

Expats & Immigrants

i-psy

Dr Carl HD Steinmetz, Director of Expats & Immigrants BV and EMDR Therapist at i-psy, explains why intercultural psychiatry is so important in the 21st Century and how i-psy has the potential to enhance the mental wellbeing of people throughout The Netherlands

To start, could you provide an outline of i-psy's and Expat & Immigrants' history and objectives? What services are available through i-psy?

i-psy started quite some time ago and, at that time, was one of the first outpatient immigrant organisations. i-psy centres are now spread across the country and nearly all the workers are themselves immigrants, providing psychiatry and therapy for expatriates and immigrants from Morocco, Turkey, Surinam and South America. i-psy is also part of a larger mental health organisation called the Parnassia group, an organisation which seeks to care for the growing immigrant population.

Expats & Immigrants started recently and is dedicated to coaching, advice and research to those in the twilight zone – a place neither here nor there. Expats & Immigrants is situated in Amsterdam and works for commercial firms and individuals, and the consequences of their new position on daily life. Although this can present adventure, opportunities, and the potential to mourn and refuel through connection with their family back home, it can lead to a broken extended family and exclusion in social life (relations, norms and values), health, education and labour.

How is i-psy working to provide psychiatric care to immigrants?

With immigrants you always start with the genogram – asking about family members and creating a list of their ties – before asking more sensitive questions regarding educational background, life events and past trauma.

The chance of successful immigration is much smaller for children under 12 and adults over 50. In the young, this is mainly due the remaining strength of attachment and 'collective society'. Unlike Western society, which has a culture of autonomy and independency, non-Western cultures rely on concepts of connectedness and interdependency.

Are you engaging with policy in any way; or does policy impact the work you do?

To give you an example, I had a client from Iran who became a political activist after years of abuse from his father. He was thrown into jail in Tehran, subjected to torture and then fled through Istanbul in the back of a truck. When he came to The Netherlands he went to an asylum centre which was essentially a prison. It is in these situations that we see the effects of policy.

We also have an anti-immigrant party in The Netherlands and various types of exclusion. For instance, a Turkish man who wanted to be a partner in a major consultancy business was denied because of his cultural background. Even if you have a diploma from your country of origin, immigrants often end up in lower paid jobs.

The problem is that mental illness is often provoked by the external problems – work, home and social life. I object to the titles immigrants are given as 'highly skilled expats' or part of the 'cheap labour force'. All Western countries have these types of problems; however The Netherlands is less multicultural than say the UK. In Amsterdam segregation of culture is more common.

Who is helping to influence the direction of Expats & Immigrants and i-psy?

As Professor Steven Pinker once said, we are in an era of "global human consciousness". Pinker, who gave a TED talk on violence in 2007, said society will become more peaceful only if we act collectively. As such, we apply this mantra to encourage empathy. Also, Professor Marleen Temmerman who investigates violence in women and girls believes we have a lot to learn from techniques found in third world settings. We will look to these nations for advice and work to improve the effectiveness of i-psy.

Can you describe your background? What does your current position entail?

I was born into an environment of tropical rains, exotic smells, rustic markets and familiar faces. My mother's family (of Armenian, Turkish and Iranian descent) fled centuries ago to the south of India before arriving in Java, Indonesia. My father (of German descent and a Professor of Physics) set up the University of Medan, in Sumatra until the first President Sukarno extradited all Dutch settlers. The University operated under an Indonesian flag but my parents were close to Sukarno and were allowed to stay.

When I was 10 years old I came to The Netherlands and my whole world changed. I was away from friends in Indonesia and in unfamiliar territory. I spoke Dutch, but not the modern dialect that all Dutch school children knew. I was bullied and ostracised. My father suggested I take up boxing to learn self-defence and gain confidence and I never looked back.

I studied psychology and maths at Leiden University where I had at a Moroccan professor. He inspired me to head to Africa to conduct research. I subsequently went to the Research Centre of the Ministry of Justice and I worked with Professor Dr Jan van Dijk, who became a Nobel Prize winner recently. In that time we set up the Dutch victim assistant schemes all over The Netherlands, alongside a number of UK collaborators. I also worked on big data analysis and accidentally founded a new type of theory – the opportunity theory. After that time I worked for the Canadian government for the Ministry of Internal Affairs, on a topic that I am still very fond of, community prevention (the notion that every neighbourhood should take responsibility of those who are disabled, mentally sick or criminal). In Canada I also worked as a visiting professor for the British Columbia University in Vancouver on the subject of comparative victimology.

