Working With Transnational Immigrants: Expanding Meanings of Family, Community, and Culture

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An increasing number of recent immigrants maintain intense connections with their countries and extended families. The complexity of relationships that arise from transnational connections calls into question dominant discourses about family bonds and requires that we adopt new theory and treatment considerations. The relational stresses and the almost untenable choices that economic immigrants face take the form of separations and reunions of parents and children, and difficult gender or generation transformations that need to be considered against this new transnational backdrop. This article proposes a model that encompasses foundational approaches with new approaches in family therapy by focusing on three crucial contexts for work with immigrants: the relational, the community, and the cultural-sociopolitical. Family therapists are also encouraged to create collaborative links with migration studies, a growing interdisciplinary field.


“Having a country means not to be alone, to know that in the people, the plants, the soil, there is something of yours, that if even if you are not there, it keeps on waiting for you.”

Cesare Pavese (1950)

Economic immigrants who arrived after 1965 are primarily Latinos, Afro-Caribbeans, and Asians. They have been labeled new immigrants or transnationals. Prior to 1965, the majority of immigrants were European and Canadian. Many European immigrants suffered a drastic break with country and family. They often lived with a broken heart. For these new economic immigrants, globalization is constructing a different scenario that expands meanings of family, community, and culture.

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More than ever, immigrants are now able to keep up their emotional ties with their families and countries by using new technologies of communication. They stay in touch by way of remittances, mail packages, phone cards, e-mails, and occasional visits. Intense family involvements are conducted at long distance, and these involvements differ in important ways from connections in families who live their lives in situ. Links across borders bring about the ambiguities of living with two hearts instead of a broken heart (Falicov, 2005).

Transnational lifestyles present theoretical and therapeutic challenges that demand new analytic frames for understanding family relationships and devising interventions. Work with immigrants requires a better integration of cultural and sociopolitical approaches with foundational aspects of the family therapy field. The integrative frame presented in this article is based on my own clinical experiences with immigrant families in California. In previous writings, I offered one answer for such an integration in a model that I called MECA, or Multidimensional Ecosystemic Comparative Approach (Falicov, 1995, 2003b).

MECA summarizes issues of cultural similarity and difference, and of sociopolitical inclusion and exclusion, into four generic comparative clusters: migration/acculturation, ecological context, family life cycle, and family organization. In this article, I build on the first two clusters: migration/acculturation and ecological context. In a future article, I will address new developments focused on cultural diversity in the family life cycle and family organization clusters. Throughout, I cite relevant findings within a current vibrant field called migration studies because the complexities of families today can be better understood by reaching out to disciplines that deal with similar topics.

MIGRATION, ECOLOGICAL CONTEXTS, AND FAMILY THERAPY

Migration involves many interconnected family members across national borders. It includes those who left to come here, those family members who stayed in their countries, and those who come and go. Migration effects involve the next generations of children and grandchildren of immigrants.

Symptoms precipitated or aggravated by the process of migration, such as depression, anxiety, psychosomatic illnesses, addictions, or behavior problems, can appear in any of the family members in any location at any time: the time of departure, at a later time, at the time of a life cycle event (physical illness, divorce, death), or at the time of a reunion among separated members as reported or observed in clients seeking help in clinical settings (Falicov, 1998). Family therapists must pay attention to the complex interactions among these players and their ecological contexts and even develop transnational collaborations to help clients. The latter could take the form of long distance telephone or e-mail therapy with the family members not present in this country, or communications that involve professionals in the country where the family of the immigrant client lives. Binational studies can also help ascertain health and mental health issues for those who left and those who stayed in the same families and communities (Farley, 2002).

One core foundational aspect of family therapy is to think ecosystemically. Family therapists today include ecosystemic levels, or contexts of living and their reciprocal interactions, when dealing with complex problems (Robbins, Mayorga, & Szapocznik, 2003). Indeed, many family therapists have become what Auerswald (1972) called
“non-blaming ecological detectives.” The model presented here includes three contexts of living crucial for work with immigrants: (1) relational, (2) community, and (3) cultural-sociopolitical. Figure 1 illustrates these interrelated contexts.

I. THE RELATIONAL CONTEXT

Another foundational feature of family therapy has been its commitment to understand how people connect and how relationships change in context. The process of migration in a globalized context has important relational implications, which include (1) new definitions of family life, (2) various forms of relational stress that begin in the preparatory stages of migration, and (3) acculturative stress manifested in gender and generational relationships after migration.

