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Cross-Border Family Therapy: An Innovative Approach to Working with Latina Refugee Women in Therapy

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In the era of transnationalism, family therapists working with immigrant women are provided with the space to be innovative in their search for alternatives to Eurocentric approaches. Doing so can help therapists to best serve working-class immigrants and refugees who arrive in North America to escape violence and poverty. The case presented in this article highlights the cross-border interconnectedness between a Salvadoran refugee woman in Canada and other people in her life. The woman’s sources of resilience were her emotional and spiritual connections with her extended family and community members who lived in her country of origin and in the United States. Implications for practice are presented last.

KEYWORDS Canada, salvadorans, therapy, refugees, transnationalism

INTRODUCTION

This article draws on literature pertinent to transnationalism and transnational family practices. It addresses the implications of these current trends in clinical practice with refugee women and their families. A case vignette is presented in which family members living in North American countries (Canada and the United States) and the client’s country of origin (El Salvador) come to therapy via teleconferences to provide emotional and spiritual support.
support and to offer financial support to a Salvadoran woman living in Canada. The case highlights how immigration and acculturation challenges are negotiated across borders with the support of family members and friends living abroad; how family members reconstruct their lives and relationships after migration; how both fear and memory are paramount in the reconstruction of the women's relationship across borders; how a Salvadoran mother continues to parent her teenage daughters, who were still living in a hostile environment in her country of origin; and the impact of this situation on the woman's mental health.

Feminist therapists seek to examine the specific issues that women from explicit ethno-racial backgrounds face when settled in North American countries (Kawahara & Espín, 2007). Simultaneously, globalization challenges us to reassess the manner in which we deliver practices to service users (Lyons, 2006). The query of how to best respond to the needs of refugees arriving to Canadian soil has pressed many Non Govermental Agencies to examine their practices more closely. Funding from Canadian Heritage has supported the organizational development of many (Carranza & Polier, 2004, 2005). In this process, many members of the privilege groups (i.e., Anglo-Saxon men and women) have been surprised to learn, for the first time, that power and oppression are pungent in the lives of women of colour (Brown, 2005), who are without a legal status in the country (i.e., Refugee Claimant) and come from an economically disadvantaged group. The intersections of these are forever present in the daily lives of racialized women. Hence, therapists seeking to work with members of this population must be prepared to challenge themselves and those they work for about issues regarding access to equality of services (Samuels & Ross-Sheriff, 2008) and to take on a transnational social justice standpoint.

Globalization and changes in technology have also opened the space for immigrants to engage in transnational practices (Landolt & Da, 2005). In Canada, these trends are now perceived as a “logi-cal extension of multiculturalism” (Satzewich & Wong, 2006, p. 1). Transnational practices are a continuing aspect of the lives of immigrants and ethnic enclaves (Satzewich & Wong, 2006). Reunions and multiple visits to the home country have allowed immigrant families to develop “trans-context life styles” (Turner, 1991), to become transnational families (Goldring, 1996, 2004), and to develop a sense of belonging in two places (Mason, 2004). Immigrant people now tend to retain connections in two or more locations over short or extended periods of time through travel and long-distance telephone calls (Falicov, 2005; Gammage, 2006). Such connections allow immigrant families to be involved not only in economic exchanges (Landolt, Autler, & Baires, 1999; Montes, 1990), but also in transnational parenting (Schmalzbauer, 2004), social exchanges such as sharing videotapes of parties (Roberts, 2005), and emotional and spiritual exchanges. Therefore, the emotional bonds between family members are
not dependent upon being geographically close (Carranza, 2007; Viruell-Fuentes, 2006).

It has been argued that acculturation is a family process. *Family acculturation* refers to the process by which immigrant families negotiate new roles and identities between family members in the settlement country and across borders for the welfare of the family (Carranza, 2001). This negotiation is heavily influenced by the family’s history of oppression; the family hierarchy; individual members’ characteristics such as age, gender, sexual orientation, gender identity, abilities, and religious affiliation; and the family’s interaction with their ethnic group and society at large. An underlying assumption of this conceptualization is that family acculturation tends to minimize individual and familial economic risks and to promote the family members’ economic, emotional, and spiritual growth and survival across the life span. Acculturation is an ongoing process that continues over generations without any necessary point of completion (Carranza, 2001). Women face particular challenges during acculturation (Suárez-Orozco & Qin, 2006). They tend to negotiate their acculturation process in the context of their partners (Espín, 1997; Sakamoto & Zhou, 2004; Zentgraf, 2002) and families (Birman, 2006; Chun, 2006; Liu & Kerr, 2003; Loukas, Suizzo, & Prelow, 2007). For example, a recent study with Salvadoran refugee mothers living in southeastern Ontario showed that they are ready to re-assess themselves, their parenting practices, and their roles as mothers in order to ensure the family’s survival in a new context which they perceive as hostile (Carranza, 2007).

