REPAIRING THE ATTACHMENT BOND BETWEEN IMMIGRANT PARENTS AND THEIR
ADOLESCENTS WHO EXPERIENCED PIECEMEAL IMMIGRATION:
A RESOURCE AND A GUIDE

A graduate project in partial fulfillment of the requirements
For the degree of Masters of Science in Counseling,
Marriage and Family Therapy

By,

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DEDICATION

I am blessed to have wonderful friends and family who have supported and believed in me throughout the course of the program but I feel that there was a core of significant individuals who helped make this project a reality: Aileen Appe, Patricia Fuellas, Morgan Silva, and Kelly Stacy. From the bottom of my heart, thank you for taking time out of your busy schedule and helping me review and edit a year’s worth of hard work. You are all truly thoughtful and amazing people! I now realize that I asked for your help not simply because you are all editing geniuses but because I feel comfortable and safe in your eyes, and I wanted to share with you another side of me that others (in the past, including myself) might think as fragile and weak. I do not know what my life would be like if I did not have such amazing friends.

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ABSTRACT

REPAIRING THE ATTACHMENT BOND BETWEEN IMMIGRANT PARENTS AND THEIR ADOLESCENTS WHO EXPERIENCED PIECEMEAL IMMIGRATION:
A RESOURCE AND GUIDEBOOK

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The purpose of this project is to create a resource and a guide for clinicians on how to help immigrant families with adolescents repair their attachment bond that was damaged as a result of the families’ piecemeal immigration to the United States. The resource portion covers the different components that affect the parent-adolescent relationship — attachment theory, attachment and culture, immigration, grief, acculturation, and adolescent development. The guidebook portion provides a suggested structure on how to address the aforementioned components when working to help repair the attachment bond between immigrant parents and their adolescents. The families’ collaborative work in therapy (either through simple open discussion or directive interventions) will help them communicate and become more aware of each others’ needs, which is especially beneficial for immigrant parents who often struggle on how to help and reconnect with their respective adolescent. Clinicians can provide a safe and accepting environment where immigrant parents and adolescents can candidly share with each other their personal struggles, thoughts, and feelings pertaining to the challenges of immigration, grief, acculturation, and adolescent development. By becoming more open and understanding, immigrant families can learn to adjust and integrate some values and beliefs of their native culture with their host country’s culture to suit the family’s current needs. Such expression of attunement can help families mend and strengthen their parent-adolescent attachment bond.
Chapter 1: Introduction

Introduction

Despite the multiple obstacles that make it difficult to immigrate, individuals from various countries continue to pour into the United States. According to the annual 2013 U.S. Legal Permanent Residents report made by the United States Department of Homeland Security Office of Immigration Statistics, there has been an upward trend of the annual flow of immigrant since 1945, increasing from 250,000 during the 1950s to more than 1 million between 2000 and 2012. This number alone accounts only for those who immigrated legally to the United States. Legal or not, these individuals often immigrate in pieces rather than with their family due to diverse obstacles such as stringent immigration policies and lack of financial means (Suárez-Orozco, Bang, & Kim, 2010). This piecemeal displacement indicates that family separation is common and is considered a traumatic experience, especially for immigrant children who are often separated from their parents during the immigration process. Left unresolved, these children are unable to process and work through their trauma of broken secure relationship with their parents, which could prevent those children from developing trusting, secure, and meaningful future relationships.

Due to this continuous increase in the United States immigrant population, coupled with the fact that immigration is a stressful life event that often impacts the relationship dynamics between parent and child, there have been a plethora of studies that attempt to explore the experience of immigration from an attachment perspective. Existing studies on attachment and immigration have addressed the positive correlation between attachment quality and psychological distress (Sochos & Diniz, 2012), and/or how attachment quality is positively correlated to the cultural adaptability (Hofstra, van Oudenhoven, & Buunk, 2005; Van Oudenhoven & Hofstra, 2006). What these studies have failed to acknowledge are that the problems that immigrant families encounter impact the attachment quality within their relationship - grief and loss, acculturation, and developmental transitions (specifically immigrant children shifting towards adolescence). Existing studies that do address these significant matters focus on each one individually, and failed to consider that these problems and obstacles - grief and loss, acculturation, and (specifically immigrant children shifting towards adolescence) developmental transitions - directly affect each other. This overlap and interconnection strongly implies that these studies need to be explored and integrated together in order to gain a better understanding on how to better help immigrant families.
The concerns and problems that parents and their adolescents bring to therapy in matters of grief, acculturation, and developmental transitions are “normative life-cycle transitions, intergenerational relationship strains, and adolescent, or young adult separation-individuation occurring in an unfamiliar context under different cultural rules” (Baptiste, 2005, p. 364). Because interfamilial conflicts may result from these occurrences, family therapy is a suitable approach when working to repair the parent-adolescent attachment bond. An offshoot of family therapy, attachment-based family therapy could also be effective in helping immigrant families improve the quality of their parent-adolescent relationship. Although the attachment-based family therapy approach was initially developed to help families with depressed adolescents (repairing the attachment rupture by teaching parents to become more aware of, to acknowledge, and to help meet their adolescents’ needs; strengthening the trust and security in the relationships), this approach could also be applicable with immigrant families. According to Diamond, Diamond, and Hogue (2007), “Resolution, or even just recognition, of these family traumas,” (grief work, acculturation, and meeting developmental transitions in an weak and vulnerable family), can help reestablish the family as a secure base (p. 178). As immigrant parents once again reestablish themselves as a safe haven for their children, their adolescents can trust in their support and guidance in coping through their acculturation and developmental issues.

Statement of Problem

Due to the loss and separation immigrants experience during their immigration process, they have a significantly higher proportion of individuals with unresolved attachment status (van Ecke, 2005). This supports John Bowlby’s belief that losses and separation relate to unresolved attachment status (also referred as unsecure attachment personality) (1969, 1982). The separation and other losses some immigrant children experience during their family’s piecemeal immigration may predispose them to developing unsecure attachment personality type (van Ecke, 2005). With limited sense of security and trust as a result of their parental separation, these children become adolescents who struggle with accepting their parents back in their life as their primary caregiver once reunited in their migrating country, wondering who they can rely on for security and nurturance.

Without the help and support of their parents who they learned to associate (as a result of their earlier family separation) as unreliable and uncaring individuals, immigrant adolescents with unresolved
attachment styles are prone to struggle with psychological and sociocultural adjustment in their new country (Polek, van Oudenhoven, & Berge, 2008). Due to the anxiety, fear, and grief that these adolescents experienced from their parents’ departure, these adolescents tend to develop antisocial orientation (Granot & Maseless, 2008). Because there is a moderate degree of stability in attachment from infancy to adulthood (Fraley, 2002), this antisocial orientation can surpass adolescence into adulthood and could prevent these individuals from developing meaningful relationships. For that reason, it is important that these immigrant parents and their adolescents repair their damaged attachment bond once reunited, specifically through helping and supporting each other to cope with their losses (grief work), acculturate to their new cultural environment, and to successfully attain developmental tasks in adolescence.