Definitions of Family Life in Transnational Contexts

Families who maintain emotional and economic connections across continents challenge family theorists to grapple with the types of family ties that develop when family members live in different ecologies and languages, peer relationships, work settings, or political systems.

One of the constitutive features of family life is the redundancy of the interactions and the ritualized practices of everyday life—such as habits of personal hygiene, food preferences, and bedtime rituals—because these provide the material from which intimate emotional ties are made. In the absence of everyday cohabitation, can a sense of narrative coherence and a shared story emerge, along with the ineffable feeling of continuity of past, present, and future that we associate with family life?

No doubt, lives and relationships are linked across borders. But what is the nature of these links? How do they evolve? Are family bonds sustained subjectively, relying on memory and imagination, and kept alive by occasional contact, however superficial?

Could we talk about a “psychological family” and, even more pertinently, a virtual family in a global world? To what extent and in what ways can new global technologies of long-distance communication help nourish these bonds?

Perhaps migration has always been about memory—memory not only of country, language, sounds, or smells, but also memory about relationships. Therapeutic conversations must make room for the notion of virtual families who feed off a memory bank that increases chances for continuity of psychological presence.

Transnational relational stress. Relational stress is a nearly inevitable, and often transient, aspect of the family strains imposed by migration. I have described elsewhere the notion of migration loss as a specific type of loss that bears similarities to the concept of ambiguous loss (Boss, 1998) in terms of its inconclusiveness and its vulnerabilities toward relational stresses (Falicov, 2002). These could take the form of coaxed or unprepared migrations and marital polarizations, or life cycle pileups that could be approached with therapeutic interventions in the form of rebalancing contracts, odd/even days rituals, healing rituals, or other strategies that I have described and illustrated elsewhere (Falicov, 1998, 2003a).

Relational stresses brought about by separations and reunions between parents and children are at the center of the new immigrant experience and thus deserve special attention in this article. Economic globalization has affected core relationships of care, such as the separation and reunion of mother and children (Suarez-Orozco, Todorova, & Louie, 2002). This is the most dramatic instance of having to live with two hearts, like the title of the article “I’m Here but I’m There” (Hondagneu-Sotelo & Avila, 1997) so poignantly evokes.

Current policies that intend to restrict illegal immigration have had the consequence of separating families even more by impeding reunification here or there, because traveling back and forth between hometown and the United States has become terribly dangerous (Cornelius, 2005). Furthermore, security-oriented border enforcement has driven up the prices charged by migrant smugglers, creating enormous debts that curtail savings and home remittances, thus affecting long-distance connections and future reunification plans.

Transnational separations and reunions. Migration always involves separation. It often separates nuclear families from extended families. Until recently, a father first migrated alone and then reunited in the adoptive country with wife and children once he became economically able to support them. At present, there is an unprecedented departure of mothers alone, or sometimes accompanying their husbands in search of work, leaving their children in the care of relatives (Llerena-Quinn & Pravder-Mirkin, 2005) for some months to many years. Global capitalism, by opening up labor opportunities for women in many countries, has contributed to a feminization of migration.

Separations of mother and children challenge us to question Euro-American dominant discourses of biological mother-child early attachment. Newer models that advance the notion of multiple attachments, with their own affective hierarchies, enlarge the lens to include the possibility that an immigrant mother most likely belongs to a collectivistic culture in which young children may be raised responsibly by a loving grandmother or other relatives, surrounded by many adults and children. Psychological theories that elevate the biological mother-child relationship above all others limit our capacity to understand motherhood as a trigenerational endeavor that
often exists before migration and even makes it possible.¹ In trigenerational systems of care,² immigrant mothers are still part of their families by providing remittances and other forms of long-distance care. They are what anthropologist Sidney Minz called “the liquid capital” of their families (Chamberlain, 1997).

In spite of strong traditions of collectivistic care, extended families do not always function smoothly any more than other types of families do, nor are they immune to the effects of rapid economic globalization. Recent research (Heymann, 2006) based on hundreds of families across the world punctures some widespread myths about the care that extended families are able to provide. Many poor women are pressured to work and may not be able to raise their immigrant daughters’ children adequately (Bunting, 2005).