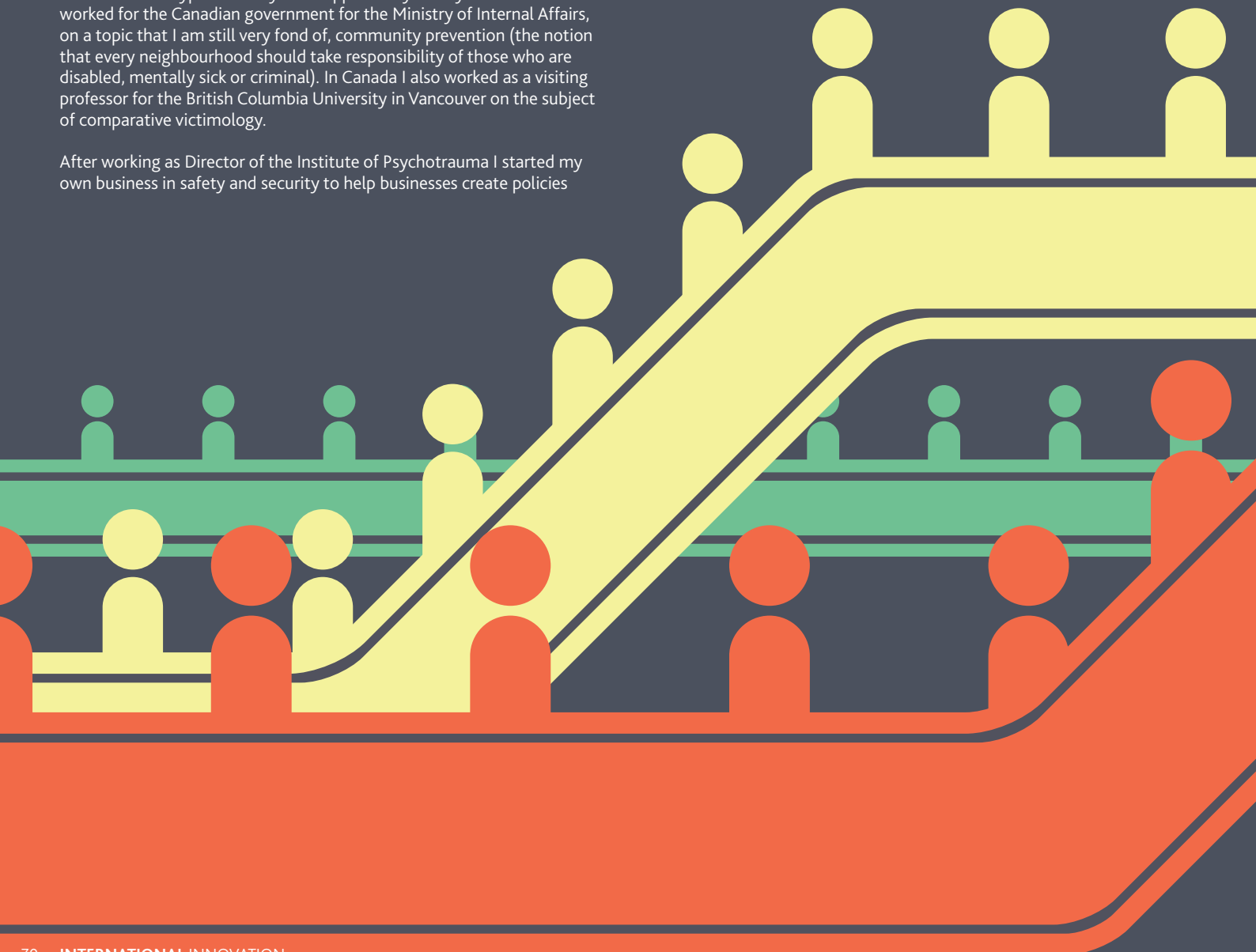
After working as Director of the Institute of Psychotrauma I started my own business in safety and security to help businesses create policies

against aggression and violence in the workplace. I put the knowledge I had gained into setting up coaching systems for kids.

