TCK background influenced their caseload: "I always thought that I ought to be more interested in transcultural psychology because of my background, but it never really appealed to me....I work mostly with [monocultural clients from my home country]."

Secondly, the interviewees demonstrated myriad ways in which their attention to culture is deeply embedded in their thinking. For some clinicians, their cultural attentiveness manifests mainly while sitting with clients:

My [TCK] background comes in the foreground with patients who have a similar background as I do…who've moved around or people of color.…It influences significantly how I interact with them and how I formulate their difficulties… Culture shock is quite a violent expulsion from all the symbolic network and familiarity you grew up with that gives you a sense of cohesion and orientation. And when that's completely lost.…f you don't have supports, immigration is a potentially psychotogenic experience.

For other interviewees, it also manifests "outside of the therapy, for example, [in] how I think about my clients in supervision, the degrees and levels of support [they need]. Although I'm not specifically a systemic therapist, I do think a lot more systemically than some of my

colleagues…because I come from parts of culture where the system is so important." One of the concrete ways cultural attentiveness appeared in this clinician's practice was in her commitment to making sure "that all my materials are translated…in case [clients] feel more comfortable reading in [the local language] than they do in English."

Thirdly, many clinicians in this study demonstrated a desire to transmit to clients their cross-cultural knowledge and their ability to parse cultures. Sometimes this took the form of straightforward psychoeducation: "I've got ways of explaining [to immigrant parents] to help them understand the difficulties their children have standing with a foot in two worlds." Numerous participants also alluded to the pleasure they felt in introducing unknowing TCK-clients to the term "third culture kid" and pointing them toward relevant reading material. Additionally, some interviewees displayed more tacit attempts to teach clients how to think— like a TCK might—about the processes and nuances of transitions:

> In narrative [therapy] there's a technique called the Migration of Identity.…Say a woman's fled a violent partner. [I ask,] "Have you ever traveled, have you ever moved?"…We talk about how, initially, when you leave, like when you migrate to a different country, there's…high hopes.…But somewhere along that journey, everything becomes unfamiliar and there's a sense of dislocation and aloneness, and sometimes despair.…The graph goes down. I get them to chart this…to give them a sense that things move along and it will change and eventually you come to this place where you call home.…I really related to [this exercise] because it seemed to relate to my own experience.

Implicit finding 2: Rootlessness and a fragmented identity. As is well-documented in the literature, TCKs often have a fragmented sense of identity, are prone to feeling rootlessness

and restlessness, and have a complex relationship with the concept of "home" (Bushong, 2013; Malberg, 2015; Pollock & Van Reken, 2009; Quick, 2010; and others). I found that many respondents exhibited these characteristics, such as the clinician who explained that his TCK upbringing "create[d] a constant background restlessness. I can never really settle anywhere. I'm always yearning for a place I can settle, wanting that very much, but it never really happens." He goes on to state that, "This sense of being displaced or a sense of being different has become an integrated part of my identity. It's something I've—not accepted, it's—just there." Another TCK therapist compared herself to people who move as adults: "I moved when I was still young and still not really sure of who I am…I look at [adult immigrants] and almost envy them…[They're] more confident in [their] culture of origin and [their] ability to relate to this host culture." Also touching on this sense of discontinuity, a different participant said, "Giving voice to your TCK-ness takes so long to do because there's this disruption [of constantly moving]. When you become still is when you start to integrate that experience and unravel it." For many, their rootlessness manifested as sense of feeling in-between: "I'm very comfortable in the margins, in the in-between rather than this or that." Or, as another put it:

It's really hard to make anything solid and fixed. When I'm abroad part of me can really relax into being a foreigner in a foreign land, or not totally foreign depending on the country.…I love the in-between feeling [of traveling] which I know is a very typical TCK thing. I'll be here but not for long. That's an at-home feeling for me.

For some participants, a childhood full of mobility and uncertainty culminated in what one participant called "the trauma of ordinariness:" "One of the core things about being a TCK is

the trauma of ordinariness. Mundanity of normal life. Being tied down. If [as an adult] you tried to create a secure and normal life, then there's a sense of trauma to that."

Rootlessness and a fragmented identity: Connection to clinical work. Interviewees named numerous ways in which the structure and setup of clinical work both meshed and clashed with their TCK restlessness and fragmentation. Some TCK clinicians intimated that their attraction to psychotherapy as a profession could be an attempt to deal with the aforementioned "trauma of ordinariness:"

> We get to jump into someone's story….The work we get to do lets us be in
>
> different worlds everyday, every hour. It's a lot like walking into a new school
>
> and being among all these nationalities and spiritual practices…learning about
>
> them...appreciating them.

In the same vein, another clinician explained that, on the one hand, she found the structure of her clinical training very holding:

> I had to grow up too fast in order to adjust to these moves, which are traumas…
>
> There was something very comforting about being in a license track…where one
>
> is told what to do and has certain requirements....We can feel a sense of
>
> containment and a goal.…[It's] corrective for those of us who didn't have that
>
> kind of predictability in our upbringing.