Separations. The emotional costs of transnationalism may be considerable for all involved. We know little about what happens to children and adolescents during separation because these studies can take place only in the countries of origin. Binational studies are beginning to assess the issues for those members of the same family who stay behind, such as children or the elderly (Gómez de León del Río & Vicencio Guzmán, 2006)

Clinics in many large American cities treat, primarily with medication, the increasing number of women solo immigrants who present with symptoms of depression or psychosomatic complaints but who seldom talk about the stress of separation. Some of these women may seek treatment again 5 or 10 years later to deal with their depressed or rebellious children at the time of their reunification (Adams, 2000; Sciarra, 1999). Schools are barely beginning to be aware of how many children have undergone these separations. (For a helpful professional guide regarding separations and reunions, see Guerrero, 2005.)

When symptoms of separation in women immigrants are treated individually, an opportunity for systemic intervention may have been sadly lost on this first round. If we consider that leaving a child with relatives is really a form of kinship foster care (Soto, 1987), we can extrapolate some similarities with other foster care families. Minuchin, Colapinto, and Minuchin (1998) stressed that for foster care families, the foremost goal should be to maintain connections between the biological mother, the temporary caretaker, and the child. If we apply this idea to the situation of transmigrants, maintaining connections requires empowering the mother to become a long-distance partner in raising her child.

Interventions geared to maintaining connections for the mother include conversations about shortening the length of separation and to increase phone, e-mail, or letter contact when possible. Other rituals of connection include regularly sending money for food, clothes, toys, schoolbooks, and even lending money to the community.

¹Lyman Wynne has always appreciated the importance and viability of these extended family forms and urged researchers and practitioners to study the extended families who often substitute for nuclear families in various parts of the world (Wynne, 1967, 1969). Another focus of Lyman Wynne’s writings refers to the family life cycle and family development (1988). Wynne’s epigenetic model of family development provides an important base for the study of universal developmental processes (attachment-caregiving, trust, communication, mutuality) and their cross-cultural life cycle variations, a model at once universal and culture specific.

²For Lyman Wynne (1969), social and cross-cultural issues have been a long-standing concern, regarded as fundamental aspects of mental health on par with personality and biology. Wynne clearly urged more work to include cultural diversity in the pages of Family Process and supported more gender, race, and cultural representation on the journal’s board (Sluzki, 1990).

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Another aspect of collaborative transnational care is the quality of the relationships among the adults and the efforts they make to cooperate with and include each other. In the case of immigrants, the quality of the relationship among adults depends on whether the caretakers approve or disapprove of the mother or father leaving the child. This approval in turn hinges partly on whether the family belongs to a “culture of migration.” In some countries (i.e., the Caribbean, Mexico) cultures of migration have developed for generations. These provide multiple informal models of separation and reunion, and hopeful narratives that revolve around well-known themes, such as economic survival or education for the next generation. This “cultural memory of the people” (Chamberlain, 1997) lends approval for the decision to leave children in “good hands” and promotes family cooperation.

When the child embraces both women—and may even call both Mami—and they are both comfortable with their collaboration, it is possible to talk about a positive transnational triangle. In other situations, the mother may feel that the caretaker is competing to keep the child by subtly sabotaging the mother-child relationship. In these adversarial cases, it is possible to talk about a negative transnational triangle.

Although attempts to maintain family connections make intuitive sense, a considerable number of separated mothers (and fathers) react with distress when therapists suggest the idea of keeping communications alive. This was the case of a mother who was forced to leave her 7-year-old son in Chile when she migrated. Very soon after this experience, she lost a lot of weight and all her hair. She described her emotional state as a “cancer of the soul.” To call on the phone or even look at a photo of her son was unbearable; it only debilitated her more. She kept his photo upside down in a drawer.

Like other parents in distress over the separation, this mother believed that the mechanisms of “not thinking,” “enduring in silence,” and “overcoming” helped her cope better than expressing her sadness. Controlling or resigning oneself by blocking affect may be universal reactions to traumatic experiences, but in many ethnic groups, they may be reinforced by culture, religion, or social class circumstances.

A middle ground that encourages clients to maintain connections through actions, however tenuous, is a plausible therapeutic compromise between encouraging open expression of painful affects and complete avoidance of remembrance by blocking all feelings.

