Annette Streeck-Fischer¹,*

¹Department of Clinical Psychology, International Psychoanalytic University, Berlin, Germany

Abstract: Background: Much of the literature on adolescent refugees has focused on their experiences of trauma, and trauma-focused psychotherapy has been emphasized. In addition to having experienced trauma, adolescents with refugee or migration backgrounds are confronted with distinct challenges in the process of identity formation. These problems result from the normal processes of identity formation and restructuring during adolescence (the so-called second individuation phase) complicated by their transition from their culture of origin to the new culture. This process has been called a third individuation phase. These teenagers live on the border between two worlds and are called borderland adolescents.

Methods: This paper describes the developmental processes of young migrants, using case examples to illustrate how the migrants’ experience affects development, particularly identity development.

Discussion: Splitting, which is part of normal adolescent development, also occurs during the process of adaptation to a new culture. Although the process of splitting can support the integration into the new culture, it can also lead to dangerous polarization with borderline features. It is important to take this into account in psychotherapeutic work with borderland adolescents.

Keywords: Adolescent refugees, psychotherapy, post-traumatic stress disorder, entortung, narcissistic system, cultural adolescence.

1. INTRODUCTION

From 2015 to 2016, more than 1 million refugees came to Germany, including many unaccompanied minors (476,649 asylum petitions - first and following petitions- in 2015 and 745,545 asylum petitions in 2016 have been registered); 42,309 - out of 60,000 - young people under the age of 20 have been taken into care and placed in 2015.¹ These conditions have been and still are an enormous challenge for all German inhabitants and are the reason for divisions in society.

Child and adolescent refugees, especially unaccompanied minors, are at high risk for mental disorders. The results of the German KiGGS study (2008) indicate that both low socio-economic status and migration background are risk factors for mental disorders in children and adolescents. The percentage of mild to serious psychosocial problems in migrant children (21.3%) is almost as high as the percentage in low-status families (23.2%). Adolescents with “both side migration,” both of whose parents are migrants, are particularly at risk, since they are more likely to live in conditions of poverty. Over half of adolescents with both side migration live in low economic status conditions and 70.7% have a Turkish background.

The studies on refugee children and adolescents in Germany indicate an increased risk for PTSD (Ruf et al., 2010; Mall & Henningsen, 2015) as well as for overall mental illnesses (Mall & Henningsen, 2015). These findings parallel those in the US, where significantly higher rates of depression, suicidality, anxiety disorders, substance abuse and

¹Address correspondence to the author at the International Psychoanalytic University Berlin, Stromstrasse 3b, Berlin 10555, Germany; E-mail: annette.streeck@t-online.de

¹German Federal bureau
eating disorders have been seen in the first and second generation of adolescent migrants (Pumariega & Rothe, 2010; Pumariega & Cagande, 2013). For unaccompanied minor refugees, the risk is even higher. A study in Germany that compared unaccompanied minors there with those in other countries showed that between 19.5% and 30.4% of unaccompanied minor refugees suffered from post-traumatic stress disorder (PTSD; Witt et al., 2015). The overall prevalence of mental illness was between 41.9% and 56%. The extreme levels of psychopathology present an enormous challenge for psychiatric and psychotherapeutic services.

Several factors, such as dealing with trauma, living in a foreign country, having difficulties with integration and being confronted with the adolescent-specific developmental tasks, accentuate these problems. Many German language posts on Twitter using the hashtag “MeTwo,” existing since July 2018, and protesting discrimination of persons with migration background, show how prevalent this problem is (see https://twitter.com/hashtag/metwo?lang=de). The central task of identity formation during adolescence (Erikson, 1950; Marcia, 1966; Berry, 1997) is a particular challenge for refugees. There are many questions in the professional world about how to understand, deal with and treat these adolescents (Ward, 2013). The use of splitting as a psychological defense during that time is of utmost importance (ibid.), as it can support the process of integration, but also lead to dangerous polarization and mental stress. The problem of dealing with trauma as well as developing an integrated identity formation will be discussed below and illustrated by examples.