When I decided that I should set up Allekleur (now i-psy) in 2008 I was seeking to improve the position of immigrants in The Netherlands. I paid them home visits and discovered how hospitable and welcoming they were. Mothers revealed their daughters weren't being treated fairly at school and were unable to succeed. I learnt a lot during this period.

What does the future hold for i-psy and Expats & Immigrants?

Mental health agencies are in a great position to improve the opportunities of education, working life and wellbeing for society. In the field of psychology and psychiatry, we are now starting to study the 'language of distress' as people from other countries experience different forms of language in order to explain their complaints and problems. We try to learn more about stress language so that we can relate to our clients. If we can talk on their level there is a bigger chance we might be able to treat them. I also hope to work on treatment effectiveness and will no doubt undertake therapy research in the near future. The same is true for commercial businesses with many expats working for them. They deserve less alienation in The Netherlands.



A group mentality

Dedicating his career to exploring the intricacies and complications of immigration and expatriation, Senior Therapist in EMDR **Dr Carl HD Steinmetz** has made significant progress in the systemic treatment of mental illness

Could you outline the main aims and objectives of your ongoing research?

My research concerns the position of immigrants and expats in the area of health, education, work and exclusion, with special attention paid to family violence among these groups. Ultimately, I look to assess and improve the effectiveness of the Extended Family at Stake approach.

In the context of the extended family, what is transcultural intake?

Transcultural intake means an intake that, on top of the regular *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* definition, considers the immigration history of a client; their genogram; the relation between their biography and the immigration history (if relevant) and the consequences of immigration for the extended family. Recently we also considered the Idioms of Distress to determine how members of sociocultural groups convey affliction.

Professor Çiğdem Kağıtçıbaşı has played a significant role in directing your research. What theory, in particular, has influenced your project?

Over the course of 30 years, Kağıtçıbaşı developed a universal theory about the functioning of nuclear and extended families. Key questions in her research asked: What is the family structure? What is the function of a family structure and how does it develop? What are the implications of an extended family for parenting and growth?

She distinguishes three models:

1. Family model of total mutual dependency

This occurs in poverty-stricken areas of the non-Western world and rural areas. Children contribute to the family income and ensure the care of elderly. Since own interest prevails extended family interest, independency and autonomy of children is undesirable.

Characteristics of the self (identity) that develops during the first seven years of life are connectedness and dependency so, in raising children, obedience is central.

2. Family model of independency

This is typically found in middle class nuclear families of the Western world. Central to this theory is the idea that a human being can only develop oneself via separation-individualisation; socioeconomic wealth frees even dysfunctional families from mutual dependency. Intergenerational independency occupies an important position in this model. In raising children, the development of self-conscious, self-sufficiency and autonomy is central. As the elderly have their own income in this archetype, children are more liberated.

3. Family model of psychological/emotional dependency

If socioeconomic wealth in the non-Western world increases, psychological and emotional dependency increases too. Material dependency fades if socioeconomic wealth increases, contrary to expectation. Therefore, children are raised according to the principle of autonomy in combination with connectedness and structure.

As a result, connectedness is seen gradually as a higher good than competitive performance. The assumption is that a family model knows how to combine connectedness with autonomy for greater human development. The family model of independency only satisfies the need to be autonomous and denies the need for connectedness. Conversely, the family model of mutual dependency satisfies the need to be connected at the expense of autonomy.

I am applying her theory (Self and Family Change Model in Acculturation Context) since immigration and expatriation implicates a cultural contact between the culture of relatedness of Expats and Immigrants originating from collectivist societies and the culture of separateness of the individualistic dominant culture.



The second-generation expats and immigrants expect from their children close relations with their family and they also endorse autonomy that is adaptive in school.

At present, what stage are you in your investigation? Have you made any exciting breakthroughs?

At present our investigation is putting the Extended Family approach in practise.

In using rather simple interventions, the approach has managed to have an enormous impact on even major depressive states experienced by clients. This 'proves' that depression, anxiety and panic attacks – in this instance – are circumstantial; the result of both immigration (the break-up of the extended family) and exclusion.