While, on the other hand, she feels that the intensity of psychotherapy work itself is "a reenactment of the chaos" of being a TCK: "Working with really troubled clients and families, there's a way our stuff gets stirred up—TCK or not—but I'm thinking in particular of TCKs where there wasn't a sense of what's going to happen next year or tomorrow."

Some TCK therapists also seemed drawn to the work because the structure of the therapeutic encounter allowed for a certain amount of anonymity. They could hide some of the complicated, and perhaps somewhat fragmented, aspects of their identity behind the clinical frame:

It's easier in my therapist shoes to be asked [where I'm from] than in social situations. I don't have the urge to be so known, there's a safety that comes with being a therapist. It's not about you in the room. The work is so influenced by you and your history, but it doesn't need to be so out there.

Additionally, TCK clinicians spoke of the difficulty they had reconciling their inherent restlessness with their interest in doing long-term clinical work. Some felt they were able to adjust their mindsets and learn to "let some roots go down:"

We let ourselves [put down roots] and it was a very significant shift for me.…I had an approach to life that I was always planning for the next thing. I…had to look at, "Okay, am I going to really let myself be here?" I don't want to be sitting with people and have in the back of my mind, "Eh, I might leave in a year," because I found myself very drawn to the longer-term work.

Other respondents were less interested in long-term work and continued to lead fairly mobile lives. Yet others were still actively trying to work out what this dilemma meant for their career:

You could be practicing with someone for more than three years. It just horrified me. I know that sounds blasphemous, maybe, as therapist. But I think that's just such a part of my TCK conditioning that I always have one foot out. It felt entrapping in a way. Of course our ethical and clinical obligation is to clients'

wellbeing…but the place I am has never felt like the place I'm going to stay

permanently.

Implicit finding 3: Being an integrationist. Study participants spoke passionately about

the effort they had devoted to integrating and making sense of their often-fragmented TCK

identities.

> I came to terms with my TCK identity without ever knowing the word.…I read
>
> the book [*Third Culture Kids: Growing up Among Worlds*] for the first time and I
>
> cried. Someone put a name to it and explained it in a way that it was a common
>
> experience. For a long time as a TCK you feel like…a Martian.

Embedded in their comments is a clear sense of relief and empowerment at discovering the term

"third culture kid" and two participants reported having been moved to tears in the moment of

their discovery. One clinician had never heard the label until he received my recruitment email:

"I'm grateful for that because it gives me…a whole language. It's a word, it's identified.

[Before] it was just this thing that I understood but hadn't named."

> Far from merely lamenting their identity struggles, interviewees were able to celebrate

their hard-won sense of TCK identity. They traced the imprint their identity-formation work had

left on their personalities and clinical work:

> You learn how to adapt without losing your identity.…Yes, there are losses but I
>
> wish we'd talk more about the positives [of being a TCK]. There's a richness that
>
> comes with it.…It's not a curse anymore, its my narrative. If I don't embrace it
>
> who will? If you can't embrace [your TCK identity], you shouldn't be a clinician
>
> because you wont be authentic.

Another therapist tidily summed it up thus, incidentally lending her phrasing to the title of this study:

> Being a TCK means I'm an integrationist. I work so hard mentally emotionally to
> find integration….In my academic work and my life, it's been a…strong suit for
> me…thinking about the conceptual things and bringing them together in a
> coherent picture.

Being an integrationist: Connection to clinical work. Likely influenced by their own efforts to make sense of their TCK narratives, this study's therapists placed a high value on mentalization and on helping clients integrate and articulate their life experiences. "People come to us to organize and to understand. Organizing [their] experience is something that we can do." Mentalization, related to the concepts of reflective functioning or thinking about thinking, refers to the ability to perceive and understand oneself and others' behavior in terms of mental states; it allows "the individual to make sense of his or her own and others' psychological experience" (Slade, 1999, p. 581).

Participants reported liking and using many different modalities, from psychodynamic and depth-oriented therapies, to cognitive behavioral therapy, to somatic work, and others. Most felt that being a TCK influenced their theoretical leanings, but some emphatically did not. However, by far the most commonly and enthusiastically preferred approach was narrative therapy: "It was just like, "Aw, bang! This fits in with my values. Beautiful."" Another interviewee stated, "I believe in the power of story and naming what is said, and gaps and things that are not said. When working with TCKs…the story is so important [because so often their current struggles are connected to]…the long story of their upbringing." These clinicians valued a focus on language and narrative for its own sake—the "story-making and story breaking" work

of therapy (Jeremy Holmes as cited in Slade, 1999, p. 585). They also viewed it as an avenue for

bolstering a client's capacity for mentalization:

It was very helpful for me, having more language to think about the TCK

experience.…Some [clients] I work with are very interested in…deepening and

developing their own sense of language, to make sense of their own experience. I

will offer language…not necessarily like I would if I were teaching a class,

but…in a way that might be normalizing.…[I] try to tie things together.

