



Parkmore Institute

www.ParkmoreInstitute.org

Barnaby B. Barratt, PhD, DHS, ABPP

Director of Studies

Director@ParkmoreInstitute.org

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n of doctoral project material by...

Kristen Long

for the degree of...

Doctor of Psychoanalytic Studies ('DPsa')

Title of project:

Fractured Stories:

Self-Experiences of Third Culture Kids

Date submitted: 4th April 2020

Degree awarded: 1st May 2020

Faculty: Dr. Robert I. Wolf, Fellow, Parkmore Institute

Dr. Barnaby B. Barratt, Director of Studies

Dr.Long is hereby elected as a Fellow of the Parkmore Institute.

Material in this Document:

- ◆ Director's Commentary
- ◆ Doctoral Project ... Paper published accepted for publication in *American Imago*
- ◆ Dr. Long's Biosketch and Curriculum Vitae, 2020.



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www.ParkmoreInstitute.org

Barnaby B. Barratt, PhD, DHS, ABPP

Director of Studies

Director@ParkmoreInstitute.org

Kristen Long's Doctor of Human Sexuality

Title of project:

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Degree awarded: 1st May 2020

Mentors: Dr. Robert I. Wolf, Fellow, Parkmore Institute

Dr. Barnaby B. Barratt, Director of Studies

Dr. Long is hereby elected as a Fellow of the Parkmore Institute.

Director's Commentary:

A graduate of the *Institute for Expressive Analysis*, Kristen Long is a highly experienced psychoanalyst and expressive art therapist with a strong commitment to these methods. She has taught extensively in these areas, presenting at professional conferences and publishing on these topics. She has a particular interest and reputation for her work with the deaf community and with LGBTQI youth, as well as expertise on the intergenerational transmission of trauma. For her Doctoral Project, Dr. Long submitted her paper titled, "Fractured Stories: Self-Experiences of Third Culture Kids," which is published in a 2020 issue of the prestigious journal *American Imago* (the European predecessor of which was founded by Sigmund Freud). She was mentored by Dr. Robert I. Wolf, a distinguished Fellow of the Parkmore Institute and the Institute's Board of Directors congratulates Dr. Long on her impressive professional accomplishments, her dedication and her commitment to the communities she serves. The Parkmore Institute is honoured to award her the degree of Doctor of Psychoanalytic Studies.

Director of Studies, Parkmore Institute

Fractured Stories:

Self-Experiences of Third Culture Kids

Kristin Long NCPysA, LCAT, LP

The phrase *Third Culture Kid (TCK)* was used first by John and Ruth Useem, who were sociologists living outside the United States with their family in the 1950s (Pollock & Van Reken, 2009). They coined the expression *Third Culture Kid* to describe children from the United States who had parents working and living abroad, and defined these children as "...a person who spends a significant part of his or her first eighteen years of life accompanying parent(s) into a country that is different from at least one parent's passport country(ies) due to a parent's choice of work or advanced training" (Pollock & Van Reken, 2017, p. 27). These are children or young people with a parent or parents who are employed in world politics or within the State Department, who have parents who are doing business abroad, whose parent is partnered with someone from another culture, who grow up with a parent in the military, or whose parents are refugees. Over the years this definition has expanded and terms such as *Global Nomad*, *Displaced Nationer*, or *Cultural Hybrid* (Pascoe, Schaetti, & Bushong, 2006) are now used as well when describing children who are not strongly connected to just one explicit culture. In the 2001 edition of their book *Third Culture Kids*, Pollock and Van Reken (2001) added the term *Cross-Cultural Kid (CCK)* to describe children who were raised with a strong connection to at least two different cultures. Many TCKs speak multiple languages and their understanding of *home* includes a hybrid of several places throughout the world. The website Globally Grounded (2017) offers an extensive list with definitions of all the additional terms that have evolved to help describe children who are raised between cultures.

Because TCKs move from culture to culture prior to having the opportunity to fully develop their personal and social identity, they may have additional challenges relating to peers within their own ethnic or cultural groups. "Where are you from?" a common query between peers, evokes images from several countries and cultures, as youth grapple with the realization that they are existing between several cultures or countries, and yet have deep roots in no specific location. These children are exposed to a greater variety of cultural influences at an early age. Many American families will bring their children back to the United States after living abroad for a period of time. While the United States may be the child's passport country, they may not consider it 'home.' TCKs who come to the United States need to socially 'catch up' as they haven't been exposed to certain culture references. While they often share a common spoken language with their peers, they had such varied childhoods that there is no mutual reference point from which they can relate. This can cause additional stress in the late teens and twenties when people are more focused on partnering, careers, and overall life choices. Jeffery Jensen Arnett (2000) offers us a new lens to look at this age of development, referring to "emerging adulthood" as the period from 18-25 years old. He emphasizes that different cultures have varied expectations of this time period and, like all developmental stages, this period is "culturally constructed, not universal and immutable" (Arnett, 2000, p.470). Because TCKs are identified with numerous cultures, their emerging adulthood can also be filled with uncertainty as they work to develop a sense of personal identity through role exploration, often based on experiences from earlier life and their cultural encounters.

