Work in Progress

The Experience of Migration: A Relational Approach in Therapy

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The Experience of Migration: A Relational Approach in Therapy

Margarita Alvarez, Ph.D.

About the Author

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Abstract

Current thinking in mental health has begun to incorporate the centrality of culture in organizing people's lives, relational patterns, and meaning systems. However, not much is understood regarding the impact of living in two or more cultures due to immigration. This paper addresses the losses, trauma, and adjustment difficulties suffered by people who leave behind significant frames of reference and relational contexts that sustain their identifications. Attempts are made to provide a relational frame for understanding people's dilemmas within the therapeutic context. It is hoped this will help to expand providers' frame of reference when servicing immigrants and their families.

Introduction

Psychological theorists have amply emphasized the importance of attachment figures and significant relationships as well as that of the social and cultural context in shaping psychological development and emotional well being (Bowlby, 1982; Kegan, 1982; Miller, 1986). They stress the deleterious effects of early separations from significant figures (Bowlby, 1973; 1980; 1982); symptoms of depression and sadness in women when experiencing disconnections from significant relationships (Miller, 1986; Stiver & Miller, 1988); and the emotional impact of losing one's cultural and social context (Sluzki, 1979; Grinberg & Grinberg, 1989; Espin, 1992; Brody, 1994). These are factors confronted by most immigrants and illustrated in the following vignette.

Vignette 1: Rosa

When Rosa was 25 years old, her husband was killed in a car accident. With the loss of her husband she also lost social status and access to opportunities previously available to her and her children, ranging in ages 2 to 7. Her wages as an executive secretary in Mexico were not enough to support her children and herself. Her only hope for the future, it seemed, was to emigrate illegally. She packed her bags with dreams of opportunities that would enable her within a short time to return home to her children with enough savings to secure them a better life.

Seven years have passed. Rosa, now 33, is still in the United States and by herself. She works long hours cleaning bathrooms and makes barely enough to provide the basics for her children and herself. She has not been able to afford English classes and, as an illegal immigrant, does not qualify for loans or

scholarships to pursue further training. Without proper documents or English language skills, she is locked out of better paying and more fulfilling jobs. Her poor wages have not allowed her to save to return home with a nest egg. Meanwhile, the years pass, and her children's development is unfolding without her. As they grow, so do their needs and expenses. She worries about the impact of this long separation on her children's future relationship with her. She is concerned about being away at critical developmental transitions for her children. However, she worries most about her daughter, who is about to turn 14.

Rosa's uncertainty about the future takes a toll on her emotional well-being. The older she becomes and the rustier her skills as an executive secretary become, the more impossible it seems for her to be able to compete again for similar jobs back home. Rosa lives for the day she can return home to her children, family, friends, and country. But she believes she cannot return empty-handed.

Rosa's adjustment to her different life in the United States has taxed her coping skills and resiliency. Before emigrating, she did not pack the necessary safeguards against many of the disappointments, harshness, and unexpected realities she would find in the host country. She said with a sense of shame and deep sadness that she never thought she would end up cleaning bathrooms to support herself and her family. Rosa also reports a sense of shame about her ethnic background. She describes feeling inferior when in the company of "Americans" because of the negative way Mexicans are viewed in the United States. She is particularly attuned to racist nuances in her current social context. The disparity between who she thought she was and how she is viewed here has been a painful and difficult experience for her to integrate.

When I first saw Rosa, she described many of the symptoms that, according to the DSM-IV, would have classified her as having a major depression. She came self-referred to a local hospital's mental health program which serves people of Latin and Central American ancestry. Initially, she wanted to know why she felt depressed since she could not understand what was "wrong" with her. Although Rosa presented in an eloquent manner all the facts related to the many losses she had experienced prior to and after her immigration, she had not made the connection between her depressive symptoms and her losses at the personal, parental, familial, class, cultural, and vocational levels. Furthermore, she had not viewed her deep grief and sadness as normative or as having meaning attached to her accumulated losses. As is the case with many immigrants, many losses usually *predate* and *force* their departure from their country of origin.

How do people cope and adjust when significant bonds and frames of reference are suddenly disrupted by forced migrations and displacement? Are there normative grieving reactions when emotional and cultural disconnections are experienced through dislocation, or do people become symptomatic when unable to connect their feelings of sadness and despair to the losses experienced? How is the migrant's belief system or construction of his/her reality influenced by culture, ethnicity, developmental stage, gender, and class? Are there mediating variables that can potentially ameliorate the cumulative effect of losses related to migrating? Do helping professionals in the host culture pathologize the manifestation of loss when unable to resonate to migrants grief or to their metaphoric ways of communicating distress?

The following vignette illustrates some of these questions and raises others that hopefully will be addressed in more depth throughout this paper.

Vignette 2: Alejandra

Alejandra, a Guatemalan 38-year-old mother of five, came illegally to the United States, leaving her children behind. She followed her husband who, after six months of unsuccessful attempts at finding a job, became severely depressed and began drinking. He was forced to leave a good political job in their country after being sentenced to death by the extremist right wing. In Guatemala, Alejandra had worked selling jewelry and had a supportive network of clients.

Alejandra risked her life by undertaking a dangerous underground month-long journey in order to get to the United States. She reported that many women were raped and robbed, and a man traveling with them was killed when attempting to protect one of the women. Alejandra ran out of money shortly after beginning this journey, given the many bribes she was forced to pay to soldiers along the way. Alejandra said she went without food for days at a time. She became infested with parasites and covered with animal bites. She slept in hideouts during the day and walked all night crossing rivers and swamps.

When she finally crossed the border of the United States, she described feeling a terror similar to that one must feel when being on the verge of death and unable to do anything about it.