Implicit finding 4: Holding an insider-outsider perspective. I found that TCK

psychotherapists often held a perspective in which they simultaneously experienced themselves

as being an insider and outsider in a given culture or location. While discussing her experience as

a "hidden immigrant," one U.S.-American therapist who grew up in Central America alludes to

this insider-outsider perspective and how it is context dependent:

I've been in the States long enough that.…I can pretty well navigate in the [U.S.]

without getting "caught." If I was working in, say, Kenya, I would come across as

very American, probably. [I] carry a U.S. passport, but…my heart isn't. My core

my values…the things that make me upset are the things that would make a Latin

American upset, and [my U.S. coworkers] didn't [get] where I was coming from.

Another clinician articulates how her insider-outsider perspective affects her thinking: "As a

third culture person, I can explain things about [a particular] culture that a native often cannot.

I've made a study of it.…I had to bring it into consciousness in a way that someone who is native

might not."

Holding an insider-outsider perspective: Connection to clinical work. This insider-

outsider perspective allowed therapists to identify with clients' experiences of alienation: "A lot

of the clients that I see…they don't feel like part of the social weave of their community and they do feel like that outsider. [I] connect to that idea of being an outsider-insider on a very personal level." Another therapist reported:

> [With my clients] that are homeless, there is a sense of…alienation that they experience. I'm not pretending that I understand what it's like to stand in their shoes. But…other workers…seem to struggle crossing the line of…the otherness.…They see [homeless clients] as radically other than themselves. I don't. I'm only a couple of moves away from that.

However, interviewees' inside-outside perspectives also filtered into clinical work in more oblique ways, often via self-disclosure. Many participants reported a general stance of minimizing self-disclosure, noting for instance, "I'm really good at re-guiding the conversation back to [the client] pretty quickly.…[I] try to keep as few self-examples as possible," and, "The ethics of our profession are not to get too detailed about our own stuff." However, others advocated the use of carefully-considered, strategic self-disclosure which often incorporated elements of their insider-outsider viewpoint. One clinician related this experience:

> I had an African-American client when I was in training.…She'd had a negative experience with an ostensibly white trainee at the same clinic and she asked for someone of color and there weren't very many people. I am, but I also don't look obviously [of color. So I disclosed my racial background to my client and] I think it helped her to know that I'd had a different experience [than my white colleagues].

In a similar vein, another participant shared this clinical vignette:

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I [a white, U.S.-American TCK] was working with an adult woman who had

come to the U.S. from Somalia as an adolescent.…She was being attacked for

wearing hijab and being visibly Muslim in the U.S.…We worked on…her

decision to take off the hijab so as to be less vulnerable.…I know a fair bit about

Islam [from extensive periods in Turkey as a child and adult]....She's trying to

work on how to be a Muslim woman who doesn't wear hijab. She said, "I [can't

be] a Muslim anymore…" [At another point, she referred to me as] "a Turkish

therapist." [I responded,] "Well, some people would say I'm white," and she said,

"Oh, you're white?" I said, "What does white mean exactly?"…I strategically

used my own identity, trying to be supportive of someone else who is struggling

with their mixed identity and the issues therein...trying to help her be more

flexible with what being a Muslim meant to her.

For this therapist, the use of self is intimately connected with her inside-outside perspective. She

states, "The mixed-ness of my background gives me a lot of nice little places to hook into." Here,

she uses her social location as an insider-outsider in both Turkey and the U.S. to call attention to

the slipperiness of the signifiers we apply to race, religion, and ethnicity, all with the hope of

encouraging her client to think more flexibly about her own insider-outsider-ness.

     Implicit finding 5: Feeling accepted versus othered. Related to the TCK characteristic

of being simultaneously an insider and an outsider, the mobile nature of TCK experience means

that many participants have had the experience of being a visibly "other" in some places while

blending in with the dominant culture in some locations. Every interviewee's unique

positionality shaped their experience in different ways; however, as a group, the clinicians shared

many themes around feeling acceptance versus alienation, such as:

- The impact of blending in or standing out out from the dominant culture in a given place.

- Whether one feels their identity and differences are valued versus feeling pressured to assimilate.

- Dealing with racial microaggressions or overt racism.

- The complex ways one's privilege and marginalization intersect and shift based on location and context.

- Learning to manage and reconcile visible versus invisible aspects of one's identity.

Participants spoke of their various methods for coping with assimilationist pressures, from seeking to blend in: "You learn to muffle [your TCKness], to keep it under wraps," to consciously resisting: "I intentionally didn't try to unlearn certain [Asian mannerisms], so as just to assimilate into the American way." Certain interviewees acknowledged the privilege inherent in being part of the dominant culture in a certain place, or of passing as part of the majority. Some also shared the loss they feel when their mixed-ness or their TCK-ness is erased by those around them:

I definitely pass as being white when I'm [in the US].…When I'm in Asia, a lot of Asians see my half-Asian side.…That whole history is erased and unknown.… There's a hug gap or distance or loss feeling that they just don't really know…one of the deepest parts of me.

Another clinician raised similar issues:

What I…long for…is a combination of being experienced as both different and accepted at the same time.…What hurts…is if the differences kind of get glossed over or not paid attention to, because then I feel like part of me is hidden that I don't really want to be

hidden. But at the same time, if the differences lead to, "Oh, well you're not welcome here," that's painful, too.