Young or emerging adult TCKs often describe having confused loyalties, which can make relationships challenging in unexpected ways. While most TCKs will return to their parents' home country (which may or may not be their passport country) at some point in their lives, to attend college or university, they tend to have developed their own sense of self while living abroad. Developmentally, this time period involves major steps towards self-actualization and requires understanding one's place in the world alongside

contemporaries. This leads to the added task of combining a 'home' culture within the culture of the places around them. TCKs tend to have more world intelligence than many of their same age peers. They have internalized beliefs and traditions from several different cultures, and this knowledge affects their actions and behaviors in ways that may be confusing to the adults around them (Crossman, 2016). They can struggle with interpersonal awareness and this is where therapy can play a crucial part in their ongoing growth and development.

One characteristic that has been noted for TCKs is that they tend to have an extended period of adolescence (Cottrell & Useem, 1999). We now consider the developmental stage of adolescence to last into the mid-twenties, so this period may be even more extended and complicated for TCKs. There are several challenging fluctuations these families face, broadly speaking, and research has shown that changes and transitions are especially difficult during adolescence (Mayberry, 2016). While TCKs have a greater sense of the world at large and often experience relationships from a more extensive framework, they may have a more difficult time developing a coherent sense of self, due to feelings of rootlessness and a challenge to identify where they really belong - a key stage of development in adolescence.

Ted Ward, a sociologist who observed and researched the lives of missionary families, stated in 1984 that these children would grow into the "prototype citizens of the future" (Bell-Villada, Sichel, Eidse, & Orr, 2011, p.32). In 2020, we are now living in that era, as more TCKs and their families are populating the globe as our world becomes increasingly transient. In 2009 the citizens of the United States elected a TCK for President. President Barack Obama, having been born in Hawaii to a White American mother and a Black Kenyan father, is probably one of the most famous TCKs. He is also of a multi-cultural/multi-racial background. He spent several years in Jakarta as a child and was so invested in his identity as a TCK that he filled his administration with other TCKs, understanding that they would share many of the same sensibilities having spent so much of their youth navigating between cultures (Van Reken, 2017). His book, *Dreams from My Father: A Story of Race and*

Inheritance (2004), describes his own process in understanding how his multi-culturalism lead to his own sense of identity.

In a therapeutic setting, creativity can help assist these children in understanding their varied, interwoven cultures as they begin to work on constructing a cohesive self-narrative. Numerous websites are dedicated to connecting TCKs from all over the world, and many include their poetry, their photography, and their personal stories as a way to share with others their understanding of their individual identity. Adult musical artist Sirintip, who self-identifies as a TCK, uses her greater world appreciation in her music by combining her experience with several cultures in her album "Tribus" (Sirintip, n.d). She states that it wasn't until she moved to New York City that she felt she could be "whatever she wanted to be" (Peavy & Shenoy, 2018), a sentiment held by many TCKs who find New York City diversity familiar and comforting.

From a psychological lens, the countless life and school transitions for these children can be particularly challenging. Relocating also means adjusting to novel, unknown support systems within a school and community. TCKs have the added stress of knowing that their home is temporary, that their current school placement may not be the class with which they graduate, and that, even with the benefit of social media and internet relationships, their friendships and connections will be challenged with distance. Kathleen Gilbert (2008), who researched grief and loss for TCKs and their families, writes about how the many transitions affect the overall sense of self for children and adolescents. She studied the loss of home and identity, as well as what she named the four P's: loss of person, place, pets and possessions (Gilbert, 2008). Ultimately a 'holding' environment for these young people must be quite malleable, in order to move along with them throughout the world so that the various losses can be processed and eventually understood throughout their lifetime (Winnicott, 1984).

In thinking about life stories, or personal narratives, clinicians often focus on the importance of validation. Again, many TCKs will have very different life experiences than their peers and extended family members, and often there is no shared memory of significant events as these milestones took

place in other countries, and sometimes in other languages. One TCK I see for therapy stated that their parents are "unreliable narrators" when it comes to reflecting upon the realities of their early life. Often children from such global families speak different or more languages than their parents, and there are events that are 'lost' in translation when parents narrate their child's life story. Within one family, temporality and cultural constructions of time can be constructed through different lenses and different languages, and the 'truth' of a child's history may be difficult to identify. Encouraging parents to be more curious about a child's experience can be more helpful than carrying on a struggle to identify the exact sequence of events and the one truth of a child's experience.