2. SPLITTING AS A NORMAL PHENOMENON IN ADOLESCENCE

Adolescence is the time of instability and profound biopsychosocial restructuring. The boundaries between normality and pathology are blurred. For example, it can be difficult for professionals to differentiate between healthy and pathological narcissism as well as between borderline disorder and borderline-like behavior in adolescents (Casey et al., 2008; Fonagy & Luyten, 2009; Streeck-Fischer, 2013; 2014). The fact that adolescents behave in a risky manner can be due to their biological imbalance. Their self-regulation skills have not been fully developed yet, and their ability to control affects and behavior is limited. They seek quick success and immediate satisfaction instead of pursuing long-term goals. At the same time, polarisation and temporary splitting tendencies are typical during adolescence. Using splitting as a coping mechanism involves dividing people into all bad and all good, or idealizing some and devaluing others (Blos, 1962; Streeck-Fischer, 2014). Due to the psychological separation from the family, the adolescent is confronted with feelings of fear, loneliness, abandonment, powerlessness and inferiority. New people become important now. This “second individuation phase” (Blos, 1962), is comparable to Mahler’s concepts (Mahler, Pine & Bergman, 1975). Starting from the sense of being with the parents, the process of separation proceeds via differentiation from the parents to a temporarily narcissistic phase, with tendency to split relationships into all good and all bad, together with devaluation and idealization of objects. Eventually, in normal development, this process is overcome by the young person’s reconciliation with themselves and their parents. Another central task arises with the necessity of integrating sexuality in relationships, and reworking fantasies of grandeur into career perspectives (Erdheim, 2014).

3. THE PROCESS OF IDENTITY FORMATION

While identity development is a lifelong process, the steps in adolescence are path-breaking for the adolescent’s future. Identity is built up from relationships with important caregivers and the wider social environment. A stable identity is associated with a sense of coherence, continuity and consistency (Gazza-Guerrero, 1974). The development of an individual and ethnic identity results from a mixture of biological, social and cultural factors (Mann, 2006). For adolescents with refugee or migration backgrounds, identity development is complex and often is a crisis (Erdogan-Ertorer, 2014; Papadopoulos, 2002; Ward, Bocchner, & Furnham, 2005).

4. MIGRATION AS CULTURAL ADOLESCENCE

The migration crisis can be compared with the adolescent crisis and has therefore been called “cultural adolescence” (Machleidt, 2013). The
young migrant faces the challenges of the cultural adolescence together with the normal developmental task of adolescence. He or she is faced with two tasks—going from the family into society and going from one culture to another. During the process of migration, one is not only confronted with fear and anxiety, like the adolescent during the family detachment, but also with loneliness, loss of home and despair. The only comforting feeling is the hope of a new beginning. Young migrants lose not only their social status, but also their personal and social prestige and any affirmation of achievement - conditions that destabilize the narcissistic system. Thus the transition into a new culture for adolescents has also been called the third individuation phase (Akhtar, 1999).

With this third phase of individuation, splitting, as in the earlier detachment periods, occurs in the self and object representations along libidinal and aggressive poles. With the loss of an integrated self-concept, regressive movements toward earlier stages of development occur. The splitting tendencies are an expression of these regressive processes. The emotions are moving between the poles of two countries and two self-representations.

Akhtar, who also has a migration background, describes four types of splitting that occur during the migration process, and how they need to be integrated (Akhtar, 1999). These are:

1. From love or hatred to ambivalence: The migrant must synthesize the all good and all bad representations of the country of origin and of the new country.

2. From nearness or faraway to an optimal distance in relation to the new culture.

3. From focusing on yesterday or tomorrow to today and be able to manage his live in the present and find a meaningful future in the new land.

4. From a sense of “mine” or “yours” to an “ours,” a we-feeling in the new culture.

The following Fig. (1) illustrates the gradations between positive and negative attitudes towards the adopted country.

These splitting processes, which are different from the normal splitting during adolescence, are necessary in the process of integration and not pathological. Studies that focused on Russian mi-

![Diagram](image_url)
grants living in Israel (Walsh & Shulman, 2007) have shown that if they initially have pronounced splitting (“in the homeland everything was good, in the new country it is bad”) the process of integration evolves better. On the contrary, those who seemed initially to have a better integration, had more problems overcoming splitting in the long run. This might be due to the initial pronounced splitting being accompanied by a process of mourning, which makes integration easier. These results are remarkable, as they suggest how the integration process could be improved. They also point the way to how problematic developments, e.g. malignant splitting, which can be associated with extremism, can be detected. In a study focusing on unaccompanied young refugees at the International Psychoanalytic University (IPU; Lamperger, 2017), such splitting processes from arrival to a time 2 years later were investigated. Based on a sample of 16 young unaccompanied refugees, it was found, among other things, that those who initially had a more pronounced tendency to split eventually developed a much more integrated identity. This confirms Walsh and Shulman’s findings (2017).