Most refugees have to struggle to reconstruct their lives while trying to acquire rights and to make sense of their past in a social context where fear persists (Riaño-Alcalá, 2008). Zarowsky (2004) challenges us directly to think about the political and practical implications of our interpretations of emotion, politics, and trauma. She talked about the way in which individual traumatic memories are mobilized in a collective discourse that is deployed in the fight for political survival. Moreover, disadvantaged and working people arriving from Central America have not had access to counseling or therapy because these services are available only to the middle and upper classes in their country of origin (Tarragona, Fernández, & London, 2005). Therefore, the sources of support for the working poor have been family, friends, and other community members. Even in North American countries, family therapy has been most successful for those who can afford it. This situation challenges those who work with the poor or with immigrant families to be creative in finding ways to best work with these populations (Rojano, 2004).

The following section presents the case of a Salvadoran woman living in a small city in the Southeastern region of Ontario, Canada, and significant friends and family members living in El Salvador and in the United States.
It highlights how family members living across borders are intrinsically connected emotionally and spiritually. They stand by each other and offer their support, even when separated by long distances.

THE CASE OF LETICIA AND HER FAMILY

Leticia was originally from El Salvador. Her settlement counselor referred her to counseling because she reported experiencing anxiety attacks and trouble sleeping. She was attending English classes; however, she reported having great difficulty learning as a result of problems with memory and concentration. Leticia was also experiencing some acculturation challenges, such as dealing with the unaccustomed climate, the fact that “in Canada Spanish is not spoken everywhere like in Los Angeles,” and the fact that in Canada the Salvadoran community is fairly new and small compared to Los Angeles.

Leticia came to Canada after living in the United States illegally. She went to the United States to escape gang violence in El Salvador. She owned a small shop in the local market selling vegetables. She began to receive threats to her life when she refused to keep on paying the “dues” that the gangs had stipulated; her dog was poisoned; and her small business became the target of shootings in which a customer was killed. She believed that the gang had meant to shoot her instead as an example of what happens to those who “refuse to pay their dues.”

After a period of time in the United States, Leticia sought refuge in Canada. She stated that she dreaded being deported from the United States because she feared for her life if she were sent back to El Salvador.

Leticia had three daughters aged 16 (Nora), 15 (Julia), and 13 (Consuelo), whom she had left in her mother's care. In our initial session, Leticia reported that she had nightmares in which members of the gang harmed her daughters. We thought these nightmares resulted not only from her intense fear that something might happen to her daughters in retaliation toward her, but also from her own traumatic experience. We set out to process the trauma lived in her country of origin. However, Leticia continued to worry about her daughters.

An added concern for Leticia was the fact that she was unemployed. Her work permit had not arrived. Therefore, she was not able to send remittances to her daughters, who counted on her financial support to make ends meet. Leticia’s health was deteriorating as a result of lack of proper sleep and decreased appetite. Leticia’s constant worry about her daughters’ safety prompted me to think of including them in our conversations. Leticia was thrilled when I shared my idea with her, but she decided to speak only with Nora, her oldest daughter. We agreed that if
her daughter accepted, we would meet via teleconference. I also asked Leticia to keep in mind any other people that she might want to include in our conversations.

Getting Started: Negotiating Acculturation in the Context of the Family Unit

The first family session involved Leticia and Nora, the oldest of her three daughters. Leticia began by sharing with her daughter some of her struggles settling in Canada, such as the weather and having to learn English, and explaining why she had not been able to send remittances. They were both very emotional. Nora shared with her mother that she would seek a part-time job after school to help with the bills. When Leticia expressed concern about Nora’s studies, Nora promised that she would not neglect her homework.

As the session progressed, I asked Leticia and Nora if there were other people who could also provide support. Nora thought that it would be good to include her two sisters.

In our next session, the daughters expressed their hopes for their mother’s recovery, and they each offered their support. As the conversation progressed, the following exchange took place:

Therapist: What do you need from each of your daughters?
Leticia: I need to know that my daughters are OK. That they won’t do foolish things!
Therapist: What does that mean?
Leticia: I need to know that they’ll watch out for each other. That they will not take risks going out at night or walking alone.
Therapist: Would you be able to do what your mother is asking you?
Nora (oldest daughter): Yes, Mom. We do that already. Don’t worry, I keep an eye on them all the time. We never go out alone. We go to school and come back together.
Consuelo (youngest daughter): Yeah Mom, Nora is worse than you. She won’t leave me alone.