As a clinician working with adolescents and families, I started to notice more children in my New York City based practice that were TCKs. Working with families, I was curious about what draws parents into other cultures, and what effects this has on the children who had no choice but to go along with their family. Parents start their children along a pathway of intentionality, but when a child experiences so many disruptions and transitions, the child can grow up with a disrupted sense of temporality. This disruption is about not sharing the same sense of time as family members, and not having the same continuity as their peers, their siblings, or even their parents. I became curious about what enigmatic messages regarding race, gender, and sexuality were passed from these parents to their children who grow up with such varied backgrounds, and who are exploring these parts of their identity in cultures different than those of their parents. Children often report that they don't feel like their parents or extended family members share their sense of how they see themselves fitting into the world around them. They feel that their parents are more invested in telling them what *is* and less curious about their own understanding. Perhaps we can think about these disruptions through a Winnicottian (1960) lens; TCKs face the challenge of 'going on being' when they have parents who are not or cannot follow their life experiences.

Sebastian Junger, author of the book *Tribe: On Homecoming and Belonging* (2016), states, "self-determination theory holds that human beings need three basic things in order to be content: they need to feel competent at what they do; they need to feel authentic in their lives; and they need to feel connected to others" (p. 22). TCKs may struggle with two or three areas until they can move through young adulthood and develop a clearer sense of their own identity.

I was surprised it took me so long to discover that this experience has an official name: Third Culture Kids. Not only do I have family members who are TCKs, but many of my friends' children are growing up in other cultures, and these families are navigating the diverse experiences within their family system. New York City is a popular locale for adult TCKs to settle in their later years (Castro, 2009). The concept so aptly describes the phenomenon that so many of my younger patients face when transitioning back to their passport country of the United States. Upon further reflection, I also noted that several of my adult patients were TCKs during their childhood (ATCK). Being exposed to this concept has helped us, in therapy, to have a clearer frame for their own life narratives. The rest of this article will detail treatment facilitated with three TCKs, using expressive modalities. As a psychoanalyst trained in drama therapy, I will explore how creativity in the therapy process helped these TCKs form a more cohesive self-narrative that reflects their own life experience.

Reese¹

Reese moved to New York in the second semester of her school year. She grew up in the Middle East, speaks fluent Arabic, and went to an International School during the ten years she lived abroad. Her mother is European, and her father is from a small town in the south of the United States. While she was born in the United States, Reese and her parents moved to the Middle East when she was an infant. Reese learned to read, speak, and write in British English, but speaks with an American accent, having spent holidays with her extended

¹ Cases and images presented in this article are used with the express written consent of each patient and/or guardian. Case descriptions are de-identified composites of actual cases; names, locations, and other identifying information has been altered to protect the anonymity of the individual.

American family who also came to visit regularly for prolonged periods. When it was time for her family to repatriate to their father's passport country, the United States, her family reported to me that the transition was most challenging for Reese. When she started to attend her high school in New York, shortly after moving back to the States, she was teased for using words that sounded "snobby," but that were very much a part of her lexicology. She had traveled all over the world and reported to her parents that she was disappointed about transitioning to an American city, New York.

Reese was very open to therapy, and when we started treatment it was as if she claimed the therapy space immediately. She took charge and I rarely had to ask a question or offer a suggestion of a creative prompt to get us started. In an early session, Reese asked for art materials and drew a picture that she stated was a self-portrait (see Figure 1). I asked her to tell me more about her picture, and she said she often feels like she has no clear sense of herself and is left not knowing where she can store her ideas and her memories safely in ways that don't conflict with what her parents or friends say is true about her. She reported feeling "skinless" at times and described this as a sense of moving through the world constantly without anything holding her in place.

Figure 1. Reese, age 13, self portrait.

Figure 2. Reese, age 13, self portrait of her United States self.

She drew two more faces, one which is pictured above in Figure 2, and stated they were different parts of herself - one representing her European self, one her self from the United States, and one her Middle Eastern self. None are completed, because, as she stated, she doesn't feel she is able to be just one of these identities at any time as she is a "tri-cultural" being.

Later in treatment, she drew a picture of multiple hands extending out all over the page. She described this drawing as representing the hands from all over the world who reach out to help her when she is struggling. "They come

from all different places," she explained, and while they aren't often there in person, they are available over the internet, through text, or other social media sites. These connections were "lifelines" for Reese, who felt her friends from other parts of the world were more closely identified with her than her peers at school in New York.

Much of our work together focused on ways she could feel more internally integrated while moving around the world. She would often bring animal images into the creative process and focused on feeling like a snake who had to shed its skin for each new place she lived. We continued working creatively throughout her middle school and high school years, and she worked on her self-portraits and symbolic representations of her self-parts regularly, drawing through several large sketch books with mixed media. Before she left for college, she brought in an artist's drawing of a turtle, and this led her to realize that her idea of 'home' needed to be more united. She wanted her own shell-like container that held parts representing all of who she was and might be, so she would no longer need to shed her skin like her snake image each time she relocated. Using Daiso clay, she sculpted a beautiful turtle, with its head and legs peeking out of the shell, and named it "Jamila," explaining this was an Arabic word for *Beautiful*. She wanted to think of her transient life as beautiful and felt keeping Jamila in her dorm room might be a good reminder.