Purpose of the Project

The purpose of this project is to create a resource and a guide for clinicians to help immigrant families with adolescents repair the attachment bond that was damaged as a result of the families’ piecemeal immigration to the United States. The resource portion is a discussion about the different components that shape the parent-adolescent relationship, which are attachment theory, attachment and culture, immigration, grief, acculturation, and development. The guidebook portion provides the clinician with a parameter to address the aforementioned components when working with immigrant parents and their adolescents. By providing a safe and warm environment, clinicians can help immigrant families open lines of communication where both parents and their respective adolescent can help and support each other cope through the challenges of immigration, grief, acculturation, and development; and in doing so the parent-adolescent attachment bond.

Terminology

Acculturation: A process in which people are resocialized into a new and host culture in order to be compatible and accepted (Gudykunst & Kim, 1984). It is a process that includes adapting to a new language, attitudes, and values of the mainstream culture while also maintaining ties to the language, attitudes, and values of their heritage culture (Berry, 1997).

Attachment: The innate and biologically based tendency for children to form an intimate bond to figures who will provide protection and care who usually are their primary caretakers (mothers) – their attachment figures (Bowlby, 1969, 1983). Through the relationship with their attachment figures, children will
development an internalized perception of themselves and of others. A deep and enduring connection between a child and his caregiver during his first years of his life, and something that is established together in an ongoing and reciprocal relationship (Levy & Orlans, 1998)

**Autonomy:** The state of being independent that includes a person’s ability to behave or makes decisions without relying on others; and a person’s ability confidently carry out decisions and/or tasks without the pressure or control from others (Van Petegem, Beyers, Vansteenkiste, & Soenens, 2012).

**Disenfranchised Grief:** A kind of grief (most often from intangible losses such as language, a trauma in the family, the loss of a familiar surrounding) that is not socially accepted by society. Because what is lost is ambiguous, hidden, and/or denied, grief can remain unresolved because the griever is not given the chance to mourn (Gilbert, 2008).

**Grief:** A reaction to an experience of loss. It is, “a process of psychological, social, and somatic reactions to the perceptions of loss.” (Casado, Hong, & Harrington, 2010, p. 611).

**Immigration:** The process in which people move and relocate into another country or region that they have no familiarity with and eventually permanently settle in. It can be stimulated by sociopolitical conflicts, and may also be prompted to improve economic well-being and to reunite with other family members living abroad (Michael, 2009). Individuals who enter a foreign country with the intention to permanently settle are referred to as “immigrants.”

**Piecemeal Family Immigration:** Immigration that often transpires in stages, usually beginning with one family member first and once established, sending for a spouse or children (Hondagneu-Sotelo, 1994)

**Secure Base:** A concept that describes how “a child or an adolescent can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened” (Bowlby, 1988, p. 11). It is when a child can rely and turn to his/her sensitive and responsive caretaker in order to meet his/her needs, and to whom he/she can turn to when anxious or upset.
Summary

Family separation is a common occurrence for immigrant families during the process of piecemeal immigration, especially between parents and their children. It is a traumatic experience that negatively impacts the quality of the parent-child relationships post reunification, making it difficult for (the now) immigrant adolescents to rely and trust in this relationship as they adjust to their new surroundings. It is a traumatic experience that affects how adolescents are able to cope with the losses and challenges resulting from the immigration (grief, acculturation, and adolescent development). A break in the early parent-child relationship predisposes these adolescents to develop unsecure attachment personality types. Robbed of a secure attachment experience crucial for developing a healthy perception of others and themselves, these adolescents not only struggle with psychological and sociocultural adjustment, they are also prone to becoming wary, distrustful, and emotionally guarded of others, preventing them from developing meaningful relationships. To better understand the world in which immigrant families live and to help them with their struggles, a review of the literature is provided which examines the immigrant parent-child relationship in question, specifically focusing on the attachment quality; the various challenges that the family encounters as a result of the immigration (grief, acculturation, and adolescent development); and family therapy interventions that could be helpful in repairing the broken parent-adolescent attachment bond.
Chapter II: Literature Review

The following literature review will begin by discussing the concept of attachment theory as it applies to both childhood and adulthood. To address cultural sensitivity, different and similar interpretations and perceptions regarding the theory in cultures will be reviewed. Next is a discussion about the various reasons why people immigrate from their native country, the different factors that shape the quality of the immigration experience for these families, and immigration’s impact on the attachment quality between immigrant parents and their respective adolescent. This is followed by a discussion on the process of grief (or lack thereof) that immigrants go through as they experience numerous losses during immigration; specifically how many immigrant adolescents are unable to fully grieve and mourn their losses in the process of immigration. Thereafter is a discussion on the challenges of acculturation that immigrant parents and their adolescents’ experience, and how their different pace to cultural adjustment affect their already fragile and vulnerable relationship. Next is a discussion on the challenges of adolescent development, both for the immigrant parents and their adolescents. Despite the many challenges that immigration, grief, acculturation, and (adolescent) development bring to immigrant families, maintaining their ties to their native culture could be used to cope and help the family experience of adjustment, improving the quality of the family functioning and experience. The literature review will conclude with a discussion on the available clinical interventions that have been or are commonly being used when working to rebuild the attachment quality within relationships (in a dyad or family setting), and how they could be used to improve the quality of the attachment relationship between immigrant parents and their respective adolescent - repairing the attachment parent-adolescent bond.

Introduction

Family separation is common for immigrant families during the process of immigration, especially between parents and their children (Bohr & Tse, 2009; González-Ferrer, Baizán & Beauchemin, 2012; McGuire & Martin, 2007; Michael, 2009; Suárez-Orozco et al., 2010). Although the decision to immigrate may be rational and made for the betterment of the family (González-Ferrer et al., 2012; McGuire & Martin, 2007; Michael, 2009), these separations disrupt and damage the intimate and secure relationship between parents and their children (Bowlby, 1983; Tizard & Tizard, 1973). During these separations, children lose reliable, protective, and nurturing figures in their life. Along with the initial and significant
loss of their parent-child relationship - their parent(s) - these children are then exposed to other losses such as familiar surroundings, language, and routines after they are reunited with their parents in the migrating country (Casado et al., 2010; Henry, Stiles, & Biran, 2005). Because these losses are misconstrued as opportunities and progress for the family (Bohr & Tse, 2009; Gilbert, 2008; González-Ferrer et al., 2012; McGuire & Martin, 2007; Madziva & Zontini, 2012; Michael, 2009), immigrant children seem to struggle with these losses alone without adult support while also coping with the added stress of adjusting to family and the new culture adjustment after reunification.

Family tension and conflict may stem from the parent’s inability to recognize their child’s losses along with the parents’ necessity to adjust their parenting approach in consideration of their child’s needs and the family’s new cultural context (Costigan & Koryzma, 2011; Fuligni, 1998). Although these struggles were individually researched to gain a better understanding on how they affect the parent-child relationship, the collective results revealed that there are adverse effects for both the child and the family unit when these challenges are not met and resolved - further weakening the already vulnerable parent-child bond (Bowlby, 1988; Dow, 2011; Michael, 2009; Suárez-Orozco et al., 2010; van Ecke, 2005). Consequently, this could adversely shape how these children perceive themselves, others, relationships, and the world. Through family therapy, immigrant families can communicate and express their feelings with each other. Immigrant children would have the opportunity to feel validated about their experiences of family separation and immigration, their struggles with grief, acculturation, and transitioning towards adolescence in a new cultural and familial surrounding - repairing and strengthening the intimate and nurturing parent-adolescent bond that was damaged during the immigration process.