In the case of the Chilean mother above, I supported her wish to avoid talking with her son because it was so excruciating, but I encouraged her to maintain regular contact with her own mother, who had disapproved of the migration initially. Thus, she could participate in some way at long distance, improve the relationship with her mother, and indirectly maintain the connection with her son. In time, she could be encouraged to take small steps to contact her son via a postcard, a small package, and so on.

Reunions. Despite many valiant attempts to keep relationships alive, the meeting of children and parents separated by migration is more a meeting of strangers than a true family reunion. The resentful child or rebellious adolescent may be undergoing
the culture shock and depression related to the recently arrived reluctant immigrant (Falicov, 2003c). The strangeness may be compounded by added life complexities. The mother may now have a man living with her, or she may have a new child.

Interventions for reunited families need to target making meaning out of the separation, restoring narrative coherence, and making family identity more clear, because all these are likely to have become blurred over the time of separation. A very effective intervention is to ask the reunited family to exchange memories and mental images of the events that took place in their lives prior to and during the separation, including small details that renew and increase the knowledge of the other, to generate empathy for the life events that each has undergone. This catching-up life narrative may be enriched by adding letters written to each other, photos sent, or even drawings of the houses they all lived in together in their country and the ones that they lived in separately, culminating with their current shared housing (Falicov, 1998, 2003a). In some cases, it is helpful to compose a “certificate of legitimization” that documents in one page the family’s journey and reinstates the mother’s due place. Finally, the family may be encouraged to plan together with guests a celebration of the reunion, which could be a special meal, taking photos, and exchanging gifts in a festive, joyful atmosphere.

**Acculturative Stress in Gender and Generational Relationships**

Family transformations are an inevitable feature of migration. Many immigrant families are challenged by unsettling gender and generation dilemmas that come about through the exposure of family members to the new culture. Many of these dilemmas could be seen as tensions between tradition and modernity.

*Gender stresses.* Gender polarizations used to appear along traditional socialization lines of women idealizing home, and men either denigrating home or minimizing the suffering of uprooting. With increased appreciation for their independence, new immigrant women have become more favorable toward staying in the United States (Hondagneu-Sotelo, 1994). Men may react by asserting old patterns of control (such as insisting on having more children or on money control), a scenario that leads to symmetrical escalations and even to marital dissolution.

New binational studies highlight how social and economic contexts affect communities of people who are culturally similar but who live in different countries. A recent study compared couples who live in Jalisco, Mexico, with couples from the same town who have moved to Atlanta, Georgia (Hirsch, 2003). It concluded that differences in the two communities regarding women’s economic opportunities, the attitudes of the Catholic Church concerning control of fertility, and the legal protections against family violence facilitate a striving toward a more modern type of marriage based on greater trust, intimacy, and sexual love for immigrant women when compared with the women who stayed in Mexico.

Therapists would do well to consider that nuanced forms of continuity and value changes may be at play in transnational contexts. For example, Hirsch (2003) described how the women in her study who moved to Atlanta learned to bargain with their husbands in more modern ways, yet they did so without the obvious direct confrontation that may be expected in America. Consonant with their original cultures, they framed their bargains as being not just in their own interest, but primarily in the interests of their children and family.
A second area of tensions between tradition and modernity has focused on the power relationships between children and immigrant parents and needs to be revisited in the current transnational context.

*Generational stresses.* Studies show that immigrant parents of various ethnic backgrounds attempt to exert strict control over their children (Portes & Rumbaut, 2001). There is also evidence that disciplinary crises appear to be connected with suicide attempts in youth. The precipitant seems to be strong cultural conflict with parents who retain their old cultural ideals rigidly (Lau, Jernewall, Zane, & Myers, 2002).

These findings may be taken to suggest that to deal with control-rebellion patterns, therapists need to help parents to relax their controls and assimilate more into American culture. The answer is not so linear. Although some immigrant parents recognize the need to shift from corporal or other forms of excessive punishment, there appears to be a great deal of resistance to change to a more “American mentality.” Parents cite the negative consequences of permissiveness as manifested in use of drugs, delinquency, or sexual promiscuity.