Currently, Alejandra and her husband work long hours at several odd jobs far below their abilities. However, neither one of them has health insurance nor other benefits granted to lawful workers. Alejandra has not seen her children for almost three years. While working in this country allows her children to have adequate housing, food, and an education in their country, both Alejandra and her husband have had medical problems including gastritis, asthma, migraines, and depression. Alejandra hesitates to seek medical assistance for her ailments for fear of being deported, despite reassurances of the unlikelihood of this happening.

Alejandra is a bright and hardworking woman; however, she cannot communicate in English. She also cannot see the connection between the physical and emotional symptoms that she and her husband are experiencing and the many losses they are currently undergoing. Some of the issues that affect them psychologically include: being separated from their children and unable to talk or visit with them; feeling socially and culturally isolated; and feeling vulnerable because of living illegally in this country and in an unsafe neighborhood. I wonder if Alejandra's splitting headaches and bouts of severe depression might also be connected with having endured more trauma than she has admitted during her long underground journey.

Some questions for reflection

How many of you have come across a cab driver, a maid, or a seamstress who was also a relatively new immigrant? What were the visible and not-so-visible features you first noticed? Would you have supposed that perhaps the Latino maid was a nurse in her country? And despite the cab driver's poor English, that he had an engineering degree from a university in the Middle East? Or that the woman working as a seamstress here had been an optometrist in her eastern European country? What is the common thread that connects these three people in their common experience related to a *recent* migration?

In this paper, attempts are made to illustrate aspects pertinent to the process of immigration regarding loss, trauma, and adjustment. These are themes evident in the narratives of the people with whom I have worked in psychotherapy. While the initial presenting problems are usually unrelated to the process of immigration, in the unfolding of the therapeutic conversations, the connection between symptoms and losses related to disrupted emotional ties and cultural identity becomes quite apparent. The relational perspective developed by Jean Baker Miller and her colleagues at the Stone Center serves as a backdrop in conceptualizing these clinical issues. It is hoped that this approach can enhance our understanding of and empathy towards the ongoing dilemmas, pain, and adjustment difficulties experienced by immigrants and their families. If we achieve this goal, we may be able to provide adequate and creative interventions that are liberating, empowering, and growth-promoting. However, I will first highlight some issues related to the process of immigration as a context to clarify some of the clinical dilemmas presented to us.

Some facts and thoughts on migration

While migratory processes have been a universal phenomenon since the beginnings of mankind (Grinberg & Grinberg, 1989; Kraut, 1994), recent global changes in ideological and political perspectives have forced migrations within and across previously demarcated geographical lines. Wars and economic collapse usually propel migrations that disrupt the people's connections with their contexts of significance—that is, their land, language, customs, families, friends, culture, sense of community, and ways of life, among others (Marsella et al., 1994). Displacements of groups of people or whole towns have also followed the abuse of power of a small group. The latter usually defines itself as superior by virtue of race, religious and/or political ideologies, economic superiority, or by the power of their machine guns and terrorism. Social inequalities and indifference, racism, ethnic conflicts, pollution, degradation of the ecology, drug trafficking, and political oppression are factors influencing the most vulnerable to flee to strange lands (Tolan et al., 1991; 1992; Marsella, 1994).

Leopold and Harrell-Bond (1994) state that the current official estimate of international refugees is about 17 million people, not including the number of displaced persons from the former Yugoslavia which is about 2 million. These authors add that another 20

million people find themselves homeless and displaced within their own countries. Vernez (1991), cited by Marsella (1994), argues that ethnic conflicts are primarily responsible for most of the estimated 40 million refugees in the world in the 20th century. However, the recent outpouring of people from Rwanda, Haiti, and Cuba, while influenced by different specific reasons, appear to have in common the force of oppressive governments, economic collapse, and people's desperation for basic survival.

When considering the influence of migration shifts on the demographic constellation of the United States, we must recognize that the biggest mass migration of recent centuries was that of about 50 million Europeans to North America between 1845 and 1924 (Leopold & Harrell-Bond, 1994). Childers (1991), cited by these authors, asserts that before this period about 40 million Africans were forced migrants brought to the West as slaves. Subsequent migration flowed from East Asia and the Pacific, Europe, Latin America and the Caribbean, the Middle East, and South Asia.

While the focus of this paper is not on political forces that shape immigration trends nor asylum policies in the United States, I should state the following briefly. Policies related to interventionism, embargoes, and subsequent migrations to the United States from the lands intruded upon by the U.S. government have had at their core self-serving economic interests. The current imprisonment of Haitians and Cubans in American bases in Guantánamo and Panama have racial undertones, beyond doubt. Why did the law that granted immediate legal residence to Cuban immigrants change so suddenly recently? Is it because all the white Cubans already emigrated here during the first two migration waves? [For further arguments on resistance toward refugees and migrants due to ethnic hatred and racial bigotry, see Jalbensky et al., (1994).]

Although the current climate in this country suggests fear and bias towards new flows of illegal immigrants, asylum seekers, or refugees, migrants throughout history have played an important role in the social evolution of human societies by contributing to cultural and biological diversity and by providing ever-changing perspectives and solutions to pressing environmental demands (Jablensky et al., 1994). Immigrants are not a homogeneous group of poor and uneducated people, as often portrayed by the media. Quite the contrary, they are diverse across the social and economic spectrum, regardless of national or geographical origin. They represent professionals and skilled crafts people as well as peasants and unskilled manual workers. This diversity can only strengthen host countries' economies either by means of cheap labor or professional talents (Kraut, 1994; Leopold & Harrell-Bond, 1994).

Despite this reality, the word "immigrant" has negative connotations for many people, including opportunistic U.S. politicians. An example is Proposition 187 recently passed by California voters. Now, illegal immigrants and their children, as well as those with legal status but racially non-white, will be targeted and looked upon to shoulder the responsibility for the ills of American society. The structures created to provide protection, education, and health intervention will be transformed to collude in the persecution and further violation of basic human rights of the most vulnerable in the United States: illegal immigrants and their children. How will this trend impact on the rights of all immigrants regardless of legal status? Will mental health practices shift as well? As clinicians, how will we be influenced at the personal, professional, and political levels?