I found that participants' social locations in relation to their childhood peers influenced the messages that they internalized about themselves. Consider the experiences of two TCK therapists. The first, a bicultural, biracial therapist reflects:

Most of the people I was surrounded by were TCKs.…[I went to] a school which really harnessed all the different students' backgrounds and cultures.…Had I stayed in a different school…I don't think I would have…celebrated it as much as I do, and seen the benefits.…[I'd be less] able to do that in my therapeutic practice now.

The second, a U.S.-American of European ancestry, shares:

I attended majority Black schools during the [U.S.] Civil Rights movement.…To say it was a negative experience would be wrong. But…I experienced a lot of physical and sexual violence.…[As a white student] I felt very implicated [in the history of racism in the US].…When I was a little girl I needed to deny [my race] to deal with all the violence I was experiencing for being white.…I convinced myself that I wasn't white. But I was, obviously.…Then I would go [abroad] where I was in the minority [as an American] but it wasn't Black-white politics, it was Christian/Islam, West versus East.…It was a pretty confusing way to grow up but it made me very sensitive to issues of power and race and social/cultural differences. To an exquisitely painful degree.

These clinicians speak of the very different messages they internalized during their school years. One felt the mixed-ness of her identity was celebrated. The other

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struggled to come to terms with the meaning of being white in a white-supremist society, while also experiencing violence due to the visibility of her whiteness in Black environments during a volatile period. The only way she could cope at the time was via a temporary disavowal of her racial identity. Both therapists, however, attribute these early experiences to influencing their adult conceptualizations of culture and identity.

Feeling accepted versus othered: Connection to clinical work. Interviewees in this study were clearly aware of how the identities they brought into the room with clients might influence the therapeutic work, both positively and negatively. However, the TCK clinicians interviewed spent *much* more time speaking about their experiences of acceptance and/or alienation with their coworkers and supervisors than with clients. One person reported, "Relationships with colleagues can be…more complicated [than with clients], because there is more of a tension to be known as a real person.…I don't…expect [clients] to understand me or to get me. But I *need* that from my colleagues." Another explained, "In terms of…supervisors…it's a hard industry. You have to be really careful to take care of yourself…[to have people who] understand where you're coming from and share similar experiences…so that you don't burn out." Numerous respondents had put this wisdom into practice and stated that they specifically sought out supervisors who had international experience.

Interviewees related various experiences of being othered in the workplace and shared instances in which their coworkers were unsupportive of their cultural or racial identities. The term, "othered," was coined by Indian post-colonial literary critic and theorist, Gayatri Spivak. She described it as "a process by which the dominant culture can define itself against those it colonizes, excludes, and marginalizes.…The business of creating the enemy" (Spivak as cited in Rodricks, 2015, p. 99). One clinician reported: "Most or all of my supervisors…had little

understanding of cross-culture/mixed-race experience. It didn't even enter their minds." This same clinician spoke at length about feeling at odds with her Eurocentric advanced training program that she felt operated from a very hierarchical therapist-versus-client standpoint. In part due to her experience at this institute, she has recently chosen to stop practicing psychotherapy for the time being. Another participant related the pressure she felt to alter her cultural style when interacting with coworkers: "I…compromise a little bit of myself and culture to…make other people feel a bit more comfortable or just to go with the norms…having to always mind what everyone else thinks is the right way to do certain things." She went on to explain how she was also essentialized as the source of information for all things international: "[My colleagues] tend to ask my opinions on things like other cultures, which I guess is nice, but I'm not an expert in all these other cultures!" She analogized her experiences of feeling othered in this way:

> You carry this little bucket and everyone is putting little bits of water in it and, at face value, a little bit of a drop isn't a big deal.…You're in a new country and trying to make friends…[so you think,] "I should just let it slide." [But,] it's gotten to the point where the bucket is full.…[When a coworker] made a joke [about my country of origin], I just shut it down pretty quickly. I said, "You think that's funny?" She never said anything again.…[It's] grinding…you don't have to carry this little bucket with you [when] you're part of the mainstream culture.

On the other hand, clinicians spoke warmly of experiencing kinship with colleagues who "got it": "TCK supervisors—I enjoy interacting with them a lot more.…When something's happened that feels a bit unfair, without saying much about it, you feel that the other person understands and has probably experienced the same.…[It's] reassuring." A few clinicians reported feeling very supported by supervisors who were not TCKs but had "personal

experiences of being marginalized." A participant explained, "One of my supervisors here was born deaf. She has personal experiences of being misunderstood and she's been super supportive.…I tend to take my TCK clients to her rather than my other supervisors." Another interviewee drew a similar parallel with one of his supervisors: "He was a gay man and was politicized.…In his own way, he was part of a subculture.…He wasn't a third culture kid but…he's the only supervisor that really sort of got it."

The five implicit themes shared by the TCK therapists interviewed in this study—parsing cultures and knowledge of mobility, rootlessness and a fragmented identity, being an integrationist, holding an insider-outsider perspective, and feeling accepted versus othered—impacted participants' experiences with clients, with colleagues, and also served to shape their overall perception of clinical work.