Reese, who kept in contact with me occasionally during her college years, has just finished her final year of university in the United States. She is currently doing an internship at a well-known financial institution, having majored in international business. Of course, there is a lot of the treatment that is not outlined here, but these select art pieces hopefully offer a sense of how creativity can be woven into therapy with TCKs as an attempt to integrate their sense of the world with their sense of self. During her first year at University, Reese created 'Zines,' which are personal magazines that are self-authored and self-designed. These small paper books are created from folded paper. They were photocopied in mass to hand out to friends and mail to family members. I was lucky enough to be on her mailing list, so I received them once

every few months. Along with her signature on the back of each one was a small drawing of a turtle named Jamila.

Mila

Mila's parents are both from the Middle East. They separated when she was four years old and divorced shortly after. Mila's extended families live in Europe and the Middle East, and she sees them most summers and during her school breaks. She and her two sisters go to schools in New York. She is fluent in Hebrew, French, Spanish, Italian, and English, and lived in six different countries by the time she was 15 years old.

Mila's mother reached out to me after Mila was caught smoking cigarettes in school. She was suspended, and during her suspension picketed the school, stating their "antiquated smoking rules" restricted her "personal freedom of choice."

Prior to starting therapy, Mila had expressed to her parents that she was feeling alienated from her peers, reported feeling depressed and missing her home and friends, and had started superficially scratching and eventually cutting her upper arm. Her parents shared this with me during our initial meeting and had already told Mila about having a consultation with a therapist. She was open to the idea and quite invested in getting started, as she texted me prior to meeting in person to find out what she could do to prepare for our first session. I encouraged her to just show up, and we would figure things out when we were in the room together. I didn't receive a response, and initially was worried I had put her off or that she was feeling rejected by my answer to her text.

Mila, though, was easy to relate to and was intrigued about therapy from the initial meeting. In our first session, she created a list all the countries where she has lived, as well as a detailed timeline of the years spent in each apartment, home, and school. We used this timeline repeatedly during our work together, often referencing a memory or experience with where she was living at the time. About six months into treatment, she recalled fracturing her wrist when she was a child by waking up in the middle of the night trying to turn on a

light switch so she could go to the bathroom. She described becoming frightened and disoriented, hitting the wall several times before becoming aware she was in a different bedroom - the one at her father's apartment - and the light switch was in that location at her bedroom in her mother's home. In many of the countries in which she lived, she had to travel between her mother's apartment and her father's, increasing the transitions two-fold in each location. At times her parents lived in different countries, so holidays were spent traveling to visit the parent with whom she wasn't currently residing. Other times, she explained to me that she was a "child of borderlanders," meaning she had parents who lived close enough to the borders of two countries that their identity overlapped with each place, and she went to a school in a different country than where she lived half of the time. I was aware of the confusion I had when listening to her, and how often we had to have her timeline in front of us as she recalled going to school in one European country while her father lived in another. At times her siblings were residing with a different parent than she was, which added to the fragmented quality of her personal familial experience.

She proudly reported that her first solo plane ride was when she was five years old. As we continued to discuss her intersectionalities, she strongly stated that she was a "Queer New Yorker," and felt that this identity best incorporated her "political, cultural, sexual, and self" beliefs. When I asked her to explain this more, she believed that New York City had the most diversity of any place where she had lived, and that she felt most connected to a city that had pockets of different races and cultures spread all around. She appreciated the freedom of speech the United States granted and seemed to have a plan to incorporate this into her personal and social politics as she grew older. Sexually she identified as queer, identifying as pan sexual, and firmly announced that she didn't have much interest in confining herself to any specific gender roles.

I was curious about her use of the word *home* during our first session, and in following sessions we started to explore what this word and concept meant to her. Less about an actual dwelling, home was about where her friends were

located. She reported a recent argument with her father, who challenged her idea that Instagram was her home (a topic that became part of a college paper in later years). I asked if she was open to showing her Instagram feed to me, and as we scrolled through her pictures I had the feeling that she was opening up her home to me - we were touring her online residence while sharing details about her relationships, her apartments, and her life over the last five years.

As we continued to work together, Mila's parents were concerned about what they referred to as her 'in your face' attitude and felt afraid that she was going to continue to get into trouble with her school. As the oldest of her siblings, they also worried that she was establishing a poor example for them. Mila was extremely well-spoken and could easily engage in topics ranging from world-politics to tax laws in the European EU. While she wasn't excelling academically in school, she scored high on all her standardized tests.

A few months into our work, after establishing and co-creating some trust and continuity in our sessions, I suggested to Mila that we work on an altered book. In expressive therapy, altered books can be a creative way for a patient to reflect upon their own narrative experience (Chilton, 2011; Cobb & Negash, 2010). A therapist offers a patient a variety of real, published books that they will use as raw material for their personal creation. The book they choose becomes the canvas from which they can create. Altered books can lend language to patients and provide a structure for people to impose themselves upon by playing with and revising the published material. The book literally and metaphorically contains or holds their new creations. This process allows for either the redoing of someone else's narrative completely, or pages can be used for refractive poetry (also called blackout poetry) where selected words on a page are crossed out and poetry is created with the remaining text. As a form of mixed-media artwork, these books revise the original appearance of a manuscript, creating something different. The created work becomes a new object to 'hold' one's narrative, in the way Benjamin (1988) describes holding as a way "to bear one's feelings without losing or fragmenting oneself" (p. 128).