This position presents dilemmas for therapists helping adolescents who are adjusting to more liberal American mores because new research may support the immigrant parents’ holding on to traditional family values (Santisteban, Coatsworth, Briones, & Szapocznik, in press). In fact, it appears that families who retain aspects of the original culture fare better in terms of general health, mental health, and education for the first and the second immigrant generations than those who abandon culture and language rapidly (Beiser, Dion, Gotowiec, Hyman, & Vu, 1995; Darvies & McKelvey, 1998). It seems plausible that this and other compromises are being facilitated organically by transnational exposures that diminish generational conflicts, because more children experience greater appreciation for their parents’ cultures. In turn, parents are also exposed to the modernization of families in their own countries (Falicov, 2005; Levitt & Waters, 2002; Stone, Gomez, Hotzoglou, & Lipnitsky, 2005).

**II. THE COMMUNITY CONTEXT**

Migration always involves a loss of social capital. Community connections develop unique characteristics in transnational lives and may amount to significant rebuilding of social capital in either real or virtual spaces over time. In an attempt to deal with their social losses, many transnationals shift their identity to that of absentee members of their virtual communities. They keep up ties with their communities back home by contributing monetarily to many projects (church, hospitals, and schools) or by donating their skills and talents. Mexicans send donations for distant relatives in need, Haitians send money for building a new school or hospital, Peruvians may help their local church, Cubans in Miami send dresses for a graduation prom in Havana, or Indians send medications for the local infirmary in their hometown near Calcutta. Connections with one’s country may be more possible than in the past and have important emotional benefits, which may even include healing some wounds from the past.

An immigrant from Mexico comes to therapy 40 years after his migration, obsessed with childhood memories of hunger. He is particularly plagued by thoughts of the food deprivation endured by his now deceased grandmother, who begged for food to give to him. To cope with his despondency and guilt, he establishes a fund in his grandmother’s home community to supply meals for the elderly. He commits to travel back
to this town every year to be part of a community banquet for los viejitos (the elderly) and to secure more donors for this cause.

To deal with social and cultural losses, it is also very important for immigrants to rebuild their ethnic community networks. These re-creations of social networks correlate highly with health, mental health, and stable identities (Vega, Kolody, Valle, & Weir, 1991) that buffer against discriminatory experiences. Nevertheless, in clinical populations, the possibility that social relationships within the community setting are not always positive and may even be implicated in the presenting problem needs to be considered as well. Like extended families, communities offer resources, but they may also present problems ranging from gangs to more nuanced polarizations, as the following case reveals.

A Puerto Rican nurse who had built with her physician husband a successful medical practice came to therapy in a state of emotional upheaval. The precipitating circumstances were tied to a destructive gossip system against her, arising from her immediate immigrant community. Going back and forth between California and Puerto Rico over a 25-year span, she had supported the gradual migration of 32 members of her social network, who settled less than 2 miles away from her. A community genogram is useful in visualizing this extensive network. (Rigazio-DiGilio, Ivey, Kunkler-Weck, & Grady, 2005). But now, members of this network who had always been extremely grateful for her help requested that she refrain from “butting-in” in their lives. This changed attitude was devastating to her self-esteem and her dreams of reproducing permanently the community she had lost.

A third aspect of community involvement is provided in this country by thousands of community organizations focused on identifying immigrants’ needs, such as learning English, parent advocacy in schools, or citizenship orientation. Some immigrants gather in “story circles” to listen to each other’s migration sagas (Quinn, Saedi, & James, 2004). Outcomes of these conversations may be relationship-building across cultural lines and social action about common problems, such as discrimination or detention without cause.

Experienced immigrants may help those with less experience to make empowering changes. Motivated by his own painful experience with authorities, a Mexican father started a parenting group for other Latino fathers whose cultural forms of disciplining put them at risk of detention for child abuse in this country. In another community-based program, Latino teenagers, guided by a volunteer film teacher, created a video dealing with drugs, racism, and identity issues in their neighborhood.

Some countries have begun innovative community programs for immigrants who are reuniting with their children. They meet with other families who have gone through similar experiences in multiple-family group therapy sessions. In a school-based program in Canada, families wrote, mounted, and performed a theater production representing a mother’s departure from the Philippines and her reunion with her husband and four children 6 years later. The play was rich in details about the native land, the economic and political reasons for their journeys to the new country, and the impact on all the members of the family. Artistic expressions can help to integrate past, present, and future.