CHAPTER 5

Discussion

This qualitative, exploratory study sought to examine how TCK therapists' mobile, cross-cultural backgrounds impact their experience as clinicians. Beneath this overarching research question, other avenues of inquiry included: Do TCK clinicians feel that their TCK upbringing impacts their clinical work and, if so, are they aware of the specific ways in which it does? Have TCK therapists developed particular strategies for using their TCK identities to aid the therapeutic process rather than hindering it? What might the field of social work learn from TCKs' approach to psychotherapy?

That participants saw connections between their TCK identity and their clinical work was overwhelmingly illustrated in the interviews. Respondents articulated five general clinical skills or abilities that they felt were directly enhanced by their TCK background: familiarity with loss and grief; identifying with clients who experience alienation; an ability to sit with a client's pain; being an observer, particularly of relational details; and, open-mindedness. The clinicians in this study also shared numerous other reflections that this researcher grouped into five themes: (1) parsing cultures and knowledge of mobility, (2) rootlessness and a fragmented identity, (3) being an integrationist, (4) holding an insider-outsider perspective, and (5) feeling accepted versus othered. Each of these five themes shaped the TCK therapists' approach to and experience of clinical work in specific ways.

In exploring how these five themes connect to participants' clinical work, some findings arose that were fairly expected based on existing literature and knowledge about TCKs. Knowing that "[t]he greatest challenges that TCKs face are in forming their sense of identity and a sense of belonging" (Walters & Auton-Cuff, 2009, p. 756) it is not surprising that most participants placed a high value on the work of helping clients narrate and integrate their own sense of identity. Given TCKs' documented tendency toward rootlessness and restlessness (Pollock & Van Reken, 2009, p. 123), it seems fitting that many respondents reported difficulty reconciling their desire to continue moving with the need to stay put to establish their careers and continue seeing longer-term clients. Pollock and van Reken (2009) discuss TCKs' strong observational and "cross-cultural" skills, explaining that they "have the opportunity not only to observe a great variety of cultural practices, but also to learn what some of the underlying assumptions are behind them." This provides some background for why interviewees tended to pay close attention to cultural signifiers and to think deeply about what those might mean for clients and for the therapeutic alliance. These findings shed light on some of the ways that these clinicians attempted to use their TCK-ness to advance the therapeutic process.

Less expected were participants' reflections on how the setup of clinical work—moments of intensity and chaos within an overall frame that is very structured, boundaried, and permits the clinician a certain type of anonymity—might be particularly attractive to TCKs attempting to manage a fragmented sense of identity or to deal with the "trauma of ordinariness." I was also surprised to find that many participants had much more to say about how being a TCK impacted their relationships with coworkers and supervisors than with clients. As a clinician, my own approach is very influenced by feminist relational approaches and by intersubjective psychoanalytic thinking. As such, I am endlessly fascinated by the therapeutic relationship and

my questions focused heavily on exploring participants' relationships with clients. I did not anticipate the extent to which participants would want to talk about their interactions with colleagues rather than with clients. Many did so at length and this was a very fruitful avenue of exploration. Nearly all participants had something to say about this topic. However, it was the clinicians of color in the study (especially those who worked in majority-white areas) who shared the most examples of being othered and feeling alienated in the workplace and who most clearly articulated their need to feel understood and supported by their colleagues in order to perform their clinical work.

Connections to Other Research

Third culture kids are only beginning to be researched and discussed in scholarly works. Many of these writings focus on TCKs as children or adolescents (Dewaele & Van Oudenhoven, 2009; Pearce, 2011; Simens, 2011) or as young adults (Lijadi & van Schalkwyk, 2014; Walters & Auton-Cuff, 2009), particularly regarding the transition to college (Hervey, 2009; Huff, 2001; Quick, 2010). Fewer articles center adult TCKs and, of those, this researcher found none that examined the ways a TCK childhood influenced TCK adults in their working lives. Even Selmer and Lam's (2004), "Third-culture kids" Future business expatriates?" consists of a study of adolescents and, based on these findings, explores what TCKs as a group might hypothetically contribute to global corporations.

Critiquing "Cultural Competence." In considering where to situate this study in the larger context of existing research, TCK therapists' attentiveness to culture suggests that it could be relevant to compare this project to the literature on clinical "cultural competence." However, in order to do so, a definition of cultural competence is necessary and this is not easy to pin

down. As Fortier and Shaw-Taylor (2000) state, "there is no consensus on the definition of cultural competence, and what constitutes a culturally competent health professional" (p. 32).

Cunningham, Foster, and Henggeler (2002) define it thus: "Within the field of mental health services, the term "cultural competence" generally refers to the ability to understand and function effectively in meeting the needs of minority populations," (p. 232). This single statement sparks an outburst of questions that begin to lay bare the shortcomings of the "cultural competence" model. Why is cultural competence solely connected to minorities? Do majority groups not have culture? What defines these minority groups—race, sexuality, class, ability, religion, something else? And how exactly does culture fit in? Are they minority groups because they have a particular culture? Or did they develop a particular culture because they are a minority group? Do they see themselves as a minority group or does someone else grant that designation? Are we just talking about numbers or is "minority" a euphemism for vulnerable, underprivileged, marginalized, or some other implied social position? What about the therapist's culture, or are they assumed not to have one? What if the therapist is of a minority culture, or can minority populations only be depicted as clients and never as healers? How exactly does one "effectively [meet] the needs of minority populations?" Who decides what those needs are and how well they've been met?