Beyond the three cultures that you currently explore, do you have plans to extend the reach of this model?

I am not only working with these three cultures. I also work with Afghan, Turkish, Moroccan and Suriname immigrants in The Netherlands. Here, we plan to apply the Extended Family approach to address taboos and family violence. and everyday situations.



Extending family relations

By offering support and advice to new cultures in The Netherlands, **Expats & Immigrants** and **i-psy** are embracing the family values that are instilled on the individual to foster effective healthcare

NON-WESTERN IMMIGRATION and expatriation so often equate to adventure and a new life, but also instability and loss of collective identity. Separated from familiar topography, possessions and relationships, immigrants in particular undergo anxiety, mourning and a period of readjustment. Adapting to a new homeland is a difficult process and the individual has to cope with not only a new language, but also new employment and interpersonal experiences.

Depending on the situation, their former home is temporarily or permanently abandoned. Motives for immigration and expatriation are numerous, although they include: escaping from a great danger such as genocide, (civil) war, prosecution, political unrest and poverty or marriage/family reunification. But, as is often the case with expatriates, it can also create a new opportunity by fulfilling a dream or ensuring a child's future.

It is often the men who immigrate first, carrying nothing more than a backpack. They immigrate alone or sometimes with other male relatives to search for work and send money back to their family. These men function as 'money makers', laying the foundations for reunification with their wife and children and other family members by saving income and restricting spending. While immigrant families may eventually become large (up to 42 people), they often remain dispersed – some staying in their country of origin, others in their current country of residence.

As is to be expected, these life-changing events can present a number of mental health challenges. With 1.7 million immigrants entering into the EU (from a country outside the EU-27) in 2011 alone, this potentially represents a significant percentage of the continent's population under threat from mental illness. Requiring an empathetic and systematic approach to resolve such a concern, Dr Carl HD Steinmetz, Director of coaching company Expats and Immigrants and senior therapist in eye movement desensitisation and reprocessing (EMDR) of mental health company i-psy in The Netherlands, is keen to address the transition phase and wellbeing of expats and immigrants.

TRANSCULTURAL MENTAL HEALTH CARE

Previous studies have shown that immigrants from Turkey to the US experience more psychiatric disorders than indigenous people. Immigrants from Turkey (a 'we' culture) run a higher risk of psychiatric disorders in the US (an 'I' culture). Nonetheless, a traumatic event will have varying levels of resonance depending on age. Young children (under 12) and the elderly (over 50) are most vulnerable to lasting mental illness or destabilisation. The depth of attachment to their native surroundings is more significant during these stages of life; however the degree to which they are affected depend on the level of choice in leaving and the magnitude of difference between the two places of residence, among other factors.

Safety is threatened as links of environmental, perceptive and idealised experiences are broken. Without a familiar environment and interaction, norms, values and mental health can break down. "Most immigrants believe they can cope with this terrible feeling of loneliness and alienation because they will return. If they fail there is always a way back to their motherland," explains Steinmetz. Unfortunately, this is not always the case.

In a new environment, children teeter between two worlds: namely that of parental/family life and that of nation and school/work. Two languages are practiced, at home the mother tongue and at school/work the local language. Immigrants therefore live in two distinct, and often confusing, worlds.

For the elderly, their motherland remains in their heart. They live with solidified images of their former climate, and the sights and smells of their previous life. This can be an upsetting realisation, although unfamiliar surroundings can encourage bonding between family members who have immigrated, with elders often educating the younger generations about their homeland. This practice promotes obedience and interdependency of the extended family and the continuity of identity. Specifically, the connectedness and interdependence that extended families provide leads to security and the satisfaction of basic human needs.

LIFE BLOOD

The premise of Steinmetz model, known as the Extended Family at Stake, lies in the notion that the 'blood vessels' of an individual run through each of their family members. Decisions, mental pictures, norms and values, feelings, thoughts and concrete behavior are all the result of the collective 'we' identity. In a setting such as Africa for instance, premature death is more common. With a large family, the parent(s) can feel assured that there will be a relative to adopt their children if they become orphaned; this is not the case if they are far from home. Therefore, as Steinmetz explains, his mission is to reconnect these loses in a foreign setting: "Key interventions of the Extended Family at Stake are building bridges and connecting the isolated parts of the extended family". In recognising this significance, he has worked to rectify social, economic, psychological, somatic and psychiatric incongruence.