Mila picked an old-looking book, with worn covers and weathered pages. As she paged through it, she started laughing, and announced she chose a book of apocrypha, and reported to me that she knew this was a book that contained writings that are not considered genuine. I smiled as she thumbed through the pages, and she said she already had ideas of how to get started. Mila said she loved the idea of taking someone else's unaccepted narrative and creating her own on top of and throughout it.

As she created, this book became the perfect container to hold her truth, and she worked on it for months. She talked about other people's memories, especially those from people within her family, and how they often weren't congruent with her own. She often felt her mother and father had a very different sense of who she was, and neither narrative felt like it captured adequately her identity. She was upset because they seemed to be frustrated with the parts of her that she most enjoyed - the Challenging One, the Defiant One, even the Queer One.

Below are some images from her book.

Figure 3. Cover and inner pages of Mila's altered book.

Figure 4. Collaged pages in Mila's altered book.

Figure 5. Mila's altered book.

Figure 6. Mila's altered book.

After working on the book for several weeks, Mila asked if I had an X-acto knife. I paused, which she noted immediately, and called me out for not trusting her, in reference to her past experiences with self-cutting. We talked more about this and had discussed many times in the past that we both knew I couldn't stop her from cutting, but I would try to help her find other ways to express herself. We had established a routine that when she felt like cutting, she

would text me to let me know. If I was free, we might talk for a few minutes about what she was feeling. If I couldn't talk, she would try to journal about her impulse. Her cutting was radically decreased by the time we were working on this book. She created the page below, see Figure 7. The center has been blocked out to protect her identity, as she boldly wrote her name across the page, claiming her sublimation by using a knife for the creation of artwork, not for self-mutilation.

Mila stayed in therapy until she graduated from high school, and then moved out of the city to attend college. As our treatment ended, she asked if she could leave her book with me, stating she may come back 'home' at some point to pick it up. She found a place for it on my bookshelf, took a photo of the cover, and added it to her Instagram.

Figure 7. Mila's altered book.

Oscar

Oscar is in elementary school and attends a dual language program. His mother was born and raised in Eastern Europe and his father was born in Africa but grew up in United Kingdom. They both work as teachers. Oscar has lived in New York City since he was born. His family travels during all his school breaks, and in July and August they move to Europe to be with his extended family. Oscar especially has a hard time over the summer as the family packs up their apartment to rent it out while they are abroad. They are considering moving to Europe for a year but haven't shared this with Oscar yet. Oscar does not have any siblings and, at the time of our first meeting, had started to tell his parents that he felt lonely much of the time and wished they didn't have to travel during all his breaks. He stated that he felt like he was missing out on time with his American friends and wanted to go to sleepaway camp over the summer, like his peers from school. In the initial phone call I had with his parents, they reported that he spent hours on his screens, often having a hard time separating from them when it was time for meals or bedtime. They thought therapy would be good for him so that they could start to help him with the

pending transition to Germany. His parents also admitted they were frustrated that he wasn't more connected to their cultures and that he seemed to be growing up as a "typical American kid" who was all about his screen time.

Initially Oscar was quiet during our sessions, and we played with some toys in my office while we got to know each other. During the first month of treatment, knowing that he loved computers and his parents' smart phone, I asked him to share with me what he likes to do when he is on his screens. Sitting together on my couch with my computer in his lap, he logged in to his Roblox account. This online platform has many gaming options, but all the games Oscar played involved creating his own avatar (a computer-generated figure that represents the person playing the game) and then inventing and interacting with the virtual world in which the avatar lives. Oscar spent hours in his online world - a supernatural high school where he participated in baking classes, gym class, and even in a math class where he could practice his multiplication tables. Oscar wasn't fully able to articulate why he preferred his virtual world to his 'real' one, but he did know he thought about it all the time and couldn't wait to get home from school so he could play.

Oscar was connected to many friends online, and while he never met them in person, he did chat with them while playing the game and knew where they lived and some details about their real lives. I understood his avatar and online community to be an electronic form of co-constructed, creative play. This form of story play is one that is accessible, visual, and accessed on a device that is attractive to most kids Oscar's age. Online fantasy worlds allow children to generate, strengthen, and play with and out parts of themselves that they may not have easy access to outside a virtual world. This seemed true for Oscar, whose Avatar had wings which made it easy to fly to places all around his computer-generated world. It was as if he created a new world, a new culture, because he was unable to fully navigate successfully the one in which he was actually living.