Therapist: Does these cause problems between you three?
Nora: Sometimes, but Consuelo is exaggerating!
Therapist: Leticia, perhaps it would be a good idea for you to establish some rules about behaviors and expectations.

As the conversation proceeded, Leticia was able to set some rules regarding curfew, mutual respect, and understanding. She reported that she felt that although she was miles away from her daughters, she continued to provide guidance to them: that is, to continue her role as mother. This made her feel more at ease, and her nightmares and fears slowly subsided.
Family Reconstruction and Reconnection after Migration

In the following sessions, more people were added to our teleconferences: Dina, Leticia’s sister, who lived in Houston; Ana, Leticia’s comadre (i.e., Consuelo’s godmother); and Carmen, Leticia’s mother. They expressed their support and concern for Leticia’s health.

Dina offered financial assistance on a monthly basis so the children “wouldn’t go without” while Leticia got herself settled. Leticia elaborated how much she appreciated her sister’s financial assistance during this time of need, especially after they had been separated for such a long time. Dina had gone to Houston 13 years before and was unable to visit El Salvador because of her illegal status. Of Leticia’s daughters, Dina had only met Nora. She left when Nora was a toddler, and Leticia was pregnant with Julia.

Leticia’s mother was able to reassure Leticia that her daughters were being careful and that the neighbors were watching out for them as well. She expressed satisfaction and pride when she learned that Dina was willing to help Leticia and her children. She cried as she said, “Gracias mi’ja. Ahora se que te crié bien” (Thank you my daughter. Now I know that I raised you right). In this process, I learned that Dina had become estranged from the family as a result of her mother’s disapproval of her boyfriend, especially when she decided to follow him to the United States. Communication between Dina, Leticia, and their mother had been sporadic.

Fear and Memory as Powerful Influences in Reconstructing Their Lives across Borders

In our next session, Leticia’s daughters announced that there had been a shooting at their school. They recognized one of the men who had been involved in the shooting at Leticia’s shop. They reported that they had stopped attending school and hardly ever left the house. They were paralyzed with fear. Together, we strategize about how to best protect the children. A plan was developed in which Leticia’s mother was to ask a friend of the family for support.

Leticia’s mental health declined once again. She was experiencing sleeping disturbances, startle responses, lack of appetite, acute crying, and poor concentration and memory. Her immigration hearing was coming up, and she could hardly talk about it, let alone sit in front of an immigration judge.

We arranged another phone session in which I explained to the family Leticia’s state of mind as well as the importance of the immigration hearing. The family in El Salvador was able to give Leticia the support that she needed in order to regain her calmness:

Nora: Mom, we need you to stay calm. We promise you that we will take care of ourselves. We will watch out for each other. You are our only hope for getting out from this nightmare.
Therapist: What will each of you do different?
Julia: I’ll stop giving Nora and grandma a hard time. I’ll stop sneaking out of the house. I’ll move to anyplace you tell me.
Consuelo (beginning to cry): I’m sorry mom. It’s my fault all this happened!!

Therapist: What makes you say that?
Consuelo: I made friends with someone who belongs to a gang. She probably told them where we went to school.
Therapist: They probably already knew. But it may not be safe for you to hang with kids who are involved in that sort of thing.
Nora: I always had a bad feeling about that kid.
Leticia: It’s not your fault, Consuelo. You’re all safe and that’s what matters now. I’m going to speak with your madrina (godmother) to see if you can all live there for a little while. Would you be willing to go live there?
Nora: Yeah, mom.
Julia: Yeah.

Therapist: Getting back to your mother needing to regain some calmness. What can you say to her?
Nora: Mom, I want you to know that you are our pillar. If you crumble in the hearing we all do. We’re counting on you to get us out of here. Think of us when you’re there.
Carmen (Leticia’s mother): My daughter, I will pray for you so you get the strength you need. Think of me, I’ll be praying for you. I’ll send you my Rosary so you can carry it with you at all times. When you’re feeling distraught think of me, think of your grandma, remember her? She loved you so much. The Rosary used to belong to her. Her spirit will be with you. She loved you so much. Do you remember that?
Leticia: (tearfully): Yeah mom. I remember her.