Numerous writers have attempted to problematize the cultural competence model (Lakes, López, & Garro, 2006; Park, 2005; Yan & Wong, 2005; and others). In examining a few of their writings, I hope to begin to characterize the type of nuanced cultural attentiveness that TCKs seem to bring into their clinical work, rather than simply relying on the dubious concept of "cultural competence."

Park's (2005) critique of cultural competence names "the pervasive underlying assumption…that culture is what differentiates minorities, immigrants, and refugees from the rest of society" (p. 19). She goes on to explain that:

> If culture…is of significance and relevance only to minority/underprivileged
>
> populations, then it must be understood also as a…measure of deficiency.…
>
> "Difference" or "diversity," linked to the notion of culture in social work
>
> discourse does not describe the overall variance among cultures; does not function
>
> as a neutral descriptor for heterogeneity, but is a unidirectional identifier for those
>
> who are not normative. (p. 19, 22)

In keeping with this notion of the "blank, white backdrop of the "culture-free" mainstream, [and] the "cultured" Others" (Park, 2005, p. 22), the cultural competence model rests on the belief that clinicians, by virtue of their superior powers of self-awareness—or the assumption that they come from the already-blank mainstream—are able to "break through the cultural barrier." They are assumed to be approaching their work from a culture-free standpoint, "control[ing] their own personal cultural influences" (Yan & Wong, 2005, p. 183). This, in turn "produces a hierarchical subject-object dichotomy in the worker-client relationship," as Yan and Wong (2005) point out in their article "Rethinking Self-Awareness in Cultural Competence: Toward a Dialogic Self in Cross-Cultural Social Work" (p. 181). This dichotomy "assumes that social workers are subjects capable of becoming neutral and impartial culture-free agents, while clients are objects who stay within the limits of their culture, to be regarded as such by social workers" (Yan & Wong, 2005, p. 181-182).

Lakes, López, and Garro (2006) also take issue with the cultural competence model, particularly the equation of culture with ethnically or racially defined groups.

One significant disadvantage is that this [equation] leads to a view that what matters

about culture is packaged within distinct ethnic and racial boundaries… [T]reating group

membership as a proxy for culture pays insufficient attention to the many ways in which

culture enters into people's daily lives. (Lakes, López, & Garro, 2006, p. 2)

Interestingly, the first author of this paper, Lakes, includes a snippet of her own life history in the

article which suggests that she is a TCK psychotherapist, although she does not specifically use

that term.

These various authors suggest alternative clinical approaches that attempt to "unsettle the

hierarchical worker-client relationship and de-essentialize the concept of culture" (Yan & Wong,

2005, p. 181). They push therapists to see culture as something that is dynamic, changeable, and

situated "as much in the social world as in the individual or group" (Lakes et al. 2006, p. 18).

They also advocate a focus not on presumed differences between specific groups, nor on

attaining cultural competence, but rather on the "processes in which meaning is negotiated"

(Lakes et al. 2006, p. 18). Yan and Wong put forth an approach that they refer to as

"intersubjective reflection… a dialogic process in which both worker and client interactively

negotiate, understand, and reflect on their cultures… to cocreate new meanings and

relationships" (p. 186-187).

It is not my intention to argue that TCK psychotherapists are somehow above prejudice

or free from culture-as-deficit thinking; there was some evidence of such thinking in the

interviews. However, it is this researcher's impression that the clinicians in this study generally

tended to conceptualize cultural signifiers or cultural differences as broad descriptors of variance

and heterogeneity, rather than as markers of deficiency or otherness. Their narratives illustrated

extensive personal experience of teasing apart the nuances of their own personal cultures and the

many cultures through which they moved, having stood, at different times, both inside and outside various dimensions of culture. Their ethnorelativism also tended to impart a feeling that culture was a loose, flexible, changeable construct: "You know, we made the whole thing up!" said one participant. As a result, many respondents seemed to leave ample space in which they and a client could co-construct a picture of what "culture" might mean in the client's life and in that therapeutic encounter.

Limitations and recommendations for future study

As a TCK psychotherapist, I shared many of the participants own biases—above all, the desire to articulate how TCK-ness might advance clinical work rather impeding it. Future studies could benefit from an exploration of the ways that holding a TCK identity might function as a barrier or induce certain blindspots in clinical work. I also had a tendency to latch on to the findings that ratified my own experience with clients.

The dearth of related literature left quite a vacuum when it came to deciding what questions to ask during the interviews. I feel that the interview protocol used in this study was only moderately helpful in facilitating informative conversation with participants. In many cases, the interviews deviated quite significantly from the protocol. Further research and consideration are needed to determine what a preferable protocol might include. One suggestion is to question TCKs or TCK clinicians more directly about how they define and think about the concept of "culture" and the various ways that culture comes into their lives.