After a few months of meeting, I spoke to his parents and we decided to have some family therapy sessions that focused on helping the family play

together. They remained concerned about the amount of time he spent online, and I encouraged them to try to play with him more, both on and off the computer. Our first family therapy session involved everyone creating an avatar for the other members of the family. Each person was given a blank puppet without features or any body specifications, and access to lots of art materials. The family worked on their creations and then the avatars were presented to each other in a ceremony format, where Oscar was given the role of the Master of Ceremonies. The event was punctuated with music Oscar chose to play from his father's phone, and the feeling that was created was lighthearted and entertaining.

I spoke with his parents after the session, and they were surprised at how much fun they had - a reminder that playing with their child could enrich all their lives. We decided to continue to work as a family, and after we had the avatar puppets, everyone took turns creating a sculpture with the puppets that represented how they feel about their family. Oscar's puppet sculpture had his mom and dad avatars holding hands looking at each other, while Oscar's puppet sat with his back to them. Puppets, like avatars, are creative stand-ins for the patient, allowing them aesthetic distance while still representing the essence of the self (Landy, 1983). This symbolic medium allows for feelings to be expressed, often ones that can be hard for a child to access directly and verbally. In the same way Oscar's online avatar had wings to help him navigate the world with freedom and ease, his family puppet demonstrated the distance he can feel when alone with his parents.

We took a pretend photograph of the sculpture, securing the image in our minds so we could access and refer to it in later sessions. As our family sessions continued, I also added a few parenting sessions. The sculpture image helped his parents to better understand Oscar's presenting problem: "I feel lonely". His parents wanted him to feel more connected and, through ongoing sessions and collaboration, realized that they needed to become more a part of his American culture just as they had each needed their cultures to be a part of him. Oscar and his family are still in treatment and we incorporate his online

fantasy world in his real-life play, bringing aspects of the created, distanced game world into his family sessions.

Summary

Stories and narratives are ways to make sense of the world, and eventually of one's sense of self. Offering a patient various, creative ways to express their internal conflicts leads to more poignant self-reflection. This encourages the child or adolescent to mature, discover and eventually empower themselves on a deeper level. In therapy, Reese, Mila, and Oscar were all able to imaginatively express their feelings of multi-culturalism and of the distinctiveness of having multiple lenses with which to understand themselves. They shared the experience of needing to build their own narratives, as well as a platform to question the narratives laid out for them by their families. When we allow creativity to be part of the treatment for TCKs, we can help make their pre-verbal and unformulated experiences more accessible to their caregivers, their families, their friends, and to themselves. As a drama therapist and expressive arts psychoanalyst, I make a point to not analyze someone's artwork and creative process, but rather to vocalize what the patient(s) and I are noticing, both in creation and process, to eventually move primary expression into verbal language. While not all creative processes need to be spoken to so that they can be psychologically worked through, our society does privilege spoken language and this process helps those around our patients better appreciate, validate, and understand their unique experiences.

The transference to the therapist is ultimately part of my work, but my role as therapist is more about observing the projected parts of a patient's self - working to notice these parts when they are projected onto and into materials, like books, stories, computer games, or play objects. While the transferences between patient and therapist are affecting what happens in the room, my interest with these case presentations is more about the work between the child and their creation. Playing through unformulated experiences frees parts of the self that may have been stuck prior to the creativity, allowing for

healing and repair (Irwin, 1998). TCKs, like all adolescents, are managing role experimentation and have a continually evolving sense of their own identity (Erikson & Erikson, 1998). They come from many worlds, and in the transferential space my hope is to provide them with a choice of where they want to live while in the therapy room.

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Dr. Kristin Long : Biosketch

Dr. Long is a drama therapist and psychoanalyst with a full-time private practice in New York City, working with children, adolescents, families, and adults.

As a graduate of the *Institute for Expressive Analysis*, she currently serves as Public Relations and Membership Chair on its Board of Directors. She is also a faculty member/supervisor at the Institute and where she teaches classes on the therapeutic use of the body and expressive analysis with children and adults.

She has taught expressive therapy for children at *New York University's* Gallatin School of Individualized Study. Dr. Long also has trained as an EMDR therapist and has a specific interest in the transmission of intergenerational trauma. She has presented nationally and internationally on the importance of attunement within relational dyads and has co-authored several writings about best practices in the mental health community with LGBTQI youth.

Currently Dr. Long is co-editing a book on the use of the creative arts therapies with the young LGBTQI population—a topic on which she has presented at professional conferences around the United States.