The forces that shape and influence massive migrations can no longer be seen in isolation, given the interconnectedness and interdependence of the global economy and given that the ultimate survival of the human race depends on global peace. In the context of clinical practice, we must examine the economic and political forces *in the United States* that oppress and violate basic human rights of the people seeking our assistance and the impact of these forces on their psychological functioning. We also need to examine our own assumptions about who these people are and why they are here. Taking these factors into consideration will prevent us from inadvertently committing further violence by pathologizing and using labels of social control to continue to oppress the people who seek our service.

The power of defining others; the oppression resulting from being defined

Language is a powerful tool utilized by people in positions of power to define others and to ascribe meanings to their experiences, feelings, history, and nature. Miller (1986) states that once a group is

defined as inferior, they are given defective or substandard labels by those positioned in the superior group. These labels usually interfere with the development, freedom of expression, and action of those placed in inferior categories. Further, labeling defines their reactions of distress and discontent as subversive or abnormal. Consequently, in order for "inferiors" to behave "normally," they must suppress or disconnect themselves from what they know and feel. Is it possible then that symptoms become the only way of communicating distress and/or manifesting resistance to oppressive situations? Being unable to articulate one's discontent, despair, and sadness is further complicated if one is lacking both the language used in the mainstream culture to communicate in a way that makes sense to others and a context where culturally sensitive helpers can resonate to one's experience of despair and loss.

Our use of language can sometimes control and shame others for being *different* (Miller, 1986; Jordan, 1989; Irigaray, 1993). Judith Jordan, for example, talks about the paralyzing experience of shame when one is treated as if one is invisible and inaudible. She argues that in shame we lose our ability to speak, initiate, and expect respect. Because English is not the native tongue of many immigrants in this country, they cannot define or communicate well their stories of distress. Consequently, they are often misunderstood, misdiagnosed, mistreated, and reduced to categories of inferiority, as the following examples illustrate.

In the **work context**, non-English-speaking migrants not only have their professional or vocational identities shattered by virtue of not being able to perform at their level of training and expertise, but they also are frequently exploited and confined to molds that are difficult to break. For example, many of the immigrant women I see in therapy clean offices and homes for much less pay than their white American counterparts. Some of these women worked as nurses, teachers, and secretaries in their countries.

Immigrant women also experience degradation and sexual harassment in the workplace. However, many are forced to suffer these insults silently for fear of losing their jobs or having their illegal status exposed. Ana, a 37-year-old woman from Central America, came to therapy due to severe sleeping problems and depression. She had been raped by an American co-worker at her job during the night shift. He had threatened to report her to the U.S. Immigration and Naturalization Service if she reported him to her boss. Most of the therapeutic work focused on contextualizing her symptoms and facilitating her making some sense of this man's hatred and abuse of power. She was also provided with information regarding her rights and protection under the new and evolving harassment laws in the workplace. It should be noted, however, that when she decided to break the silence at work, she was labeled by her peers as "a crazy, hysterical trouble-maker." At home, she found support from her children. However, her husband eventually abandoned her, since he could not be with her sexually because she had "been with another man."

Immigrant men certainly do not have it easy in the work force, especially if they are non-white and unable to speak English. Regardless of their level of training, past work experience, and education, the only jobs immediately available to them are those involving cleaning or heavy lifting during undesirable shifts, at minimum wages. It is not surprising to find a high proportion of immigrant men seeking mental health assistance for depression, anxiety, and alcoholism, often related to job loss due to back injuries incurred at work. Immigrant professionals fluent in English, regardless of gender, find many difficulties as well in exercising their professions at their level of training due to licensing obstacles imposed by professional boards.

In the **medical context**, migrants or ethnic minorities are often misdiagnosed and over-medicated because professionals do not understand nor search for the contexts that provide meaning to their presenting symptoms. Furthermore, their idioms of distress are sometimes misinterpreted as signs of psychosis, craziness, or malingering (Guarnaccia et al., 1990) when in fact they may be communicating anger and a sense of injustice (Jenkins & Valiente, 1994; Rogler et al., 1994).

Within the **family context**, the family structure, roles, and dynamics are often pathologized by social service, educational, and legal systems. A common example is that of a mother who recently arrived in the United States and was reported to a social service agency for physically "abusing" her child. While I do not condone physical abuse, in many cultures physical punishment is not viewed as abusive. The shame and disempowerment that many parents feel when

"punished" by agencies having the power to define them as inept have significant deleterious effects in the parenting system. It is not uncommon to see these same parents coming before a juvenile judge many years later and being told that they are "inadequate" parents for not being able to control their adolescent children. This may account for the fact that juvenile court systems are overrepresented by adolescents whose parents are immigrants, unable to speak English, and poor.

In the **school context**, immigrant children and/or children born in the United States to immigrant parents do not escape categorizations either. These children's cooperative versus competitive nature and their deferential manners towards adults are often misinterpreted and criticized. They are labeled as shy, insecure, and/or dependent. Bilingualism and differences in learning styles tend to be construed as cognitive deficiencies, since these children may not do as well as their American peers on standardized testing. What happens to a child's sense of cultural identity and self-worth when punished by a teacher for speaking his or her native or family language in school? Does a child's self-esteem suffer when defined or treated as "lazy," "insecure," or "culturally deprived" just because he/she is culturally different? It is not surprising that not long ago primarily Spanish-speaking and black children were overrepresented in tracks for slow learners and the mentally retarded. [For further information regarding legal suits related to these issues refer to: Diana v. State Board of Education, and Larry P. v. Riles (in Sattler, 1990, p. 779).] Thus, the cycle of being defined and placed in lesser categories is repeated continuously because educators in a position of power and privilege are seldom challenged.