As noted above, it became clear that TCK clinician's relationships with coworkers and supervisors was an area of interest to many participants. Future studies could benefit from more structured questions about both clinicians' relationships with supervisors/coworkers, as well as more direct inquiry into the way racial dynamics impact TCK clinicians in work and training

environments. My underestimation of the importance of this topic is likely due, in part, to some of my own biases. I am relatively new to clinical work and therefore simply haven't spent time in as many workplaces or had as many supervisors as more seasoned clinicians. It was also evident that this topic was most salient to clinicians of color, and no doubt my privilege as a white clinician working the US has shielded me from some of the complexities in coworker/supervisor relationships that clinicians of color experience.

TCKs and demographics: Reflections on social class and race. The demographic questions I included at the end of each interview were intended to be simple, short-answer questions that we could cover quickly. However, a couple turned out to be quite complex. One such question was: "How would you describe your socioeconomic class growing up (before age 18)?" While a few people had immediate, succinct responses, the majority of interviewees responded at length and needed time to "think aloud" before they could settle on any particular answer. Numerous participants gave somewhat inconclusive responses, thus the breakdown shown earlier in Figure 4 is the best estimate I could make given the answers provided. This suggests that social class among TCKs is a rich topic for further exploration. In retrospect, I wish that I had included questions about social class in the main body of the interviews rather than only in the demographic questions.

There are a number of reasons why social class might be particularly complex for TCKs. In addition to the fact that social class is conceptualized differently throughout the world, TCK mobility means class influences are constantly changing. If, as is often the case, a TCK's parents were moving to pursue economic opportunities, their social class might change as their parents found success in those opportunities. Even in families whose class determinants (wealth, cultural and educational capital, etc.) stayed fairly constant, they might move between locations where

those determinants meant very different things about one's class. In one community, a college education might be a rarity, signifying membership in the very highest of social classes; in the next location, a college education might be common for most members of the middle or even lower-middle class. In one place, a parent's job as a regional manager might easily pay for a luxurious home and live-in help; while, after the family moves to the next country, the regional manager salary may afford only a modest townhouse and no domestic help. How, then, is a TCK meant to make sense of the concept of social class and what class their family might fit into?

There is also the question of what it means to have traveled or moved abroad. By the very virtue of belonging to this group, TCKs have likely spent time in at least two countries, but in some cases many, many more. What class connotations get attached to travel or international experience, and how do these change depending on context? A TCK's reasons for moving (or, more accurately, their parents' reasons for moving) additionally impact social class. TCKs who are corporate expatriates tend to be part of the upper-middle or even owning classes. However, TCKs might equally well be refugees or undocumented migrants with limited access to economic and educational opportunities. Numerous participants in this study were missionary kids, which provides even further confusion. As one participant responded when asked about his social class growing up:

> It's an interesting question for a TCK. My parents were poor missionaries. I don't even know how to describe it. Compared to my [Southeast Asian] friends? Compared to my American friends? I don't know if I've ever even thought about it. Poor? Don't know. I want to say middle-class but in reality we were nowhere near middle-class. We were good missionary kids who got hand me downs.

A TCK who grew up as a missionary kid might have grown up in a family that had little access to wealth, few material goods, and—in the case of at least one participant—high job insecurity and limited access to social/governmental safety nets. However, their childhood was also likely to contain travel, educated parents, much cultural capital, and strong educational opportunities. An understanding of all the class influences in this person's life would require some in-depth exploration.

Relatedly, it is worth noting that I approached this project with a very US-based understanding of the concept of racial identity. Because ideas of race and ethnicity are constructed differently throughout the world participants, predictably, approached the demographic question, "How do you identify your race?" in many different ways. Some of them found this question relevant and easy to answer, while numerous others did not: "My race? Well, my ethnicity I guess I would say Latin American. Race? That's a really hard question. In the U.S. I would probably say Hispanic. Here, I don't even know what I'd say…Not-white Australian?" As a clinician and researcher, I work from an anti-oppressive standpoint. Given that I am currently working in the US, a country built on racial inequality, this means that a lot of my attention is focused on anti-racist practice. It was important to me to ask about participants' races because I wanted to ensure that the voices of clinicians of color were represented in this study. However, I also recognize that, for some participants, this particular US view of race might not be part of their worldview or their sense of themselves, and that not everyone who reported a non-white or mixed-race identity may identify strongly as a clinician of color.

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Interview Protocol

This interview protocol consists of nine main questions. Under the numbered questions are bulleted prompts for people who might get stuck. The bulleted questions might not be asked of everyone.

A simplified explanation of a Third Culture Kid is a person who grew up moving around the world a lot. More specifically, a TCK is a person who has spent a significant part of their developmental years outside of their parents' culture. Many TCKs do not feel that they have one easily-identifiable home or home-culture. Instead, they often feel that their cultural identities are informed from a combination of numerous cultures and experiences. They often feel the strongest sense of belonging with other people who have similarly mobile backgrounds.

For the purpose of this study, a TCK is defined as someone who moved internationally at least twice between the ages of 5-18.