Kristin Long MA, RDT/BCT, NCPysA, LCAT, LP

222 West 14th Street 6C, New York, NY 10011

klongnyc@gmail.com (212) 982 1065

Curriculum Vitae : 2018

Licensure

New York State Psychoanalytic License: 000878 Expires 11/30/2020

New York State Creative Arts Therapy License: 000360 Expires 11/30/2020

Additional Accreditation

Registered Drama Therapist (RDT) by the North American Drama Therapy Association (NADTA),
RDT #200

Board Certified Trainer (BCT) by the NADTA, BCT #55

Nationally Certified Psychoanalyst (NCPysA) by the National Association for the Advancement of
Psychoanalysis (NAAP)

Education

The Institute for Expressive Analysis, New York, NY Certificate in Psychoanalysis 2010

New York University, New York, NY (Drama Therapy) M.A. 1997

Indiana University, Bloomington, IN (Majors: Special Education and Psychology) B.A. 1995
(Minor: Spanish)

University of Seville, Seville, Spain Fall Semester Study Abroad Program 1993

Post Graduate Teaching Experience

New York University, Gallatin School of Individualized Study, New York, NY

- Expressive Arts Therapy with Children and Adolescents Spring Semester 2013

The Institute for Expressive Analysis, New York, NY

- Final Paper supervisor Spring Semester 2017
- Continuous Case Seminar Fall Semester 2016
- Bodies in Analysis: Exploring Subjectivity and Relationality Spring Semester 2016
- Expressive Analysis with Adolescents Fall Semester 2013
- Expressive Analysis with Children Fall Semester 2012

Select Clinical Work/Volunteer Experience

Private Practice, New York, NY 2002 – Present

- Psychotherapy/psychoanalysis/family therapy services provided for parent/infant dyads, children, adolescents, and adults.
- Provide supervision and consultation services for graduate and post graduate therapists.
The Institute for Expressive Analysis, New York, NY 2010 - Present
- Faculty member and clinical supervisor for analysts-in-training.
- Serve on Board of Directors as Public Relations Chairperson.
- Serve on Education Committee.
- Provide coverage and complete referral intakes for the Director of the Consultation Center.
- External examiner for M.A. students completing their coursework and research report in Drama Therapy, University of the Witwatersrand, Johannesburg, South Africa 2015 – Present
- The North American Drama Therapy Association, Albany, NY (volunteer)
- Serve on the New York State Licensure Task Force. 2009 - 2016
- Serve on the Training Review Committee. 2010 – 2016
- Served on the Board of Directors as Communications Chairperson. 2001 - 2005
- Editor of *Dramascope*, publication for the NADAT community. 2001- 2005
- Program Chair for the national conference in Westchester, NY. 2001
- Girl Be Heard, New York, NY (volunteer) 2011 – Present
- Provide in-service trainings for staff members and teaching artists on topics such as vicarious trauma, relational trauma, time-management, relaxation, and maintaining positive self-care.
- Chair the volunteer therapy panel, which provides low fee or pro bono therapy services to staff and program participants, Baby Fingers, New York, NY 2001 – 2010
- Taught American Sign Language to pre-lingual infants and their parents/caregivers through music and drama. Focus was on helping to create a secure attachment between parent and child through the use of non-verbal communications, St. Vincent's Hospital, New York, NY 1999-2007.
- Facilitated drama therapy and verbal psychotherapy groups for children, adolescents, adults and geriatric patients on all in-patient psychiatric units, St. Vincent's Hospital, NYC.
Responsible for initial assessment, case management and daily participation in hospital rounds.
Coordinated volunteer program and creative arts therapy student program.
Supervised and evaluated drama therapy, art therapy and occupational therapy students, and volunteers.
Provided coverage for discharge planner, creative arts therapist and social worker as needed.
Facilitated family meetings with psychiatrists.

Additional Training

- Weekly psychoanalytic study group with Adrienne Harris, PhD. 2010 - Present
- EMDR Certificate of Completion through the Parnell Institute (Levels I-III). 2014 - Present
- “How the Body Releases Trauma and Restores Goodness” workshop with Peter Levine 2016
- Weekly “Baby Watching” group focusing on infant and caregiver attachment styles with 2012 – 2014

with Beatrice Beebe, PhD.

- Participated in monthly peer supervision group for practitioners working with LGBTQ populations, 2005-2014
- Certificate of Completion from New York Society for the Deaf for American Sign Language training. 2000

Publications

Beauregard, M., Long, K., Adolescent Group Drama Therapy. (accepted, publication pending).

Beauregard, M., Long, K., Attuning to the Needs of LGBTQ Youth: Trauma, Attachment, and Healing Relationships. (accepted, publication pending.)

Long, K. (2017). Hitting Home. *Psychoanalytic Dialogues*, Vol. 27, Issue 3.

Long, K., McKechnie, B. (2008). "No Time to Say Hello, Good-bye": Drama Therapy with Children on an Inpatient Psychiatric Unit in *The Use of the Creative Therapies with Survivors of Domestic Violence* (Brooks, S.). Springfield, IL: C.C.Thomas.

Long, K., Weber, A.M. (2005). Through the Eyes of the Children and Therapists: Drama Therapy During and after 9/11" in *Clinical Applications of Drama Therapy in Child and Adolescent Treatment* (Weber, A. M., & Haen, C.). New York: Brunner-Routledge.

Long, K., Orr, K. (1997). An Abstract of "The Creation of a Projective Assessment Instrument Using Role Theory: Roles Within the Context of Culture." In *Violet Visions* (p.37-39). New York: GSO.

Long, K. (1997). *Drama Therapy with Deaf Adults with Mental Illness: A Hearing Therapist's Perspective* (Master's thesis). New York University.