5. PSYCHOTHERAPY WITH ADOLESCENT REFUGEES AND MIGRANTS

The specifics of addressing developmental tasks for the vulnerable group of young people with refugee or migrant experiences, who find themselves in a halved world between a fatherland, which they experience through their parents or their background, and a new foreign country with a new society, have not received much consideration. The main focus in psychotherapy has been on trauma rather than on the complexities of identity formation in this group. Similarly, the experiences of uprooting in the migration process, the feelings of non-belonging and the Entortung (being unrooted; Bhabha, 2000) are often neglected in therapies.

Unquestionably, traumatic experience is part of the migrant experience for many young migrants. The experiences that unaccompanied young refugees have had vary in their degree of traumatic severity and uprooting. At first, experiences like witnessing brutality at home, where a neighbor was beheaded and cut in two on the street, blackmail with demands for large amounts of money, fleeing when accompanying people were murdered, sudden disappearance of the family, and unbearable eating and sleeping conditions are in the foreground. Secondly, if they reach Germany, they face further burdens such as emergency camps, long periods of uncertainty about their right to stay, and so on. These traumatizing conditions are called “sequential trauma” (Keilson, 1979), beginning with the persecution and violence in the culture of origin and continuing with the consequences of the process of immigration. They are damaging, because they complicate integration, arrival and integration. In addition to symptoms of Post-Traumatic Stress Disorder (PTSD) such as sleep disorders, nightmares and flashbacks, unclear diffuse somatic symptoms, such as abdominal and headache, heart pain or spasms, also occur.

Many young refugees show strikingly good behavior and amazing skills in dealing with others. These adolescents have often had a healthy development until the time they fled and are capable to distance themselves from these traumatic conditions. Adolescents with migration backgrounds, who have experienced neglect and violence in their early development, often have complex traumatic disorders. Compared to second-generation migrants, they are more likely to need long-term psychotherapy (Streeck-Fischer, 2015). Nevertheless, the identity formation problems associated with splitting will come up in the long run.

6. THERAPEUTIC TASKS

It is important to offer bi-cultural containers, or a transcultural transitional space, when one is dealing with and treating these adolescents. In order to understand the phenomena of foreign culture, it is not helpful to reduce the therapy to a focus on adaptation to personal and social conditions (Samuels, 2002; Sharabany & Isreali, 2008). Such a superficial approach leads to misdiagnosis, a poor therapeutic alliance, and non adherence or dropping out (Yilmaz et al., 2013).

Berenstein and Puget (1997) have described three transitional spaces:

1. The intersubjective space that the child forms in his development between himself and the mother,
2. The intersubjective space that the individual has in his environment, his family and his society, and

3. The trans-subjective or trans-cultural space between the different cultures.

This formulation refers to the concept of the transitional space (Winnicott, 1965), which understands the space between two people as an intermediate area of experience to which both inner reality and outer life contribute. Understanding the inner reality of the adolescent also means understanding and taking up the meaning of deeper and unconscious manifestations of foreign rituals, symbols and practices (Nadig, 2006). The transcultural transitional space, a space between cultures, can then become a space of protection and identity, in which symbolic structures (Özbek & Wohlfahrt, 2006) can be newly developed.

6.1. Tasks Within the First Year

Severe psychic decompensations need psychiatric care, support by medication or even hospitalization. But if, for example, a young person from Africa hears voices that accompanies her, then it would be extremely problematic to immediately see a psychotic symptomatology. Here it is important to carefully study the explanations that exist in the culture of origin. It is only in an offered transcultural transitional space that the significance of these symptoms can be grasped. It may be associated with notions of angry ancestors or transgressive taboos of the country of origin. Western diagnostic criteria would put those people into a Procrustean bed without understanding the deep meaning of their problem (Maiello, 1999; Streeck-Fischer, 2015).