Migrants' **cultural identity** is also challenged by frequently used mislabels and re-definitions of who they are. Labels such as African-American, Asian, Hispanic, or "people of color" are exclusionary rather than inclusive. Within the larger category of Hispanic, for example, geographical, genetic, and psycho-cultural variations exist despite a common language and religion. Nevertheless, if the term Hispanic is used to encompass Spanish-speaking people and Catholics from parts of a continent, then Indians from South and Central America who do not speak Spanish, Brazilians who speak primarily Portuguese, as well as the many "Hispanics" who are not Catholics would be excluded from this classification. A Jewish Argentinean woman once shared her disgust at having to chose between identifying herself as either "Hispanic" or "White" on an official form, since either choice would imply denying a part of her cultural heritage. Foreigners or immigrants primarily identify themselves by their national origin, not by the color of their skin nor the continent where their country is located.

Accordingly, the term "Asian" — which means belonging to the continent of Asia — is primarily associated with Chinese, Japanese, and Koreans. How are people from India, Pakistan, and other countries located in Asia considered? Are they non-Asians? African-American is a denomination based on race; however, would the culturally, ethnically, and nationally *diverse* black people who are not Americans of African descent be categorized simply as "black"? Denominating people from other countries as "black" would become incomprehensible to them since they may not view themselves this way regardless of the shade of their skin. Furthermore, their primary and perhaps only cultural identification would be based on their nationality or country of origin.

It is difficult for many immigrants to integrate being lumped into a *minority status* category, especially for those who belonged to a predominant culture, race, and/or dominant class in their countries of origin. Being defined as a minority implies being labeled non-white and thus poor, uneducated, and unsophisticated. Placing people in categories based on simplistic dimensions, such as that of skin color and socioeconomic status, illustrates a reductionistic and stereotypic perspective.

It could be argued that being defined in ways that are not congruent with how one experiences oneself may contribute to rejecting significant elements of the host culture, such as refusing to learn to speak English. Maintaining one's native language, rituals, and values preserves a sense of self based on cultural identifications. However, to do the reverse carries the threat of losing one's cultural identity and emotional connections to significant others which once served as one's cultural reference in order to accommodate exclusively to the norms of the host country.

A relational approach in the therapeutic context

At the core of the relational model lies the

significance of mutually empathic and mutually empowering relationships for psychological growth (Surrey, 1984; Miller & Stiver, 1991). If these elements are present in the therapeutic relationship, the following five beneficial components are met: 1) increased sense of zest or well being, derived from feeling connected with others; 2) the ability to act in the immediate relationship as well as beyond it; 3) an increased knowledge about oneself and others; 4) an increased sense of self-worth; and 5) a desire for more connections beyond this particular one (Miller, 1986). Miller and Stiver (1991) stress that when mutual empathy and empowerment are not achieved in the therapeutic relationship, the client feels a decreased sense of vitality in the relationship, a sense of aloneness, decreased knowledge about herself and others, an inability to act productively, and a diminished sense of worth.

On sadness, depression, anxiety, and somatization

Stiver and Miller (1988) propose that one's sense of disconnection from one's own feelings of loss becomes intensified if the surrounding context does not allow for the open manifestation and validation of sadness and grief. In looking at depression and sadness in women, they have found that women's depression tends to be present over long periods of time, primarily as a consequence of disconnections from people significant to them. They argue that depressive reactions intensify if "there is not an adequate relational context in which sadness can be experienced, expressed, and validated" (p. 2). These authors conceptualize depression as being isolating and non-relational, since it gives the person the illusion of being less vulnerable in isolation than risking being abandoned by being blamed and misunderstood. However, when the feelings of sadness related to loss are not validated by contexts that resonate with these experiences, the person suffering her grief may not recognize the significance and magnitude of the experience itself (Stiver & Miller, 1988).

What often appears as a clinical depression in individuals with migration experiences may be a *normative grief* reaction to relational losses exacerbated by a sense of exclusion from significant developmental and life cycle transitions. If such life cycle events serve to validate, strengthen, and renew relational connections with significant others, then it can be argued that transitional ceremonies and traditions fortify one's cultural identifications and sense of belonging. The language we speak, the food we eat, the clothes we wear, the nuances of our communication, the way national symbols make us feel, and how we connect with our sociopolitical history all occur within relational contexts and not through a separate self.

Depressive symptoms and self-destructive behaviors, however, may appear as a consequence of losing all these meaning-giving systems. A sense of alienation and disconnection from who one may have been, may be, or may become can appear when disconnecting from one's essence in the quest to re-invent oneself to accommodate to labels, categorizations, stereotypes, and expectations in the host culture. How then could one possibly connect and relate in a meaningful fashion to an unfamiliar relational context if in the process one forgets who one is?

Children also experience depression when separated from their primary caretakers due to immigration. It is well known from the developmental and clinical literature that children present different behavioral manifestations than those of adults to real and/or anticipated separations and losses. A child's grief reaction may include withdrawal, acting out, oppositionality, and even self-destructive behaviors. A case example is that of Tony, who was a very sad 5-year-old boy with serious language delays when he first came to see me following his mother's referral for individual therapy. When he was only three months old, his mother sent him to live with her mother in South America, due to financial pressures. Tony came back to the United States to live with his biological mother at the age of 3. Issues related to Tony's two major separations and disruptions in his young life had never been addressed with him in the family or therapeutic context. His mother had never before had the chance to voice her guilt feelings regarding her early separation from her son. Her guilt interfered with her ability to parent Tony effectively, since she saw him as a child "damaged" beyond repair, which further exacerbated her guilt and made her become emotionally distant from and unavailable to her son.