Select Workshops, Lectures, and Presentations

Consultation & Collaboration with Psychiatrists: Managing Your Clients' Varied Needs with Palyo, S. Expressive Therapies Summit, New York, NY, November 15th, 2017.

The Story of Their Lives: Helping LGBTQ Youth Create a Coherent Self-Narrative with Beauregard, M., Expressive Therapies Summit, New York, NY November 14th, 2017.

Collapsed Temporality: Occupying the Same Place and Time International Forum for Psychoanalytic Education (IFPE) 2017 Time conference, Fort Lauderdale, FL, November 10, 2017.

Attunement: Our Most Basic Tool NADTA national conference, Davners, MA, October 29, 2017.

How to Navigate a Young Person's Mental Health Mentor, NYC 2017 conference., October 24, 2017.

Creative Therapies for Early Adolescent Patients with Deats, K., Palyo, S., and Nanda, S..

17th International European Society on Child and Adolescent Psychiatry Annual Meeting, Geneva, Switzerland, July, 2017.

Finding Friends, Seeking Help and Understanding Trauma: Building Relationships Through Awareness with Beauregard, M. The NYC Department of Youth and Community Development's Conference.

Friends Helping Friends: In Recognition of Runaway and Homeless Youth Prevention Month, November, 2016.

Improving Family Attunement at Home and in Treatment through Expressive Therapy with Palyo, S.

Expressive Therapies Summit, New York, NY, November, 2016.

What Happened Just Now?: Listening to Relational Trauma with Haen, C. Listening to Trauma: Insights and Actions Conference, ISTSS, Washington, D.C., October, 2016.

Attuning to the Needs of LGBTQ Youth: Trauma, Attachment and Healing Relationships with Beauregard, M. The NYC Department of Youth and Community Development's Conference, Healing the Hurt: Restoring Hope after Trauma, New York, NY, June 20, 2016. Also presented at the NADTA Eastern Region Symposium, June 2017.

Working with Parents: Attunement, Attachment, and Play with Kanazawa, M. The Association for the Study of Play Conference, New Brunswick, NJ, March 2016.

Treating Parentified Children of Divorcing Parents: Understanding Attachment and Attunement with Palyo, S. Expressive Therapies Summit, New York, NY, November 2015.

Who Am I to Run a Business?: Stepping into Private Practice with Haen, C. NATDA national conference, Westchester, NY, October 2015.

Treating Parentified Children of Divorcing Parents: Understanding Attachment and Attunement with Palyo, S., 16th International European Society on Child and Adolescent Psychiatry Annual Meeting, Madrid, Spain, June 2015.

Live supervision - Presented case on intergenerational trauma for review by Faimberg, Haydée. Moderated by Harris, Adrienne. New York, NY, January 2014.

Preparing for the New York State Psychoanalytic Licensing Exam Panel discussion hosted by IEA, New York, NY, April 2013.

From Bullying to Belonging: An Adolescent Journey Expressive Therapies Summit, New York, NY, November 2013.

Donnie Darko, Facebook and Blue Suede Shoes; An Exploration of Relatedness with an Adolescent Client IEA Scientific Meeting, New York, NY, May 2010.

Talking About My Generation: Exploring Generational Differences in Supervisory Relationships with Conover, J. NADTA national conference, Chicago, IL, November 2010.

Private Practice for Creative Arts Therapists: From Start to Success NADTA national conference, 2006.

Fundamentals of Drama Therapy: An Introduction NADTA national conference, 2005, 2006.

Big 'D' Little 'd' – What Does All This Mean For Me? An Introduction to Deaf Culture and Using an Interpreter in Mental Health Setting NADTA national conference, 2005.

What IS Drama Therapy? School of Visual Arts, New York, NY, 2005.

Assessing and Addressing Mental Health Issues School of Visual Arts Residential Advisor training, New York, NY, 2003-2006.

Group Dynamics: Making Way for the Special Education Child PowerPlay Training, Bushwick, NY, 2003, 2004.

Recognizing Signs of Stress in Children Project Liberty Workshop offered throughout schools in New York, NY. 2002, 2003.

Shattering the Silence: Drama Therapy with Deaf Adults with Mental Illness NADTA national

conference, 2001.

How Sturdy Are These Walls? Measuring and Maintaining the Therapeutic Space in an Environment of Disorder NADTA national conference, 2001.

Ordering the Chaos: A Process Group for Drama Therapists NADTA national conference, 2000.

Rebuilding with Drama Paul M. Hodgson Vocational Technical High School, Newark, DE (following outbreaks of violence at the school), 1999.

Professional Affiliations

- Member of the International Association for Relational Psychoanalysis and Psychotherapy (IARPP).
- Member of the National Association for the Advancement of Psychoanalysis (NAAP).
- Member of the American Psychological Association (APA).
- Member of the North American Drama Therapy Association (NADTA).
- Member of the Institute for Expressive Analysis (IEA).
- Member of the Parnell Institute (EMDR).