Although there have been a plethora of studies and continued interest in attachment theory and immigration, the majority of the research was done separately and few together (Bowlby, 1969, 1973, 1988; Dinero, Conger, Shaver, Widaman, & Larsen-Rife, 2011; Englund, Kuo, Puig, & Collins, 2011; Fraley, 2002; Granot & Mayseless, 2008; Hazan & Shaver, 1987, 1994; Holman, Galbraith, Timmons, Steed & Tobler, 2009; Lui & Rollock, 2012). Since the core themes of attachment theory are security, separation and loss (Bowlby, 1969, 1973, 1988), all of which are also common themes in the stories of children who were separated from their primary attachment figure due to immigration, these main concepts should be studied together (Casado et al., 2010; González-Ferrer et al., 2012; Madziva & Zontini, 2012;
McGuire & Martin, 2007; Suárez-Orozco et al., 2010; van Ecke, 2005) in relation to the theory of attachment.

The few studies that do exist about immigrant’s cultural adaptability reveal that attachment personality type could predict how an adult immigrant can adapt in a new culture (Hofstra et al., 2005; Polek et al., 2008; van Oudenhoven & Hofstra, 2006; Sochos & Diniz, 2012; van Ecke, 2005). Even more rare are academic bodies of work that discuss the impact of a disrupted attachment bond and explore the attachment relationship between immigrant parents and their children; let alone a specific age rage of children (Michael, 2009; Rajan & Rappaport, 2011) such as adolescents. What these studies have in common was that oftentimes their findings revealed adverse outcomes due to the attachment rupture as a result of familial separation in immigration. (Lemy, 2000; Michael, 2009; Santa-Maria & Cornille, 2007; Smith, Lalonde, & Johnson, 2004; Suárez-Orozco et al., 2010, 2011; van Ecke, 2005, 2007). The importance of a healthy and secure attachment bond in childhood cannot be denied its role in personality development in adulthood, specifically the way it could shape an individual’s interpersonal and romantic relationship with others. Perhaps due to the complexity of multiple variables that are involved (attachment, immigration, contextual and developmental factors, acculturation, and grief), there are very few studies that have focused on such notion. However, an understanding of the adverse effects for immigrant adolescents who were separated from their parents during a family piecemeal immigration could not only help save and strengthen the relationships within a family unit, it could also increase the sense of confidence, trust, security, and hope within an individual’s interpersonal and intrapersonal relationship.

Attachment Theory

According to John Bowlby, we rely on our primary caregiver (usually our mother) for our survival and safety during our infancy (1969). In order to feel safe and protected, attachment behavior is when a child preserves closeness to another identified individual (usually his/her primary attachment figure) who has the capacity to better cope with the world. Even before birth, an infant (to prevent confusion, who will be referred to as a “he” going forward) learns to develop this sense of nurturance and protection from his mother as he grows in her womb. He begins to feel secure knowing that his primary attachment figure is available, accessible, and responsive towards his needs, which encourages him to value and continue the relationship. Once solely based on protection and survival) an intimate connection and bond gradually
develops and grows in the relationship, with complete attachment reached when the infant is about 7-8 months old. This attachment between the infant and mother serves to ensure that the caregiver maintains close proximity with her child to cultivate nurturance, to provide ongoing protection, and to create a safe haven where he can turn to in times of distress (Bowlby, 1988).

**The internal working model.** The attachment bond between an infant and his mother becomes the secure base from which the infant subconsciously develops an internal working model that shapes how he perceives relationships with others and himself (Bowlby, 1988). Bowlby’s studies revealed that the relationship that an infant has with his primary caregiver during infancy and early childhood will later become the working model he uses throughout his life to understand his relationship with others as well as himself. The internal working model then becomes the basis that significantly influences his cognitive and emotional structures in relation to others. Clearly stated by Bowlby (1988), “The capacity to make intimate emotional bonds with other individuals…is regarded as a principal feature of effective personality functioning and mental health” (p. 21). Although children will develop other relationships with others who will seem to take on the characteristics reminiscent of attachment figures, an enduring attachment bond can only be found between an infant and his primary attachment figure, specifically his or her mother.

Bowlby observed that when there is a rupture in the attachment bond between caregiver and child, the infant no longer feels protected and safe (1969). Without a secure base, there is no safe haven where he can turn to in times of distress, which also adversely affects any kind of healthy internal working model that he may have already developed. When an attachment bond is ruptured, the infant is left with a greater vulnerability to trauma and psychological distress that could significantly impact his personality development. The infant may blame himself for the rupture, with an internalized belief that he did something wrong and thus deserving of the mistreatment; which consequently shapes his sense of self and relationships with others. Without the support and immediate interventions that could help repair this ruptured bond, the infant will grow up with this new internal working model that he will then impose, or some derivative of it, upon his sense of self and his future relationships (Bowlby, 1977) – depriving him/her self of the opportunity to have intimate, meaningful, and romantic relationships.

The internalized belief that a child develops of himself/herself and of others stems from his/her relationship with his/her primary caregiver will then significantly influence how he/she perceives other
relationships. As an adult, the quality of a relationship with a primary attachment figure from childhood affects the quality relationships established in adulthood, even with romantic partners – an interplay between early relationship history and concurrent individual circumstances (Englund et al., 2011; Fraley, 2002; Hazan & Shaver, 1987). Romantic love is a similar form of the attachment process experienced individually due to his primary attachment histories (Hazan & Shaver, 1987). Different attachments are directly linked to differences in mental models of self and different love experiences (Hazan & Shaver, 1987). Threats to availability of an attachment figure in matters of accessibility, responsiveness, and open communication are also linked to romantic partner availability; which then cultivates the development of adult attachment anxiety and avoidance among those involved in intimate and meaningful relationships (Holman et al., 2009).

Researchers acknowledged that there are occasions that may present themselves throughout one’s lifespan that may change an individual’s attachment personality type (Fraley, 2002; Hazan & Shaver, 1994). Although secure attachment relationships with friends may shape positive emotional quality of intimate, meaningful, and romantic relationships (Dinero et al., 2011), this also implies that attachment security within the friendships could be linked to the infant attachment security of that individual. There may be other relationships along the way, but these new relationships are assimilated into the already existing internal working model that is already ingrained since childhood (Hazan & Shaver, 1987, 1994), which unfortunately may be damaged. This study further confirmed what Bowlby acknowledged during his research on attachment theory; although there may be other attachments developed with other individuals, the lasting attachment bond persists with the one an individual has with his primary caretaker, his mother (Bowlby, 1988).

According to the prototype perspective, although other relationships may affect the further development of attachment personality, an individual’s attachment personality type maintains a sense of stability throughout his life (Fraley, 2002). Though people are resilient and can make an effort towards personal improvement, they still struggle with change because their internal working model from early childhood retains an enduring and powerful role. Despite other relationships that individuals may develop and have, and as well as other changes that often occur in peoples’ lives, individuals often unconsciously choose environments that are consistent and validate with their existing beliefs and expectations, which
then draws out similar reactions from others that they are familiar with (Collins, 1996). This does not imply that a child is stuck with a single way of relating to others, but a person’s level of security will vary over time, specifically changing around an established condition (internal working model). Although specifically how early attachment representations influence the adult attachment pattern is unknown, the basis of prototype perspective implies that short-term environmental factors do not have long-term effects on stability of security.