In considering the therapeutic context in relation to the culture where it is imbedded, Stiver and Miller (1988) point out that traditional psychotherapists tend to devalue intense open expressions of sadness and

grief, given the value placed on stoicism. Consequently, if the therapeutic relationship does not recognize "the legitimacy of the sad responses to life events," then the sadness goes underground, contributing to the development of depressive symptomatology (Stiver & Miller, 1988, p. 8).

Many obstacles can get in the way of achieving mutually empathic and empowering relationships generally (Miller, 1986; 1988; Surrey, 1986; Garcia Coll et al., 1993; Jordan, 1993) and in the way of psychotherapy (Jordan, 1989; Miller & Stiver, 1991; Stiver, 1992). Therapeutic impasses are prone to occur when working with persons with migration experiences if the therapist is unable to resonate to the client's sense of despair, shame, sadness, grief, losses, and violations, as previously described. I would argue that the clinician's empathy would increase the possibility of facilitating a mutually empowering relationship if she expands the focus of the problems. Issues related to class, race, sociopolitical conflicts, and culture must be part of the therapeutic discourse. Therapeutic impasses can be averted if we maintain a curious and respectful stance regarding our clients' ever-shifting processes related to their identifications, family loyalties, sense of culture, and feelings of exclusion and inclusion, both past and present, within their significant relationships and within their host culture. Validating these issues may help people to understand and master their feelings of grief and depression without having to rely on a quick psychopharmacological fix.

Similarly, differential treatments may follow the determination that a person's *anxiety* is due to guilt that might be related to feeling unable to help or rescue those left behind or to recurring flashbacks of torture experiences. Anxiety persists if the person does not feel safe in her new and unfamiliar cultural context. Fears of being annihilated may not necessarily be paranoid if the person in question lost her community and significant family connections through debasing torture and civil war.

Being unable to go back to one's place of origin to talk with those left behind and know about their well-being further exacerbates feelings of despair, hopelessness, guilt, and depression. However, going back after many years in exile, whether self-imposed or not, may be excruciatingly painful when people are not recognized as part of what they once left behind. Being considered a foreigner in one's own land represents the ultimate loss. When the psychological pain is unbearable or goes underground, then somatic manifestations often appear.

While medications may alleviate symptoms associated with grief, depression, anxiety, dissociation, and somatization, this treatment modality by itself is not helpful for people with migration experiences. Psychotherapy must facilitate the person's recognition of the connection between her/his losses and symptoms and the recurrence of these symptoms during significant developmental transitions. It is also essential to evaluate trauma experiences related to or predating the migration experience. Helping people connect their symptoms with their losses and separations validates their experience in a non-pathologizing manner and empowers them to grieve and subsequently move to a position where they can begin to restore their sense of identity and build new emotional and interpersonal connections.

On depression associated with significant developmental and life cycle points

Some of the prevalent themes that emerge in therapeutic conversations with immigrants is their sense of exclusion from significant developmental and life cycle transitions of loved ones living afar. Some examples include being unable to participate in the first communion of a son left behind in the care of a grandparent, the wedding of a sister, the celebration of the birth of a grandchild, or saying farewell to a dying parent. Many factors account for this, such as illegal status, lack of visas to go into and out of the country, financial hardships, complicated long-distance traveling, or difficulties returning to one's country of origin due to closed borders, political unrest, and persecution.

Many relational impasses occur in the parent-child system, however, when mothers and fathers reunite with children that were left behind. Conflicts tend to intensify between newly re-united parents and children when children meet for the first time a sibling born in the United States. When children left behind are reunited with this "new family," they feel a sense of being strangers not only in the host country but in their own families as well. Having a sibling who is bilingual, has a different nationality, and with whom they are meeting for the first time can increase or exacerbate otherwise normative sibling rivalry. Resentment may accrue due to perceived special treatment of this sibling as well as the pain related to

earlier abandonment.

Parents also may have difficulty recognizing that their children are no longer young and accepting their children's feelings of resentment and rebellion as developmentally appropriate. Sometimes conflicts arise when parents begin imposing rules and discipline that are more appropriate to the age their children were when separated through migration. When parents miss their children's maturational and growing process, it becomes difficult to negotiate rules that are more developmentally and also culturally appropriate. Relational difficulties may arise due to language barriers between parents and children, especially when there are differences in language choice and mastery between parents and children.

Immigrant families often seek professional assistance around their children's adolescent developmental stage due to cross-cultural conflicts among different generations within the family, usually exacerbated by different migration experiences and levels of acculturation. If children in the adolescent stage are brought to the United States to re-unite with their parents, they usually face many adjustment problems due to disruptions of significant relationships with grandparents, their extended family, peers, language, and culture. Many are ill-prepared to deal with the harsh realities of urban educational systems, such as racism, gang violence, discrimination of ethnic minorities, and peer pressure around sexuality and substance abuse. Parents may not be able to understand their children's adjustment process and manifestations of depression, sadness, anger, and expressed desire to go back to their country of origin. Parents often become bewildered that their children are so "ungrateful" after all they have sacrificed and done to finally reach the goal of getting the whole family together.

Relational losses frozen in the past: Re-living the trauma of migration through losses in the present

Conflicts between parents and children also arise around the preadolescent and adolescent stage, even if they migrated together as a family (Sluzki, 1979). Acculturation differences between parents and children tend to account for this, particularly during adolescence when youngsters want to experiment with developmentally and socially expected behaviors in the host and peer culture. Parents' difficulty in accepting their now-grown-up children's independence and autonomy, so much valued in the American culture, may be related to reliving their own earlier relational losses and emotional disruptions through the process of migration. Perhaps parents' difficulty in letting go of norms, developmental expectations, and child rearing practices that are more appropriate in the cultural context of their countries of origin is a way of keeping alive their connections with their past and cultural identity. Preserving idealized and/or frozen relational images surrounding the period of migration while helping people remain connected to their culture can also hinder their adaptation process to new ways of life. Parents' ambivalence towards the new cultural norms may play out in conflicts with their adolescent children. These conflicts become exacerbated if the children have fully adapted to the culture of the host country and cannot understand nor relate to their parents' expectations, which may seem foreign or outdated to them. However, immigrant children also manifest difficulties in letting go of emotional connections and cultural identifications if these were powerful and significant to them.