Unaccompanied minors in youth placement usually come to therapy due to sleeping problems, depression, pain and bad memories. Most of them are ashamed to see a psychotherapist. They have no knowledge that talking with a person could help. Therefore, it is necessary to carefully explain the benefits. For instance, how the health care system works in Germany, how therapy might help etc. Most of them show signs of PTSD and need internal and external stabilization, psycho-education, the support of available resources and strategies to deal with trauma related symptoms during acute psychotherapeutic care. Also, positive experiences, especially to be seen and accepted, are required for their identity formation process, in order to overcome the conflict between a good home country and an unknown new country. This is not easy, when experiences of discrimination, rejection or even violence are present. When young refugees or migrants start psychotherapy at this early stage, the focus is not on dealing with the past, but the present with all its obstacles, impairments, sleep disorders, withdrawal behavior, mental pain, and so on. The therapist easily takes on the role of a person who offers a familiar substitute world. This may be useful in order to offer a good enough alternative to the home country. But it can be accompanied with the risk of malignant regression, so that instead of wanting to work during the therapy, the young person tries to develop a private relationship with the therapist (Streeck-Fischer, 2014). Therefore, the focus must be directed to the present to seek stabilization, with an eye toward what is good and what is helpful. In the long term, it will also be about the process of mourning.

Experiences in the therapeutic work with unaccompanied adolescents mainly from Afghanistan show that one of the central problems is to get a monetary allowance to stay in Germany. The splitting into good home country and bad new country, which dominates the therapy, is expressed for instance in the refusal to accept German realities and interferes with development. (“I want to be free, but I get punished by the Germans, because they don’t give me enough money”) Another young person who has been in Germany for two years emphasizes that he cannot give up the rules of the family— a “child submits to his culture.” Then he says there are good and bad rules in Afghanistan. He is ambivalent—"I am a real Afghan and proud of it.” After saying all this he cries because he is not happy in Germany. He is on the way to an integrated identity, but still torn back and forth. He experiences it as a relief and helpful to talk about it with a therapist.

6.2. Integration Problems in the Identity Formation Process of the Second Generation

Adolescents born in Germany to migrant families often experience strange or contradictory messages. They are confronted with a divided world—the country of origin of their parents and the country in which they are growing up. These different worlds often have a destabilizing effect during
adolescence. Especially when the young people themselves or their parents are not well integrated into the society of their adopted, they become borderland youths living between two cultures (Streeck-Fischer, 2015; Kim & Dorner, 2014). The culture of origin easily becomes an idealized place and ultimately an anchor for their identity.

The following example of a 16-year-old Muslim teenager from an Arabic-speaking country shows how bi-cultural stress can lead to decompensation.

7. CASE EXAMPLES

A, who had migrated with her family, was already in Germany for about 10 years and rather well integrated in school and with peers up to the age of 14. With the sudden death of her father, who had a relatively liberal attitude towards the German culture, conditions changed massively. Her mother married a refugee from the country of origin of the family, who strictly observed the ways and traditions of his country. The mother submitted without exception to the conventional image of women prescribed by him. She watched him beating or otherwise excessively punishing or verbally and physically attacking the children. The girls had to submit and were virtually under house arrest. He physically assaulted A, treating her if she were his possession. Confronted with these traumatic conditions, she sought help from the youth welfare office, whereupon all the children were taken into care in a foster home. Consequently A felt guilty about destroying the family. Because of her sleep disturbance, her obsessive brooding and depressive states, she came into therapy. Her early development seemed to have gone well. She had evidently identified with her deceased father and took on a sort of guardian function for her siblings as a form of parentification or transgenerational identification. As the oldest of the children and adolescents in the foster home, she was forced after one year to live in the neighbouring small house alone in a remote area surrounded by forest. The educators, who felt manipulated by her, refused to understand her and to change anything. Without social support, the familiar feeling of being at home in Germany dissolved and she began to experience paranoid-like panic states with visual hallucinations (she saw dangerous shadows and animals in her room). Even though religion was not important to her, she wanted to contact an Iman to help her, because she could not find help elsewhere. This is not unusual—the outreach for support to persons of the country of origin becomes important in such a crisis (Streeck-Fischer, 2015). It was unclear whether her symptoms and behavior were due to being overwhelmed by the traumatic states (the loss of the father, the violence by the stepfather) or whether she was developing a psychotic disorder. But finally, changing her placement to a more supportive foster home helped her to recreate a sense of security, and her symptoms abated.