**Emotional reactions to broken attachment bonds.** Broken attachment bonds come in various forms of separations and losses within family relationships (Bowlby, 1973). Regardless of whether the ruptures are threats or actual occurrences, any form of abandonment creates intense anxiety causing anger within a child, which could then be carried into adulthood (Bowlby, 1988). Described by Bowlby, anxiety, depression, and other psychopathic conditions in adulthood can be linked to anxiety, despair, and detachment that are caused by separation from a primary caregiver, whenever he expects such separations; and when he loses his primary attachment figure altogether.

Conducted by Robertson and Bowlby (1952), two separate studies were completed to gain a better understanding of the sequence of responses (which consists of protest, despair, and detachment) when a child is separated from his mother. A group of four children who were 15-30 months of age were left in residential nurseries without their primary caregiver, and were independently observed upon both their separation from and their reunification with their primary attachment figure. Typical behaviors during separation were crying for the first few days of separation, searching for their mother, resisting towards mother-like figures, and a heightened sense of wariness towards strangers. After reuniting with their primary caregivers, observation of the same groups of children revealed a consistent pattern; detachment from mother. These children seemed to either ignore or not recognize their mother, most of them cried or came close to tears, and a majority of them went from tearful to expressionless during reunification.

Interestingly, Bowlby (1973) also observed the existence of two conditions during the separation that mitigated the intensity of the infants’ responses: a familiar companion and/or familiar possessions and mothering care from a substitute mother. In the same study, a few of the children came in with their siblings, and upon separation, the two turned to each other to be soothed and comforted upon separation from their mother. Other children found comfort in the toys and clothes that they brought with them. A
child may initially be afraid of the substitute mother (a stranger) and may reject her attempts to mother him, and is unsure whether to seek comfort from her or reject her as a stranger. It is only after a period of days or weeks that the child becomes accustomed to the new relationship, while continuing to express his yearning for his missing mother.

Bowlby (1973) also revealed that the duration of a child’s detachment from his mother correlates highly and significantly with the length of time he was separated. After a prolonged or repeated separation during the first three years of life, detachment can persist indefinitely as a coping mechanism to protect oneself. According to Bowlby (1973), such separation puts the child in a state of anxiety, and within this anxiety is an internalized sense of fear repeatedly coming up for the child when they are placed in strange and alarming situations. Such traumas are then internalized and affect the type of attachment bond that the child develops first with their mother, and later with others. As the child grows older, this internal working model will become subconsciously activated during times of stress and anger, specifically when re-experiencing a sense of separation and loss in other significant relationships (van Ecke, Chope, & Emmelkamp, 2005).

**Attachment styles.** Established from their first attachment relationship (their primary caretaker), Bowlby’s findings revealed that a child develops an internal working model that influences his behaviors, perception, and beliefs in interpersonal and intrapersonal relationships (Bowlby, 1977; 1988). Depending on the type of attachment that an infant had with his primary caregiver, he can develop one out of three attachment personality types as he grows older into adulthood – secure, anxious-ambivalent, and anxious avoidant (Ainsworth, 1978; Bowlby, 1969). Within Bowlby’s formulation and description of the development of attachment personality style, he also highlighted that these three personality types later shape a child’s ability to develop close bonds with others (1977, 1980). The development of attachment personality styles are not solely limited to the child-parent relationship, they also shapes an individual’s capacity to make intimate bonds in the future with others such as siblings, peers, and eventually romantic partners who later become attachment figures.

In *secure attachment*, the child is confident his parent will be available, responsive, and helpful when he/she is in an unsafe on fearful situation, and thus feels brave to explore. He/she has confidence and is able to explore independently from his primary caregiver. Consequently, the child has a positive self-
perception and able to develop healthy and intimate relationships with others. As an adult, he/she is confident, has a positive self-worth, and is a likeable individual (Hazan & Shaver, 1987). He/she generally views people as well intentioned and compassionate.

In contrast, there are two types of unsecure attachment personality types – anxious-ambivalent and anxious-avoidant. In anxious-ambivalent attachment, the child is uncertain if his parent will be available, responsive, and helpful when called upon; he/she thus feels anxious about exploring the world (Ainsworth et al., 1978; Bowlby, 1969). This type of child is insecure, sad, and fearful, and may have mixed feelings of intimacy and hostility. As an adult, he/she continues to be anxious, unsure of himself and others, and thus having commitment issues to relationships (Hazan & Shaver, 1987). In anxious avoidant attachment, the child has absolutely no confidence that he/she will be responded to helpfully when he seeks care (Ainsworth et al., 1978; Bowlby, 1969). Because he/she lacks self-confidence and expects to be rebuffed by others, the child grows into adulthood without love and support of others, and thus becomes emotionally self-sufficient. For all attachment personality types, these conflicting feelings, resistance, and struggles with intimacy stem from early attachment experiences with their primary attachment figure (Bartholomew, 1990).

The Adult Attachment Interview (AAI) - which assesses attachment personality types in adults - validated that childhood attachment mediates adult emotional and social adaptations with self and others (Roisman, Tsai, & Chiang, 2004; Roisman et al., 2007). This AAI assessment focused on the belief that the attachment bond experienced during childhood influences and classifies attachment personality type in other relationships in adulthood, including romantic relationships. Critics of the Adult Attachment Interview highlighted that this assessment solely focuses on representations of childhood experiences as a way of classifying adult attachment, and does not consider the influence of other attachment representations found in friendships and relationships (Dinero et al., 2011). However, a thorough understanding of the development process and aspects of attachment in adult relationships will highlight that despite the influence of other attachment relationships, there is a congruency and degree of stability of attachment personality type from infancy to adulthood (Fraley, 2002).
Immigrant children and attachment. Although the context may be different than Bowlby’s study on children’s experience of separation and loss in a Westernized culture, immigrant children who were separated from their parents during the immigration process experienced abandonment, loss, anger and trauma (van Ecke, 2005; 2007). Children are usually uninformed about the family immigration process and left out of the decision-making process so their parents’ departure may be perceived by their children as abandonment, which could negatively affects the child’s self-worth. Although the parent’s intentions may be good, the perceived parental abandonment can create anger and intense anxiety for the child (Bowlby, 1988; Santa-Maria & Cornille, 2007) which could put a divide within the family unit. These children’s sense of a secure attachment base was taken away when their parents left, and perhaps along with it also their perception of hope, trust, and security (Sochos & Diniz, 2012).

Unfortunately, research findings revealed that immigrant adults who had a traumatic childhoods often struggled in their romantic relationships - fearful of reliving the past of getting attached and possibly rejected and/or abandoned by their partner (van Ecke et al, 2005). Some immigrant children may grow up with a lack of confidence in themselves and with others, and consequently struggle with intimate, meaningful, and romantic relationships. They are afraid of being emotionally attached, fearful of being hurt, rejected, and deserted, just as they were in their first palpable experience of attachment rupture—familial separation. For those immigrant children who are fortunate, they may develop a secure sense of self after the separation and have a chance to have healthy romantic relationships in the future. Regardless the circumstance behind the decision to immigrate, a child’s sense of self and in others is doubted and weakened from the familial separation.