Currently, the model provides numerous support mechanisms and 'systemic therapies' to immigrants and expats from non-Western cultures like Turkey, Morocco, Afghanistan and Suriname in The Netherlands, and takes a multi-step approach. First transcultural intake and psychoeducational aspects of the extended family are explored. Next a genogram – a family tree with hereditary patterns and psychological behaviours that link relationships – for each culture can be devised by defining key figures in the extended family and identifying the sources or power. An intervention plan can then be prepared and implemented over the course of three extended family meetings. During the meetings taboos like promiscuity, family violence, honour etc. are discussed, as well as the need to educate children and improve the position of women and elderly. In doing so, a tailored reunification plan with the family can be proposed and put in to action and disintegration can be repaired. Ultimately, happy events can be reinstated and the aforementioned problems can be solved.

REPAIRING TIES AND ACCULTURATION

Immigrants and expats recover through a powerful connection and independency with fatherland

Steinmetz has worked to rectify social, economic, psychological, somatic and psychiatric incongruence

norms such as government procedures, labour facilities and biculturalism. While it is important not to isolate these groups from society in their new setting, it is key to reconnect the family through communication instruments that the Extended Family at Stake offers, such as regular Skype sessions, international phone calls and regular house visits. Although it cannot compare with physical connection, it goes some way to minimising the negative impact such a transition can have.

Over time, a whole village from East Turkey, for instance, may move to West Amsterdam since more nuclear families of the same region immigrate there. This homoethnic society brings family ties, established places of worship and freedom from loneliness and alienation. Once a sub-community is founded, it becomes easier for non-natives to 'acculturate'. Acculturation is the whole process of change experienced by two cultures in contact with each other for a considerable period of time. Acculturation of non-Western immigrants in The Netherlands proceeds via contacts of the extended family with Dutch people, language and culture, and demonstrates that if immigrants and expats maintain structured and 'cozy' contacts with the indigenous people, they partly identify with the locals and are prepared to adopt their culture.

Due to globalisation, this trend is only set to continue. Without the right tools those who seek solace from a new country may face hardship and illness. Alternatively, by reconnecting bonds and encouraging initiatives such as those proposed by Steinmetz, the health of the individual and the strength of the family will remain.

INTELLIGENCE

NON-WESTERN IMMIGRANTS, EXPATS AND THEIR EXTENDED FAMILY: REFUELING BLOOD VESSEL CONNECTION AND ADAPTATION

OBJECTIVES

- To define key figures in the extended family
- To investigate the sources of power of the extended family
- To prepare an intervention plan for three extended family meetings, implement interventions and evaluate the best option
- To promote transcultural intake and psychoeducation

PARTNERS

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i-psy

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CARL HD STEINMETZ received his PhD in clinical psychology (assistance for victims of serious crimes) in 1990 from the University of Utrecht, The Netherlands. Steinmetz is a member of both the Patient and Justice Foundation and the World Society of Victimology. In addition to his responsibilities as Director of Expats & Immigrants and I-psy and Jongeren aan Zet (Foundation Youth in Charge).



SAHAR'S EXTENDED FAMILY

Sahar's family had been in The Netherlands for several years when, one day, her teacher called them in because Sahar was having problems; she was ill regularly and had trouble concentrating. Even so, the teacher said that she was smart and creative, and should think about applying to an art academy.

It was only once they returned home that her father showed his anger. He had not liked the criticism, nor did he like the idea or his daughter pursuing an artistic career. He blamed Sahar's mother and school friends for her Western ways.

As things escalated, Sahar's mother called her sister, who was living in Germany, for advice. She knew that her sister had had similar problems with her own teenage daughter. The entire family arranged a Skype meeting to talk things over.

They learnt that in Germany, their niece had been behaving better since her parents had loosened their restrictions. They discussed the differences between Afghanistan and the West, and recognised that they all had to adapt and compromise to make each other happy.

Afterwards, the entire extended family felt closer and agreed to visit each other soon.