The ethnic community also provides local knowledge about health and cures that can be complementary to conventional mainstream approaches based on a Western medical model. Likewise, it provides potentially helpful spiritual and religious resources. Auspiciously for work with immigrants, family therapy has been returning to
community work. Various current models offer a greater family and collaborative orientation than in the 1970s (Bracco, 2000; Doherty & Carroll, 2002). Community programs may have therapeutic effects in themselves, be a help to the therapy goals, or be an alternative to therapy. It is important for family practitioners to search community programs, learn what they have to teach, and offer our ecological, relational, cultural, and sociopolitical thinking to them.

III. CULTURAL AND SOCIOPOLITICAL CONTEXTS

For the past two decades, family therapists have been intensely drawn toward approaches that incorporate cultural diversity and sociopolitical (often labeled as social justice or postcolonial) frames in clinical practice. Both positions share a belief that problems arise in sociocultural relational settings rather than in intrapsychic life; both adhere to a collaborative, nonexpert stance, and both attempt to bring multiple perspectives into the therapy room.

Cultural diversity is concerned with honoring difference in values, beliefs, and meaning systems based on ethnicity, religion, occupation, political ideology, or other value-based and meaning-imparting contexts. Immigrants come from many nations, religions, and ethnicities. They bring with them many complex and diverse values in relation to gender, parenting, and religious practices that provide crucial psychological and practical resources. Values may also pose constraints in their original cultures or in contact with the new culture.

Sociopolitical or social justice approaches focus on resisting oppression by combating the effects of power differences and differential access to resources based on gender, race, class, sexual orientation, and minority status. Exposure to racism and discrimination is part of the everyday life of many immigrants. These experiences affect physical and mental health and relationships within the family or with institutions, and often negatively form and transform identities for immigrants and their children (Suárez-Orozco & Suárez-Orozco, 2001).

Perhaps because these two endeavors address difference and its consequences, they have often been conflated. Although often overlapping, each provides different clinical applications (see Table 1).

Cultural diversity positions question therapists’ uncritical imposition of normative mainstream values and encourage therapists’ cultural examination of personal and conceptual preferences. Therapists are asked to develop cultural competence and exercise curiosity about and respect for the values of cultural groups.

Sociopolitical positions attend to cultural differences but have also developed concepts that direct attention to the deleterious effects of prejudice, racism or unexamined privilege, colonization, and oppressive cultural identities (McGoldrick, 1998) and to the effects of power differentials between therapists and clients. Some interventions rely on critical consciousness, empowerment, and accountability (Hernández, Almeida, & Dolan-Del Vecchio, 2005). They legitimize local knowledge and promote cultural resistance to mainstream specifications.

When including cultural and sociopolitical contexts, we must take into account the transformations that may come about as a result of transnational experiences for immigrants and their children (Levitt & Waters, 2002; Stone et al., 2005). Contact with the original hometowns may have a double effect. On the one hand, it reinforces the attachment to the past cultures; on the other hand, because hometowns are not...
culturally static, they may provide cultural updates toward modernization in various areas of family life (Gutmann, 1996).

Transnationals straddle two countries and develop opinions about American culture. Therapists could explore with clients their perceptions of how American culture is affecting their families’ gender and generational relationships. There are other complexities to be taken into account as well. Therapists’ evaluations may be biased by the stereotypes that they have about immigrant clients and by the way that the clients represent themselves culturally. Clients may represent themselves as more modern than they really are, perhaps because they assume that this is the bias of the therapist. They may also hide experiences of discrimination that they have endured for fear that they would be seen as unappreciative of this country.

Case Illustration Utilizing Three Contexts of Intervention

A young mother left her 6-year-old and 2-year-old boys with her mother in Mexico, searching for economic relief in California and escaping a violent relationship with the father of her children. Six years later, working in a laundry, she had saved enough money to reunite the family in the United States. Soon after, the older son, then 12, fiercely defied her attempts to discipline him by telling her that she had no rights over him because she had left him to come to the United States to become a woman of ill repute. This is something that he had heard repeatedly from his grandmother, who had disapproved of her daughter’s migration as a woman alone. Three contexts of therapeutic work with this family are illustrated in Figure 2.

A catching-up life narrative approach served to inform all the members of each other’s activities during the separation. Rigid perceptions began to shift. Instead of seeing the mother as having “abandoned” the children and being a “loose woman,” the family began to see the period of maternal absence as forced by economic and power inequities and not implying absence of maternal love or responsibility. A written document of maternal legitimization and a celebration of the reunion helped to validate more formally the current family structure.