Attachment and Culture

Attachment theory is one of the most visible and empirically grounded conceptual frameworks (Cassidy & Shaver, 2008). Attachment theory provides an understanding of children’s behaviors that prompts a response from their primary caretakers; to attain and maintain a sense of security and protection from any type of perceived danger (Bowlby, 1969). Although there have been various studies that acknowledged the universal applicability of attachment theory (Chao, 2001; Mirecki & Chou, 2013; Posada & Jacobs, 2001), there has been a backlash of attachment skeptics who have questioned the theory’s applicability outside of Western cultural context (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000;
Studies that validated the irrelevance of attachment theory across cultures highlighted that the theory was only researched in Westernized cultures and failed to consider other cultures (Rothbaum et al., 2000; Rothbaum et al., 2001). Even more challenging is how attachment should be evaluated and measured within two or more intertwined cultures – which is the case for families that immigrate to the United States.

Attachment cynics debated that though attachment theorists emphasized the origin of attachment bond, they did not really consider the important role of culture in the attachment process (Rothbaum et al., 2000). Diverse approaches and values create diverse models for healthy and securely attached relationships between parents and children. For instance, the focus of evaluation was only on the bond between caregiver and the child (dyad) and failed to consider a greater social network of multiple caregivers that exists in other cultures (Keller, 2012). When culture was addressed, researchers argued that attachment theorists only considered a small part of the theory (e.g. differences in behaviors such as proximity seeking) and failed to consider the core principles (sensitivity, secure base, and social competence) and values of autonomy that are rooted in mainstream Western thought (Rothbaum et al., 2000; Rothbaum et al., 2001). Differences in perceptions of secure attachments may add confusion for immigrant families who are often caught in the middle as they adjust and struggle with how to rebuild a healthy and secure parent-child relationship.

Critics of the attachment theory also argued that what is considered sensitive, responsive caregiving is based on the values and goals of different cultures (Rothbaum et al., 2000). Although there are differences in how sensitivity is presented, what ultimately is more significant is that sensitivity (however it is revealed in various culture) and security are related universally (Vereijken, Riksen-Walraven, & Kondo-Ikemura, 1997). For instance, in Japan parents rely on situational cues in attending to their infants’ needs (Clancy, 1986). Parents’ responsiveness has more to do with emotional closeness. Japanese parents interpret close contact with their children as a significant aspect of sensitive caregiving (Lebra, 1994). In contrast, parents in the United States wait for their infants to communicate their needs (Rothbaum et al., 2000). Parents’ responsiveness is more about satisfying their children’s needs and also respecting their ability to communicate their own needs. Regardless of these cultural differences, the
significance is how parents’ sensitivity shapes their children’s social aptitude in other relationships throughout their lives (Ainsworth et al., 1978).

There is validity in the argument that variability of specific sensitive caregiving behaviors exists and depends on the particular context (culture) (Posada & Jacobs, 2001). Similar to how a secure attachment base is expressed in various cultures, regardless of how maternal sensitivity is shown, maternal nurturance is a universal and significant piece within a child-mother relationship. According to Ainsworth, Blehar, Waters, and Wall (1978), sensitivity is a caregiver’s ability to ascertain when to protect and comfort, with a goal of protecting her child from any type of danger. Depending on culture-specific variables such as values and social expectations, how parents respond to their children depends on the parents’ perception of how much protection and comfort their children need (Mirecki & Chou, 2013).

The association between security of attachment and later social (interpersonal) competence is another central aspect that has also been questioned by anti-attachment theorists (van IJzendoorn & Sagi, 1999). Social competence is an individual’s capacity to learn how to communicate interpersonally with others, explore social relationships, and develop a stable social self. According to the attachment theory, secure attachment increases the likelihood of better social competence in the future because children who are securely attached are more autonomous, have higher self-esteem and ego resilience, and are more willing to explore their surroundings (Rothbaum et al., 2000; Van IJzendoorn & Sagi, 1999). Consequently, these securely attached children are likely to become more social and emotional individuals in comparison to children who are insecure (Cassidy & Shaver, 2008). Secure attachment is positively correlated with high self-esteem, ego resilience, and the ability to convey any form of self-expression, affect regulation, and emotional openness (Grossman, Grossman, & Zimmerman, 1999) - all of which shape children’s social competence.

Critics challenged that a child’s sociability does predict their social competence (Rothbaum et al., 2000). This may be so, but what is more significant is that social competence shapes children’s sense of security (Posada & Jacobs, 2001). The issue is not whether there are cultural differences in what is considered social competence, but whether security is associated with socialization outcomes. The focus should not be on the different definitions of competence of various cultures, but on the link between security and competence. Ultimately, what matters most is whether children achieve a sense of security in
order to feel confident in relationships with others. Instead of disregarding the cultural differences in what is considered social competence, it could be applied to gain a more thorough understanding of attachment in other cultures.

Although some anti-attachment researchers questioned the theory’s universality of the attachment theory, they did support of some the core and general principles of the theory – particularly the universality of the pursuit of proximity and protection, and conceptions of secure attachment (Chao, 2001; Rothbaum et al., 2000; Rothbaum et al., 2001). The conceptions of secure attachment are similar across cultures of which there is an innate, natural, and healthy need to pursue connections with others (such as between a mother and her child) in order to have a sense of intimacy and interdependence through which a healthy emotional bond is made (Chao, 2001; Shi, 2006).

Although multicultural context is relevant in understanding the universal applicability of attachment theory, focusing on cultural variances obscures the theory itself. Supporters of attachment theory reasoned that rather than abandon something that has a theoretical foundation, universal and culture-specific components could be integrated by adjusting Western theories to include cultural diversity considerations (Chao, 2001). In short, quality of attachment bonds should be understood within the context of the culture in which the attachment was developed. Though different cultures may have different interpretations and perceptions of autonomy and relatedness, socialization goals, and caregiving strategies, many cultures value and accept fundamental concepts of the attachment theory - a secure base, sensitivity, and love (Mirecki & Chou, 2013; Posada & Jacobs, 2001; Rothbaum et al., 2000; Rothbaum et al., 2000; Shi, 2006).

Anti-attachment supporters (i.e. Rothbaum et. al.) overlooked a significant common piece that exists in diverse cultures– a secure base relationship (Posada & Jacobs, 2001). Regardless the culture, a secure base relationship is one in which the primary caretakers become the individuals that children (regardless the age) rely on to feel safe and protected and be able to explore the world around them. Although families from diverse culture may show how they preserve a sense of security differently, they commonly rely on a secure base (Ainsworth, 1967; Posada & Jacobs, 2001). The process of attaining a secure base relationship appeared in Ainsworth’s research (1967) in which an infant was observed maintaining an equal measure of exploration and proximity seeking. Self-assured, the infant felt safe and
protected by his mother’s accessibility, and was able to explore his surroundings. Such an example of explorative behavior provides an opportunity for the infant to learn about his environment, meet and establish other meaningful relationships in his life, and learn how to value close relationships, all the while feeling safe and secure (Posada & Jacobs, 2001).