They continued telling anecdotes about Leticia’s grandmother; her strength and wisdom, her teachings, and how she carried them through during the time of war and intense despair. In this process, I learned that Dina heard some of these stories for the first time. She, too, stated feeling the need to get re-connected with her grandmother. Carmen stated that she would send her mother’s Rosary to Leticia and a ring to Dina, hoping that these would help them remain connected to her during hard times.

Leticia had her immigration hearing. I wrote a letter to support her claim. She was able to answer all the questions asked by the immigration officer, and she did so in a calm manner. After her hearing, I commended
her for her calmness. She showed me her grandmother’s Rosary and said, “You know, you’ll probably think that I’m crazy, but my abuelita (grandma) was beside me the entire time.”

Therapist: What do you mean?
Leticia: I didn’t see her, but I felt her presence. I smelled her scent. This helped me tremendously. Also what my daughter said about me being their only hope. I knew that I had to keep it together for them. It’s not just my life on the line, but theirs, and their future as well.

Leticia was granted refugee status in Canada. She received the official letter three months after the hearing. With a loan from the Mennonite Coalition for Refugee Support, she was able to apply for her daughters’ Canadian residencies as well. Her daughters arrived eighteen months later.

After the girls’ arrival, I met with Leticia and her daughters several times in order to facilitate their readjustment to each other. It is noteworthy that Leticia’s authority over her daughters had been maintained during their separation; however, some of the roles had been shifted. Nora felt an overwhelming sense of responsibility for her sisters. Through our sessions, Leticia was able to reclaim her role as a mother, including supervision and vigilance over her daughters. Nora, thus, was free to become her own person and to reclaim her relationship with her sisters as a sibling only.

The family members living in the United States and El Salvador were involved in some of these sessions. This time, they provided support to the girls as they struggle with the challenges of settling in a new country. They also processed their grief due to their physical and geographical separation and worked on transforming their relationship after migration.

IMPLICATIONS FOR PRACTICE

Power and oppression continue to play leading roles in shaping women’s lives. Women and their children remain the primary recipients of male violence in diverse parts of the globe. Hence, this case called for a therapeutic approach that met the explicit challenges that a woman from a specific ethnic group was facing. This approach addresses the need for therapists to attend more fully to the specific needs of women who come from diverse ethnic groups and to provide culturally responsive interventions (Kawahara & Espín, 2007). In this particular case, Leticia drew upon a key Salvadoran value—familismo or loyalty toward family members (including deceased family members)—the support of family members—and their religion in order to negotiate the challenges of acculturation in the context of her family unit (Carranza, 2001). Leticia and her family were able to remain connected and reconstruct their family after migration. The family members were also essential to the recovery of Leticia’s mental health.
The family members’ resistance and resilience to oppressive circumstances manifested itself as they all reclaimed their legacy of survival from their maternal grandmother. The symbolic nature of the Rosary allowed Leticia to reconnect with her deceased grandmother and Dina to reconstruct her strained relationship with her mother. Leticia and Dina stood together in resisting the emotional impact that their geographical distance, the threats and violence around them, and the impending immigration hearing had on Leticia. Memories of time spent together as a family served as a source of resilience as the family strategize to be emotionally and spiritually present in a difficult situation in which not only Leticia’s future, but also the family’s future was being decided.

The fear and trauma in Leticia’s life had an undeniable impact on Leticia’s acculturation process and indeed affected her mental health. Hence, given the impending immigration hearing, the family had no choice, but to integrate their memories of trauma, pain, and fear in order to reconstruct their relationship and to find new meaning in their lives.

This particular case does not offer new information regarding the transnational experience; however, it provides an example of innovative means by which family practitioners that are committed to the empowerment of women can explore therapy across borders more broadly. In the current era of globalization, there is a need to develop inclusive practices that encompass clinical interventions with transnational families whose members live across borders. Not to do so is to deny an important dimension of immigrants’ lives. By ignoring the specific needs of transnational families, therapists risk becoming agents of an individualist society that may be experienced as oppressive by people who come from collectivist societies.

Therapy with immigrant people in contemporary times requires that family therapists be innovative in order to assess and to serve their clients appropriately. Important assessment questions include the following: How long has the client been in the country? Who is involved in the presenting problem? Where do they reside? Does the service provider perceive them to be part of the solution? Are they willing to be part of the therapy process in spite of the geographical distance? What are the logistics of making contact across borders? What is the therapist’s role? Are there political issues? What kinds of follow-up may be indicated? This is especially true when working with working-class immigrants and refugee women coming from Central and South American countries, where a sense of community and solidarity are of paramount importance.

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