Interventions at the community level were an aid to therapeutic goals. The mother was helped to see that the grandmother and the boys were experiencing the isolation and sense of loss of new immigrants. She was encouraged to use the immigrant peer ethnic network that she had developed through her work and to make inquiries to expand it in an age-appropriate way to include the new immigrants in her family. As it turned out, she was instrumental in facilitating story circles of other immigrant women at her local church and was encouraged to create enactments of separation and reunion in a theater-like play.

To address further the negative emotional transnational triangle between grandmother, mother, and oldest boy, we helped the family think through cultural and sociopolitical issues related to gender and economic oppression that put women in the untenable position of having to sacrifice themselves by either staying in an abusive relationship or by migrating as the only alternative to supply sustenance for their children. When they migrate, they put themselves at risk of being judged through a societal patriarchal discourse that tarnishes the reputations of independent women. As we discussed these historical, economic, and gender contexts, the grandmother began to open up about her own past dilemmas of having to raise her family as a single

Presenting Issues

Mother’s authority is challenged by 12-year-old son at reunion
Negative intergenerational emotional triangle during separation

Change Contexts: New Conversations and Experiences

Relational
Reframe separation as transnational collaboration (remittances, phone, mail messages)
Catching up life narrative:
Informs about periods of absence
Reframes maternal Love in transnational context
Ritual of maternal legitimization
Celebration of reunion

Community
Expand immigrant ethnic network
Story circles of migration narratives
Theater play provides historical/economic context
Boy and grandmother secure new immigrant support

Cultural/Sociopolitical
Honor trigenerational family forms
Contextualize cultures of migration
Stories of women’s cultural and personal oppression
Intersections of gender and class

Figure 2 Case illustration: Treatment of Mother, Grandmother, and Children after 6 years of Separation
mother in poverty and being unable to pursue an opportunity to run a tavern because of the advances of men and the pernicious gossip that had started about her.

**SUMMARY AND RECOMMENDATIONS**

By way of summary, Table 1 describes the main issues presented under the three contexts suggested for work with immigrants. The contexts can be used separately or together, as in the case above, depending on each particular case.

In this article, I have urged family therapists to prioritize the study and treatment of transnational families. In this endeavor, we must consider family members across national borders and learn from binational studies. Global scenarios stimulate new theorizing about definitions of family life, how relationships evolve at long distance, and how to develop systemic and even transnational interventions for separations and reunifications.

Relational stresses of migration and acculturation are common and workable issues for immigrants in therapy. Family therapists must also become adept at thinking in terms of virtual and actual communities of concern for immigrants. Cultural diversity and sociopolitical thinking must be incorporated into the mainstream of the field and used in its full complexity to understand and treat immigrants.

**Table 1**

*Description of Contexts for Work with Transnationals*

<table>
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<tr>
<th>RELATIONAL</th>
<th>COMMUNITY</th>
<th>CULTURAL/SOCIOPOLITICAL</th>
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<tr>
<td>2. Transnational relational stresses</td>
<td>2. Rebuilding ethnic networks</td>
<td>- Honoring cultural differences</td>
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<tr>
<td>- Coaxed and unprepared migrations</td>
<td>3. Using community organizations</td>
<td>- Question normative theories</td>
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<tr>
<td>- Marital polarizations</td>
<td>(English classes, citizenship, parent advocacy, church based)</td>
<td>- Curiosity and respect</td>
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<tr>
<td>- Separations and reunions</td>
<td>4. Facilitate story circles</td>
<td>- Find cultural solution</td>
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<tr>
<td>(transnational positive and negative triangles)</td>
<td>5. Experienced immigrants orient new ones</td>
<td>2. Social Justice</td>
</tr>
<tr>
<td>3. Acculturative stress in gender and generational relationships</td>
<td>6. Collective art expression</td>
<td>- Resisting oppression in relationships and cultural identities</td>
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<td></td>
<td>7. Use of local knowledge</td>
<td>- Support accountability</td>
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<td>- Empowerment and social action</td>
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To pursue these goals, family therapy can be enriched by gathering relevant insights from the growing interdisciplinary field of migration studies. We must also attempt to offer our ecosystemic, relational, and sociopolitical thinking to this vibrant and necessary new endeavor.

REFERENCES