1. How would you describe your "TCK story"? For example, where you lived/moved as a child and the international and cultural experiences that were important to you.

2. What are some examples of ways you answer when clients ask where you are from?
   - Does your answer change depending on the client's cultural identity?

3. What assumptions do clients make about your cultural/racial background?
   - How do you generally feel about those assumptions?

4. Do you correct the inaccurate assumptions clients make about you, or let them continue to believe their assumptions?
   - Can you give a specific example of a situation in which you corrected a client's inaccurate assumption and why?
   - Can you give a specific example of a situation in which you chose not to correct a client's inaccurate assumption?
   - Do you have other examples of how clients' assumptions about your identity impacted your work with them?

5. Do you explicitly disclose your TCK background to clients?
   - What factors influence when/why you do or don't disclose?

6. How "at home" do you feel in the country/culture where you are currently working?
   - Have you worked as a psychotherapist in countries where you felt more/less at home than you currently do?

7. How would you describe your therapeutic style or approach?
   - Do you feel that your TCK background impacted your choice/development of this particular approach? How so?

8. How often have issues around culture or race come up in your supervision?
   - Has this changed throughout the course of your career?
   - When bringing up these issues, how did you experience your supervisor's responses?

9. Are there other ways that you feel your TCK identity impacts your clinical work?

To conclude the interview, I have some short demographic questions:
   - How old are you?
   - What is your gender?
   - How do you identify racially?
   - How would you describe your socioeconomic class growing up (before age 18)?
   - How many years have you been practicing as a psychotherapist?
   - In what country do you currently practice?
   - What is the list of countries have you lived in?
   - What type of professional training/license do you have? (LICSW, PhD, MD, etc.)

APPENDIX B

Human Subjects Review Board Approval Letters

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

February 2, 2016

Carly Inkpen

Dear Carly,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Elizabeth Irvin, Research Advisor

SMITH COLLEGE

February 24, 2016

Carly Inkpen

Dear Carly,

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Elizabeth Irvin, Research Advisor

APPENDIX C

Informed Consent Form

SMITH COLLEGE

2015-2016
Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA

....

Title of Study: An Exploratory Study of the Experiences of Third Culture Kid Psychotherapists
Investigator: Carly Inkpen, Smith College School for Social Work.

....

Introduction

- You are being asked to participate in a research study which explores how the experiences of growing up as a "Third Culture Kids" (TCK) may impact your current work and experience as a therapist. For purposes of this study, a Third Culture Kid is defined as someone who moved internationally at least twice between the ages of 5-18. More generally, a TCK is a person who spent a significant part of their developmental years outside of their parents' culture. Many TCKs do not feel that they have one easily-identifiable home or home-culture. Instead, they often feel that their cultural identities are informed from a combination of numerous cultures and experiences. They often feel the strongest sense of belonging with other people who have similarly mobile backgrounds.

- You were selected as a possible participant because you are a trained psychotherapist who has been practicing for at least two years; you can read and write English; and, you are a TCK as defined by meeting both of the following two criteria: you self-identify as a TCK and you experienced two international moves between ages 5-18.

- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

- This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Board (HSRB).

Purpose of Study

- The purpose of the study is to explore the experience of TCK psychotherapists in order to better understand the unique perspective that TCKs bring to clinical work and to increase the visibility of psychotherapists from a variety of cultural backgrounds in the mental health literature.

- This study is being conducted as a research requirement for my Master's in Social Work degree.

- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: to read and sign this informed-consent form and to participate in a single 45-60-minute audio recorded interview (in-person or via online videochat) in English which contains questions about your TCK identity and how it influences your clinical work.

Risks/Discomforts of Being in this Study

- There are no expected risks from participating in this study.

Benefits of Being in the Study

- The benefits of participation are the opportunity to help build solidarity and a body of knowledge around the unique experience of being a TCK clinician; personal growth via reflecting on the links between your TCK background and your clinical work in a structured way; and, contributing to furthering social justice within the mental health field by allowing for more diverse clinician voices to be represented in the clinical literature.
- The benefits to social work/society are: the opportunity to increase the voices of culturally diverse clinicians in the clinical literature; and, for the field of mental health to learn from the uniquely multicultural perspective with which TCKs approach the world.

Confidentiality

- Your participation will be kept confidential. Interviews will be held either via online videochat or in person in a quiet location that provides privacy. The interview location will be agreed upon in advance by both myself and you, the participant. I am the only person who will know that you are participating in the interview. In addition, the records of this study will be kept strictly confidential. If you consent, the interviews will be audiotaped. Only myself and a professional transcriber hired to transcribe the interviews will have access to the audio recordings. I will remove your name from the audio recording *before* I give it to the professional transcriber, however the transcriber will be able to listen to any other information you share during your interview. The professional transcriber will sign a confidentiality agreement before being given access to any research material.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2016. After that date, your information will be part of the thesis, dissertation, or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact me, Carly Inkpen at cinkpen@smith.edu or by telephone at ---------. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

………………………………………………………………………….

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

………………………………………………………………………….

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

2. I agree to be interviewed, but I do not want the interview to be audio taped:

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____