The following clinical vignette illustrates how many of the issues presented thus far can be approached in psychotherapy.

Vignette 3: Gabriela

Gabriela, a 24-year-old, college educated, white woman born in Puerto Rico, was referred to me by her individual therapist of two years because she felt there was nothing more she could provide therapeutically to Gabriela. The therapist, a white American female psychologist, felt that the therapy had been "stuck" for a while and perhaps there were some cultural issues at the core of Gabriela's conflicts. The therapist also felt that if Gabriela could speak Spanish during therapy, perhaps some movement might take place. Some issues that had been the focus of therapy while Gabriela worked with the referring therapist included depression, past suicidality, eating problems, and conflictual relationship with her mother. Gabriela presented as a beautiful, sophisticated, and remarkably bright young woman who appeared anxious and impatient with the fact that she had been in individual therapy for two years and also in groups. She felt "all this time [had] been totally wasted." Of interest was Gabriela's description of her problems,

which she summarized as feeling sometimes so depressed and desperate that she felt like "jumping out of [her] skin."

At the time I began seeing Gabriela, she was applying to graduate school, a process she had put off for a couple of years. Her main dilemma was whether to go to graduate school or change jobs, since she was no longer finding her job gratifying. In the first interview we discussed the referral concerns. I asked Gabriela if she preferred to speak in English or Spanish. She chose English. But when she came to the second session, she spontaneously began speaking in Spanish. During her third visit she said that after the second session she had cried for almost a week. She said my Spanish accent had reminded her of her father's accent. At home the family spoke both languages, but her father spoke only in Spanish. She noted that her mother was more fluent in English than her father. Gabriela was the oldest of three children and the only one who had left home to attend college.

Therapy continued in Spanish until we terminated, when Gabriela moved back home with her parents who were residing in a northeastern state. Gabriela decided to move home for a year because, after some work in therapy, she concluded that she had wasted too much time being angry at her parents, particularly her father, for having moved the family from Puerto Rico to the United States when she was 7 years old. She wanted to get back to her roots, work out her conflictual dynamics with her parents, apply to graduate school while working, save some money, and continue her therapy.

I saw the focus of the therapy through **three interchangeable lenses**. The **first lens** focused on Gabriela's anger toward her father because of the many losses she had experienced by moving to this country. She reported that what she missed most when she first moved to the United States were her grandparents and cousins, to whom she is still very close. She said that she spent summers in Puerto Rico at her grandparents' home and always felt as if she were a different person there. She spoke with evident passion about her deep emotional connections to her extended family, her joy and liveliness when she was able to express herself in Spanish, and her longings for the beauty and soothing effect of the geographical and environmental surroundings where she grew up and felt she belonged. She added that something she had never thought about before was that while in Puerto Rico she always experienced a sense of comfort from never having to define or prove who she was, since her sense of cultural identity was never questioned there. Gabriela stated that the transitions after the summers when she returned back to her parents' home were markedly difficult and sad.

Exploration of further disruptions revealed that the family had moved about five times while living in the United States, with a pattern of moving about every third year. These moves meant that Gabriela was forced to change schools and lose friends and neighbors, further intensifying her sense of relational losses and uprootedness. Since she had been in this area for two-and-a-half years when she came to see me, I asked her whether unknowingly she was following a family pattern of migrating every three years. I speculated that her recent feelings of restlessness and uncertainty regarding what to do next with her life might be connected to this familiar pattern around moves.

The **second lens** offered to Gabriela encouraged her to imagine the losses experienced by different family members, especially her father, through the initial migration and subsequent life here in the United States. Gabriela identified her father's emotional rupture with his powerful family of origin. She had the sense that her father had to sever his emotional ties with his family of origin in order to preserve his sense of self and the viability of his nuclear family. She also spoke of his apparent depression and despair and the fact that he had more adjustment difficulties professionally in the United States than her mother. This awareness apparently made Gabriela's anger shift to a deep compassion for her father and caused her to acknowledge how much she had longed for emotional closeness with him all these years.

The **third lens** centered on Gabriela's sense of cultural identity in the context of her expressed longing to move back to Puerto Rico to pursue her graduate studies. She described a sense of feeling dead inside, since she could not feel deep emotions when interacting socially or in other contexts in the United States. She said that despite being successful at work and academically, she had a constant sense of missing something in her life. She recognized that she did not feel this way while in Puerto Rico, perhaps because there she did not feel a sense of confusion regarding her cultural identity. She reported that in

the United States, she was frequently asked about her ethnicity because of the fact that she is white. She felt as if she had two split identities: one American and one Puerto Rican. I asked Gabriela if she felt like "jumping out of her skin" around the times when she was feeling in conflict with who she was. Exploration of this question opened up the discussion of what it meant for her to be bicultural and bilingual, her conflict about cultural loyalties, and the normative adjustment difficulties she experienced in coping with all of these issues.

Seeing all these processes from a normative perspective allowed Gabriela to become clearer about the challenging but also enriching process of living and feeling in two different languages and cultures. She also became more aware of her confusion and split loyalties toward her family and cultural identity. Gabriela reported a sense of awe when she was able to see the rich texture derived from the interconnectedness of all these processes. She said she would never have thought of herself as negotiating all these issues and expressed a sense of relief that she no longer felt as if she were "losing" her mind.