In order to account for the cultural differences, understanding how attachment is expressed and demonstrated when working with families from various cultures (such as families who immigrated to the United States) is a significant piece to discuss and explore (Mirecki & Chou, 2013; Rothbaum et al., 2000). Instead of adapting a model that is more culture specific and rejecting a theory that has theoretical foundation, the attachment theory can be adjusted to address and integrate culture-specific components and cultural diversities (Chao, 2001) when applied towards immigrant families. As Mirecki and Chou articulated “Our understanding of attachment relationships and behaviors, while universal in theory, reflects contextual sensitivity” (2013, pg. 510). To establish and maintain cultural sensitivity, the attachment theory should be modified and adjusted so that is based on a deeper knowledge of parent – child relationship in any cultural context (Bretheron, 1992; Mirecki & Chou, 2013). The parent-child relationship dynamic in immigrant families is more complex in that cultural approach (their native and host country) on how to establish and cultivate a secure relationship is different and may even be in conflict (Shi, 2006). Continuous assessment and evaluation of attachment bonds should be understood within the context of the different aspects of culture (e.g. values, traditions, developmental age, social status, etc.) of immigrant families (Mirecki & Chou, 2013).

**Motivation for Immigration**

Regardless of ethnic background and the social circumstance, the decision to immigrate to a foreign country may be motivated by socioeconomic, psychological, and/or cultural factors (Bohr & Tse, 2009; González-Ferrer et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007). Numerous studies about family and immigration show similar reasons for the relocation; the will and struggle to improve family’s economic well-being, to gain a sense of security and safety from political unrest in the country of origin, and the desire to join other family members who have previously immigrated (Chen, Gee, Spencer, Danziger, & Takenchi, 2009). Despite the different motives for immigration, what these families share in common is the experience of *separation* from their significant family members (González-Ferrer et al.,
In spite of the parents’ good intentions and with a limited understanding of the ramifications of their decision, parents are unaware that their children can be adversely affected by these familial separations. Whether parents made the decision or were simply forced to do so, any place was better and sometimes even safer for the family in comparison to the hard life they often had in their country of origin.

**Sociopolitical disturbance.** Threatened by the political unrest that befell in their home country, some families relocate for their asylum from political unrest (Madziva & Zontini, 2012; Michael, 2009). In one study about the experiences of Zimbabwean mothers’ immigration to the United Kingdom, researchers wanted to understand if these women’s experiences as asylum-seekers differed from those of labor migrants (Madziva & Zontini, 2012). Unlike other case studies where immigrants were formally recognized refugees by other countries, the respondents in this study migrated alone and were asylum seekers. Of the fourteen women interviewed, migration was a decision that was largely driven by their country’s wider political and economic violence. Their context of departure (such as expected gender roles/norms and/or gender specific issues, and how migration was perceived and if it was supported) had a major influence on their ability to make a thorough migration plan. Leaving their family behind, these female asylum seekers often left their children behind in such a state of urgency that alternative care arrangements were not set in place.

**Socioeconomic improvement.** While there were some families that immigrated to escape political violence, the parents’ decision to migrate was also driven in the hope of improving their family’s socioeconomic status (Bohr and Tse, 2009; González-Ferrer et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007). There were those who were driven by their goal of maximizing their earnings in the immigrating country (Todaro, 1976), while there were others who had a set goal of a specific amount of money saved prior their return to their native country (González-Ferrer et al., 2012). Referred to as neoclassic economics (former) and new economics of labor migration (later), these were two different theoretic approaches that explained the decision making process for immigration (Todaro, 1976; González-Ferrer et al., 2012). In neoclassic economics theory, though reunification with their children occurred in the destination country, they are often delayed because this would detract from parents’ ability to work and increase consumption, thus thwarting their initial migratory plans (González-Ferrer et al., 2012). Findings
suggested that expected timing of family reunification often differed between income-maximizing migrants and target-earners.

Historically the father was the first to immigrate, establishing himself in his new surroundings while financially supporting his family who were left behind by sending money home (Orellana, Thorne, Chee, & Lam, 2001). Once financially stable, he then brought his wife and children to join him in the new country. As countries have shifted towards a more globalized economy throughout the years and as gender roles have shifted in some measure, today’s demands for service workers in first-world countries was and continues to be the lure that draws immigrant women (Gratton, 2007). Today, it is now more common for mothers to migrate internationally to find work, leaving their children behind; also coined as “transnational motherhood” (Hondagneu-Sotelo & Avila, 1997). With cultural expectations related to the role of being a caretaker of her husband, his family, and her children, female migrants face another challenge that their husbands do not face: caring for their children and working simultaneously. Overwhelmed with trying to fulfill all of their expected roles, these mothers are forced to make the difficult choice of leaving their children in the care of extended family when they initiate their migration in order to maximize their economic prosperity (Foner, 2009). Although difficult, migrating without their children increased women’s job options and eliminated the stress related to childcare, especially while adjusting to their migrating country (Michael, 2009). Even though parents are reluctant and may have an aversion to leaving their children behind, they see separations and immigrations as necessary to improve their children’s lives (Michael, 2009).

Reasons for Family Separation

Childcare assistance. For the families who were able to migrate together as a unit, parents later discovered the difficulty in starting their lives in a new country while also caring for their children. Most often, immigrants are raising their families in countries where they do not have any familial support or social networks that they might have had in their country of origin (Bohr & Tse, 2009; González-Ferrer et al., 2012). In these difficult circumstances, parents might to send their child(ren) back to their country of origin so parents are able to focus on their work and accomplish their goal of socioeconomic improvement; thus alleviating the added stress that often comes with child rearing.
In an effort to understand the psychological, cultural, and socioeconomic facts that contribute to parents’ decisions to send their children back to their home country, researchers interviewed Toronto immigrant parents who were considering separation from their young children (Bohr & Tse, 2009). With a lack of adequate childcare possibilities that became their crutch in fulfilling their economic and career needs, the parents considered separation with great uncertainty. These children would be raised by the grandparents in their country of origin, with the intention of being later reunited in the Canada (Bohr & Tse, 2009; Nesteruk & Marks, 2009). Although the involvement of multiple caregivers in childrearing is a common practice in many cultures, it often exists within one geographical location and within one culture. In comparison, immigrant families that are separated often live in more than one geographical location as within dual culture. Even though logical and rational intentions provided some ease in the parent’s decision to separate from their children, sorrow, hardship, guilt, attachment problems and issues associated with children’s lack of control often surfaced.

**Unanticipated obstacles of family separation.** Whether it was done to escape political violence, to improve their socioeconomic position, or whether family separation occurred before or after immigration process, parents do not anticipate being separated from their family for extended periods of time (Bohr & Tse, 2007). One study presented the stories of migrant parents from Mexico to the United States, who initially planned on retrieving their children once they were financially stable (McGuire & Martin, 2007). Unknowingly to many of these families, reunification takes time and preparation and most often did not occur within the first few years (González-Ferrer et al., 2012).