This example emphasizes that "a well-anchored good inner object enables one to endure and process the cultural and internal changes, and even emerge safely from these changes" (Grinberg & Grinberg, 1999, p. 63). But it also shows that in case of insufficient support, she could decompensate and look for an anchor coming from her home country. In therapy, she could increasingly grieve for the lost family, an important step that facilitated a healthy although in some ways fragile identity formation.

Another picture comes up, when the development of lack of care and accompaniment is characterized:

C a 15-year-old teenager seen in our clinic, was the son of a German-Eastern European mother and a Turkish father, both of whom had come to Germany as adolescents and met each other there, but had never married. C lived with his mother. His parents separated when C was seven years old. C was in sporadic contact with his father, who was often away on a construction job over long periods of time. C engaged in antisocial behavior, such as stealing from markets, which he felt was justified. He said in the initial interview: "You Germans do not understand us. If you are poor, then you go to the supermarket to take what you have".

C had decorated his room with the Turkish flag and other national emblems. He combined the idealized father with the image of a "strong Mackers" and believed he could prove his strength through the identification with his father. His splitting tendency was shown in his glorification of Turkish culture, and his depiction of his mother as unimportant and not offering anything attractive for his identity development. Furthermore, he denigrated the Germans and their culture are bad. Our as-
essment was that he had developed borderline personality characteristics.

At home, C lived in a social flashpoint, where street fights were fought by Turkish and Kurdish youth gangs. Integration into school and work as elements of our social expectations was not desirable for him; he had to follow the rules of the streets, where the law of the strongest was valid. As a result of language problems and dyslexia, he was in danger of failing at school. To strengthen his fragile sense of self (Streeck-Fischer, 2014) he looked for support in the ideology of the gray wolves, a Turkish ultra-national (right-wing extremist) union. As a Turkish nationalist, he could feel like someone special. This enabled him to counter discrimination that he had experienced in his environment and to survive socially. His identity formation threatened to lead to a dangerous para-reality in which the society where he was living was perceived as all bad. He was not able to reflect on his situation and could only act out his conflicts in his behavior, thus psychotherapy was not helpful. Instead he needed extensive external support to deal with reality. In his case, it was necessary to remove him from his environment. He was placed in a youth commune and enrolled in vocational training workshops.

CONCLUSION

These examples show how refugee adolescents and those with a migrant background face special challenges in their adolescent process, which result from their experiencing the second and third stages of individuation simultaneously. Splitting processes, which normally occur during both adolescence and the migration experience, are magnified by co-occurring and complicate the process of identity formation.

In adolescence, splitting is normal but, can also, in extreme cases, lead to borderland or borderline conditions among young people with flight and migration experiences, in which aspects of the social environment—the country, family, society, peer groups, and work are dichotomized into good or bad. This can even include a “good” para-reality, (possibly involving drugs and crime) (Streeck-Fischer, 2015).

If the migration process is only understood as a traumatic process (Grinberg & Grinberg 1999), its effects on the developmental process of adolescents being in a second and third stage of individuation is not sufficiently taken into account. Therefore, it is important to pay attention to the splitting processes involving the country of origin and the new culture, which accompanies the identity formation process. In case of a fixation of splitting with a fallback to the country of origin, there is a danger of severe social or pathological developments.

But it will not only depend on the young people, whether the integration takes place in the end. For the therapist, this means accepting the processes of splitting benevolently and grasping the bi-cultural conditions. As a linking object (Volkan, 2015), he or she assumes an important integrative function.

ABOUT THE AUTHOR

Annette Streeck-Fischer, MD, PhD is a Professor of Developmental Psychology and Diagnostics at International Psychoanalytic University (IPU), Berlin; a Training and Supervising Analyst, Lou-Andreas-Salomé-Institute, Goettingen; and Past President of the International Society of Adolescent Psychiatry and Psychotherapy (ISAPP), 2011-2015.

CONSENT FOR PUBLICATION

Not applicable.

FUNDING

None.

CONFLICT OF INTEREST

The author declares no conflict of interest, financial or otherwise.

ACKNOWLEDGEMENTS

Declared none.

REFERENCES