In addition to the three therapeutic lenses, Gabriela was also offered a sociopolitical frame to look at variables affecting Puerto Rico as a commonwealth of the United States. The goal in doing this was to heighten her awareness of some of the dynamics impacting Puerto Ricans not living on the island. These discussions offered yet another way to explore some of the issues with which she had dealt in a non-pathologizing manner. Finally, in an effort to facilitate her beginning to integrate her two cultures, she was encouraged to look at the best of her two worlds while considering that few people had this choice. She seemed to welcome this positive reframe.

From a *relational perspective*, one could argue that a healing aspect of therapy for Gabriela was facilitating her movement from a point where she experienced emotional disconnection with parts of herself, which was related to conflicted family dynamics and cultural identities, to a point where re-connectedness would feel possible and desirable.

Considerations for mental health interventions

A consideration to keep in mind when working with immigrants in mental health settings is the *diversity* of experiences related to the migration process. Also, it is essential to expand the focus of the context in which the presenting problems acquired significance. While we cannot ignore people's idiosyncratic problem-solving strategies or whether they were adaptable at one point and problematic at another, we also cannot underestimate the significance of the social and relational context in organizing and centralizing peoples' lives. If clinicians are unable to resonate to the sorrow and sadness experienced by immigrants and to recognize the role of culture in influencing the manifestation of these emotions, then normative grief reactions might be defined as pathological.

Variables to assess and clarify in the therapeutic process include:

- whether the migration was forced or by choice.
- past relational and traumatic losses *predating* the migration experience.
- level of emotional ruptures from significant others and family ties since the migration.
- cumulative losses since the migration (i.e. loss of socioeconomic status, professional and vocational ways of earning a living, shift in roles within the family structure).
- cultural identifications and/or rejections.
- racial categorization.
- racism in the host country, community, and service agencies.
- level of functioning, competence, resiliency, and coping resources before migrating.
- patterns of acceptance/welcoming by communities and institutions in the host culture.
- access to supportive networks organized by people of the same national heritage.

Throughout the evaluation and therapeutic process, it is also essential to understand our clients':

- notion of time, space, culture, class, race, and family.
- processes regarding developmental stage and family life cycle events.
- shifting meaning contexts, identifications, and sociopolitical loyalties and allegiances.

We must pay attention to peoples' *life stories* regarding their unexpected relational disruptions and losses to determine whether symptoms appeared around these transitions. We need to evaluate *when* symptoms first appeared and whether these occurred and/or became exacerbated at times when the person was unable to participate in significant life cycle events and developmental transitions of loved ones

afar.

It is important to determine *who* defined or contributed to defining the problems of the people seeking our assistance. In our enabling and healing conversations, we must raise questions regarding themes pertaining to their political and social realities, both past and present. We must explore economic pressures, oppressive mainstream values, racism, norms, and practices that influence our clients' socioemotional, physical, spiritual, and vocational functioning.

While understanding is not by itself sufficient for change, it enables us to help our clients make connections between normative responses to loss and the appearance of symptomatic behaviors. This is a validating and enabling mechanism since it frees people from pathologizing frames of reference. Once this is achieved, then alternative healing contexts can be explored. Additionally, we must not purport to understand clients because we speak their same language or because they are fluent in English. Being bilingual as a clinician does not necessarily imply being culturally aware and/or sensitive to the person's context in which the presenting problem may be embedded.

Many professionals do not consider these issues or check their own assumptions about their clients. Additionally, whether we are immigrants or not, it is imperative that *we become aware* not only of our own acculturation, class values, and assumptions regarding others different from us, but also of our own internalized racism. Furthermore, we cannot ignore our role within the contexts where we work and our positions vis-à-vis the theories we espouse. Responsible and ethical professionals need to continuously examine and re-examine their theories, institutional practices, and the political climate of the time. Finally, we must also examine our own losses, transitions, and struggles as first-, second-, and third-generation immigrants.

Final thoughts

While it is true that the process of immigration implies emotional costs at many levels, it also offers people the opportunity of re-inventing themselves in positive ways that perhaps were impossible in their native lands. This is particularly so for women who leave oppressive sociopolitical contexts and find ways of being in the United States which were not possible or even thinkable back home. Examples include women who have been abused in their family contexts, excluded from educational possibilities, discriminated against and oppressed by their society just for their gender, or condemned to invisibility, shame, and emotional exile due to their sexual preference.

Perhaps part of the human growth process in general and that of immigrants in particular inevitably leads to a stage of rupture and emotional disconnection from significant relational contexts, followed by intense grief and sorrow. If this last process is facilitated, then people can find new and significant growth-promoting relational contexts in the next stage. It is hoped that one would move from a state of emotional or relational disconnection from oneself and significant others to a state of deep grief and sorrow, followed by re-connections in validating and invigorating new relational contexts. Should this happen, then one would be capable of preserving that which is important from the past, culture, history, and significant emotional ties while incorporating new and liberating identifications at the personal, cultural, political, familial, and professional levels.

Perhaps this last point can best be illustrated with the words of a South American woman I see in psychotherapy. "I feel like Janus, the Roman god who had two faces which enabled him to see in opposite directions simultaneously," she said. " One face always looked back to the past, separations, losses, nostalgia, and uprootedness. The other looked forward to the possibilities and opportunities, challenges, growth, and survival."

Being an immigrant in many ways forces one to continuously experience one's past with all its losses while anticipating what the future may bring. Symbolically, this process represents both death and rebirth, perhaps the same experience Alejandra had when she first crossed the border to the United States. The act of crossing geographical borders implies danger and pain, but it is hope that propels people to do so.

Espin (1994) states that crossing geographical borders implies also crossing emotional and behavioral boundaries stretched beyond what may have been possible in many ways before. Metaphorically speaking, this resembles the process of psychotherapy. Whether a client is an immigrant or not, the skilled clinician will recognize both the

particulars and universality of human experience. A good clinician lends his/her hand to help clients stretch their repertoire of behaviors to try that which was unimaginable before. Hopefully this clinician will help clients cross the boundaries of alienation, disconnection from themselves and others, disorientation and confusion about who they are and about their life predicaments, to places where understanding, clarity, and reconnections with oneself and others becomes possible and liberating.