Researchers who interviewed immigrant parents about their experience with separation from their children, found many had disclosed they had hope to quickly reunite with their children, but later found themselves confronted with financial hurdles and the challenges within immigration policies and documents (González-Ferrer et al., 2012; McGuire & Martin, 2007; Suárez-Orozco et al., 2010). In a study about Zimbabwean mothers and their experiences with forced migration (asylum-seekers), these mothers found it almost impossible to satisfy their key mothering roles due to the rigidity of immigration policies in the United Kingdom (Madziva & Zontini, 2012). The study revealed and confirmed that immigration policies shaped people’s ability to migrate as a family and to smoothly bring in family members once they have moved to a new country.
Children and impact of immigration. Without their primary caretakers, this suggested that child-parent separation was prolonged, thus placing these children at a high risk for psychological distress due to the break in the child-parent attachment bond (Bowlby, 1977, 1988; Santa-Maria & Cornille, 2007; Suárez-Orozco et al., 2010; van Ecke, 2005). Consequently, these children could become susceptible to developing anxious attachment styles (van Ecke et al., 2005) that could affect their capacity to make intimate emotional bonds in other relationships (Bowlby, 1977) such as those found in romantic partnership. Although attachment theory does not state that separation and loss put people at risk for mental disorders, it does assert that major separation and permanent loss do pose a risk; which is the case for many of these immigrant children (van Ecke, 2005).

Factors of Immigration that Shape the Separation Experience

According to Bowlby, “There is reason to believe that after a very prolonged or repeated separation…detachment can persist indefinitely” (1973, p. 12). However, the experience of familial separation during immigration alone is not what determines children’s attachment personality style; it is the factors that are involved in the experience (Arnold, 2006; González-Ferrer et al., 2012; Horton, 2009; Sharabany & Israeli, 2008; Smith et al., 2004; Suárez-Orozco et al., 2010). Although there have been many studies that have discussed factors such as age, gender, substitute caretakers, maintenance of contact, and the discovery of new family members, the majority of these studies focused on the correlation between separation and children’s psychological and sociocultural adjustment to the new country. There is very limited research regarding ruptured parental bond which places immigrant children at a high risk for developing unsecure and unresolved attachment personalities that could be detrimental in their perception and behavior regarding their intrapersonal and interpersonal relationships (Arnold, 2006; Bowlby, 1977; Holman et al., 2009; van Ecke, 2005). However, knowing the factors of immigration in existing studies on separation and children’s adjustment to their migrating country could shed some understanding on how they affect immigrant children’s attachment personalities.

Sex and gender. Few studies exist that examine whether there is a relationship between sex, gender and separation, and those that do exist focus more on post family reunification (González-Ferrer et al., 2012; Hiott, Grzywacz, Arcury, & Quandt, 2006; Smith et al., 2004). In addition, sex and gender were not the main focus but were acknowledged because they were significant to the outcome. A study was
carried out to gain a better understanding whether reunification is associated with a high level of family distress and greater difficulties in family relationships (Smith et al., 2004). In this study, 20 men and 28 women were recruited (via convenience sampling) from the greater Toronto area, with a cumulative mean age of 4.94 at separation and 14.43 at reunion. Questions were asked about their retrospective and current accounts of their psychological experiences during and after the separation. Results revealed that females struggled less in adjusting to their new country in comparison to males (Smith et al., 2004). Researchers noted that these differences between females and males maybe related to the presence of a parental attachment figure (in this case being taken care of by their mother pre-separation, and later taken care of by their grandmother) of the same gender that might have eased the various changes during the separation-reunion process.

In another study where gender difference was one of the foci, the other variable of concentration was more on anxiety and depression that often developed post-reunification (Hiott et al., 2006). The goal of the study was to ascertain elements of social history that could assist clinicians to identify and treat anxiety and depression among immigrant Mexicans. The sample consisted of 82 male and 68 female Mexican immigrants who have lived in the United States for fewer than five years. Organized face-to-face survey interviews (which included the Personality Assessment Inventory Center for Epidemiological Studies-Depression Scale) were conducted by native Spanish-speakers. Results revealed that although there were no differences between women and men in terms of symptoms of anxiety and depression, there were differences in social and structural stressors that caused these mental disorders among men and women.

The results of the aforementioned study also suggested that social and psychological stressors faced by immigrants intensify depressive and anxiety symptoms (Hiott et al., 2006). Men’s mental health seemed to be influenced by their self-perceived exclusion because of their ethnic background, whereas women’s mental health seemed to stem from family separation. Greater social marginalization (the social process of feeling excluded and inferior in society) was associated with depressive symptoms among men more so than women. However, it is significant to note that within the sample of this study, there was a greater proportion of men than women who worked, and that men worked more hours per week. This statistic placed these men at a higher risk for isolation, social marginalization, and stress from family
separation. In addition, 40% of the sample had pre-existing conditions of anxiety and depression prior to immigration. Although the sample of this study was specifically on adult immigrant Latinos, results were congruent with the aforementioned claim that the presence of an attachment figure of the same gender is significant for immigrant children, especially among those who had prior psychological predisposition (Hiott et al., 2006).

Based on these aforementioned studies, it is evident that gender and sex do shape the immigration experience, more specifically to the cultural adjustment (González-Ferrer et al., 2012; Hiott et al., 2006; Smith et al., 2004). However, these studies only explored these variables within a limited time frame and failed to explore what happens to these children of different sex and gender in their future intrapersonal and interpersonal relationships as adults. Do they have a different perception in terms of relationship outlook because of their gender? Perhaps everything is intertwined in that their cultural adjustment also shapes their later attachment personality as adults.

Age. In an article about Senegalese migrants to Europe, researchers analyzed the child-parent separation that often occurred due to parental migration within that population (González-Ferrer et al., 2012). Participants comprised of 1670 people, 1067 people from Dakar (which is not considered as nationally representative for the country) and 603 collectively from France, Italy, and Spain. A questionnaire was designed to collect longitudinal retrospective information on a yearly basis from birth until time of survey. Data included a range of information regarding their occupation histories, immigration experience, and family histories. Results revealed that families preferred that their children grow up in and near their country of origin (González-Ferrer et al., 2012). In order to maintain cultural ties, Senegalese families decided to leave their children with family members (e.g. grandparents) and family friends in an effort to uphold their traditions and cultures that they feared would be lost in the new country. Consequently, it was common that reunification was delayed until these children became adolescents.

In addition, memories of the initial separation were filled with absence, confusion, and rejection. A study was conducted that intended 1) to identify the feelings of women who were separated from their primary caretakers, and how their reunion was experienced; 2) to study the similarity of their perception of loss with Bowlby’s literature on Attachment Separation and Loss; 3) to identify what contributed to their resiliency or vulnerability; and 4) to identify factors that may have contributed to their inability to sustain
relationships (Arnold, 2006). The sample consisted of 20 women of which half received therapy and the other half did not. A semi-structured Separation Reunion Interview was created solely for the study, which was designed to help the women remember their “experiences of attachment, separation, and loss, the meanings they attributed to their experiences, and to reflect on their perceptions of how their broken attachments had affected their lives” (p. 161). The younger the age at the time of child-parent separation, the more “confused” the children were about why their mother was absent during their childhood. Results also revealed that 90% of the sample of 20 women had no recollections of their early childhood (between 1 week – 6 years) with their mothers (Arnold, 2006). Although it may be that the traumatic experience was not fully integrated into their memory, the study failed to acknowledge that the inability to recollect these memories could also be due to the different developmental stages of these women’s brain as children.