Discussion Summary

A discussion is held after each colloquium presentation. Selected portions of the discussion are summarized here. At this session, Drs. Mauricia Alvarez, Judith Jordan, Jean Baker Miller, Irene Stiver, Janet Surrey, and Jenai Wu joined Dr. Margarita Alvarez in leading the discussion.

Question: I would like a definition of the construct of the self as having choices. In the case of Gabriela, you were able to reframe her experience as having the possibility of choosing the best of her two cultures. This would lead to the assumption of a self that belongs to two cultures and could do the choosing. Is there a concept with which you work regarding various selves with one self looking at the others? My question also comes from working with women who define themselves as part of relationships but who cannot define themselves outside of them. Is this a developmental or cultural process?

Alvarez (Mauricia): Your question gets to the issue of how the self is framed in different cultures and contexts. From the relational perspective developed here at the Stone Center, women are understood as having a sense of self that is much more relational in this culture than had traditionally been thought of in psychology and as had been understood from a men's sense of self. To think of the self as separate from relationships or from relational contexts represents a more Western, North American, and middle-class concept. It comes with different assumptions and values. Perhaps for that young woman it speaks somewhat of how much she had become part of this culture to think of herself in this way.

Alvarez (Margarita): I would like to add that what I understood when Gabriela said she felt emotionally and psychologically dead in this country while alive when in Puerto Rico perhaps reflected her sense of being part of and feeling emotionally connected to relational and cultural contexts that validated her essence. Questioning who she was from the perspective of her cultural identity never became a question while in Puerto Rico. I also believe that speaking in Spanish evoked powerful emotions for Gabriela, given the many significant emotional connections, meanings, and experiences encoded in this language. I guess part of her struggle in defining herself as bicultural related to not knowing how to negotiate between developmental tasks prescribed in opposite ways by two different cultures. For example, leaving home and becoming independent is prescribed as a healthy developmental goal from the perspective of white American culture. Living with one's family of origin past age 18 is viewed in this culture with suspicion and as abnormal. In many cultures, including those of Spanish ancestry, people leave home only when they marry. And sometimes this is not necessarily so.

Stiver: I think that the notion of the self may get in the way and make more complicated what is in some ways straightforward. Because people may be in conflict about their experience in relationships, it does not mean they have different selves in different relationships. It means they may not be clear on how to integrate this. Whatever choice the person makes in therapy comes out of gaining a sense of clarity on how to integrate her experience. Looking at the self as separate keeps you from seeing the relational experience itself.

Surrey: Gabriela's case illustrates the point that in the therapy she was offered a relational context that allowed her resonance with different cultures and a way to more fully represent all her experiences openly. She was offered a relational field, which is what we try to reframe when looking at relationships in therapy. This gives an opportunity to look at the contextual relationships rather than focusing on trying to get to the real or separate self.

Jordan: I was struck by Gabriela's experience of feeling dead and out of contextual resonance and by her emotional experience when she heard your accent and spontaneously went into speaking in Spanish. A way of thinking about self is to think literally about voice — what one's authentic voice is and in what voice one feels at home, which is very powerful.

Comment: I have a reaction to what is being said. The woman that we are talking about had a self

derived from the different contexts from which she came, regardless of how she was defined. But it is impossible to reproduce that and have a sense of authentic self in this country if you are an immigrant and if you look different. For myself, as an immigrant, it is difficult to know how to integrate as an authentic self. In some ways I can resonate to having several identities depending on the context where I am. Additionally, the context is important to me in defining how important my relationships are. But this is not always that readily possible or transferable from one context to another. I think of new immigrants in particular for whom this is nearly impossible.

Question: What are the issues you keep central in doing therapy with immigrant families, specifically when parent and children have power struggles and issues of control? How and when do you address issues of loss when parents left children behind because of immigration? Finally, as a clinician, do you address the power imbalance in the family related to language differences?

Comment: As a daughter of an immigrant mother who did not speak English, I was aware of the power I had to guide her through this country and through many agencies as her translator. Given that I was aware of my important role, I constantly pushed and tested my mother's power. However, while I was aware of my power over my mother when I was a child, I also felt terrified many times about the responsibility of having translated something wrong that would have detrimental consequences for her well-being.

Alvarez (Margarita): A notion that is helpful in therapy is that of facilitating parents and children to recognize each other when they are reunited after many years of separation because of the parent's immigration to this country. Many times children as well as parents suffer many traumas while separated, and they keep these experiences silent in order to protect themselves and each other from the pain endured. As a therapist you recognize and validate the pain, the suffering, and the heroism related to their survival, as well as the care they show in trying to protect each other from pain. You also need to be cognizant of what is said and not said at many levels and acknowledge this.

Wu: I also think that many times people do not take their troubles seriously, given that they are dealing with survival issues and trauma. It is as if they do not pay the necessary attention to their symptoms and their meaning.

Alvarez (Mauricia): The point about people taking their troubles seriously strikes me that we are talking here at so many parallel levels without recognizing it. It is very hard for people to take their troubles seriously when many people here in the United States don't take their troubles seriously. I find very often that people are willing to sit with tremendous amounts of pain if they find people who can sit with them and accompany them. I think immigrants take their troubles deadly seriously, but they have had to do it alone. So I think for us to think about what is and isn't spoken about, what can and cannot be talked about, and what is and isn't communicated is not only between immigrant parents and their children. I think this also occurs between immigrants and people here at so many different levels. So before we as clinicians can really begin to help our clients address this need, we have to address at a larger level ourselves and see how we are part of that problem and how we can be part of the solution. Again, I think we are talking at multiple levels here, and we need to locate ourselves in that.

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