Because initial family separation often occurred during early childhood and reunification during adolescence, there are more retrospective studies that examine family separation during early childhood instead of a prospective approach (Sharabany & Israeli, 2008; Smith et al., 2004). Researchers explored whether adolescents would report greater difficulty in psychosocial and psychological adjustments in their new country (Sharabany & Israeli, 2008; Smith et al., 2004). The strength of the belief that adolescents would have such struggles rests on its congruency with adolescents’ developmental phase; adolescents seem to have greater difficulties upon reunification due to the disrupted separation-individuation phase (Sharabany & Israeli, 2008). Similar to the process of immigration from one country, adolescence is a period of their migration from childhood to adulthood. According to Sharabany and Israeli (2008), in trying to become autonomous, adolescents have to be able to let go of the ties of the objects of dependence (parents) and at the same time build an independent representation of an independent self. However, due to separation, these immigrant adolescents find it difficult to successfully accomplish this important developmental task. In addition to losing their ties to their country of origin (friends, culture, and familiar surroundings), these adolescents arrive at their migrating country where familiarity (in any measure) rests solely with their parents. In addition to the difficulty in assimilating in a new culture, they struggle with developing a sense of autonomy, as they rely on their parents as they adjust to their new surroundings. Thus, immigrant adolescents struggle to integrate and maintain a balance of their independence and dependence on their parental figure upon arrival to the new country.
Although the factor of age was examined though a retrospective measure rather than a cross-sectional measure (which had its limitations), these studies (which focused more on the age of reunification rather than at the initial period of separation) helped provide some insights that are helpful in understanding the development of attachment personality type among these children (González-Ferrer et al., 2012; Sharabany & Israeli, 2008; Smith et al., 2004). Regardless of the age of the child during the time of initial separation, they are affected by the trauma of separation, albeit in different ways. Ultimately, although results revealed that the age at reunion was a factor in the success of the family reunion, it is the actual duration of the separation that is a more significant (Smith et al., 2004).

Immigrant children of different ages are affected by trauma, but it is during adolescence in which they experience greater difficulties upon family reunification (Sharabany & Israeli, 2008; Smith et al., 2004). Along with their feelings of abandonment, confusion, and rejection (Arnold, 2006), these children have internalized feelings of loss and grief when their attachment (or lack thereof) needs were not met by having trustworthy and reliable primary caregivers. These feelings are often left unprocessed. Compounded with the stress of developing a sense of identity that defines the adolescence phase (Sharabany & Israeli, 2008), they become ill equipped to confront the challenge of adjustment with their family and within their new surroundings, which could then shape their interpersonal and intrapersonal relationships as adults.

**Substitute parents.** According to Bowlby, there are certain conditions that help mitigate the intensity of a child’s response to separation from a parent (1973). These conditions are a familiar companion, a familiar possession, and/or a “mothering care” from a substitute mother figure (Bowlby, 1973). Depending on how these children were raised and cared for, the substitute caretaker(s) then become(s) the temporary secure base during their parents’ absence (Bowlby, 1988). Bowlby further explained that with a new caretaker in their life, children are able to develop a relationship with them, thus becoming their attachment figure(s) during the absence of their parent(s) (1969). However, this does not mean that these children broke all of the bonds to their primary attachment figure(s); but are even more vulnerable to developing severe anxiety and feeling of abandonment (Bowlby, 1969). As they become more attached to other stand-in attachment figures, the stronger the bond becomes, making them emotionally susceptible to stronger feelings of confusion, abandonment, and rejection (Bowlby, 1969).
Whether a child was left behind with a family member or a family friend, the quality of the relationship between the child and the substitute caregiver appeared to be a protective factor for immigrant children (Smith et al., 2004). Memories of having supportive and caring surrogate caregivers (especially when raised by families who were married and had close relationships) were found to be a factor that contributed to the resiliency among a majority of women who were in adolescent years at the time of family reunion (Arnold, 2006). Raised by these surrogate caregivers, it comes to no surprise that these children eventually identify more with their substitute caregivers than their parents (Smith et al., 2004).

Bowlby’s explanation was consistent with the results of a couple studies that explored the implications of migration among immigrant children (Arnold, 2006; Smith et al., 2004). The social support from a sibling(s) who shared the same childhood experience in their home country and during the immigration process helped them to in overcome the traumatic separation (Arnold, 2006; Smith et al., 2004). This validated Bowlby’s (1973) observation on the diminished frequency and intensity of responses typical of children who were separated from their parents during their residency in nursery. With their siblings, these children cried less and showed fewer outbursts of hostility, and turned to each other for company and comfort.

Lastly, pictures, gifts, and allowances were important in keeping the absent parent alive, or what one referred as “mothering at a distance” (Horton, 2009; Suárez-Orozco et al., 2010). In an article that explored how Salvadoran mothers and their children lived and collaborated in an intersubjective space, Sarah Horton discussed how these gifts of goods and luxuries (sometimes with pictures included in the package) were reminders and assurances of the parent’s love to their children (2008). According to a study that revealed a positive correlation between children’s parental separation and symptoms related to anxiety and depression, material items helped alleviate these symptoms (Suárez-Orozco et al., 2010). For instance, the pictures alone were important reminders of the absent parents. While these pictures helped keep their memories of their parents alive, those who were younger did not recognize their parents. Although these gifts were effective and for some families served as proxies for parental love, some children reported a desire to be with their parents. This asserts that value of a parent’s presence and involvement in their children’s life is irreplaceable (Suárez-Orozco et al., 2010).
Constant and consistent parental presence and involvement is a difficult task for immigrant families that are separated thousands miles away (Suárez-Orozco et al., 2010). Though these children may have someone or something temporarily to turn to for comfort and support, the desire and yearning for parental love still persists (Suárez-Orozco et al., 2010). It is often difficult to ascertain whether substitute caretakers do provide the care, love, and support that children need to thrive. For those fortunate to have been taken care of by a supportive surrogate, these children have the opportunity to develop relationships with their new caretakers, who then become their attachment figures in the absence of their parents (Bowlby, 1969). They are highly likely to develop a healthy sense of self-worth (Smith et al., 2004).

However, abrupt transition during family reunification that removes these children from what they learned to identify as their caregivers (their secure base) may intensify and re-traumatize these children’s experience of abandonment and separation (Smith et al., 2004). Inevitable separations from these substitute caretakers that come from the eventual family reunification often results in repeated breakdowns in mutual attachment relationships.

According to Bowlby (1969, 1988), children become more vulnerable to severe anxiety and feeling of abandonment and such re-experience of sudden separation may validate and confirm these children’s discouraging internal working model that was based on his initial ruptured relationship with his parents. Along with his perception of himself with these figures, this becomes the basis that significantly influences his cognitive structure that shapes the quality of his future relationships. Though these substitute caretakers may provide relief, the duration of separation and the older the children are pose a greater risk factor for developing relationship difficulties (Smith et al., 2004). Such negative effects draw attention of the importance to process feelings from the initial experience of separation and also other similar experience from other substitute parents.

**Maintaining contact.** Maintaining contact between parent and child could provide some relief from the lonely, distressing, and painful long separations, but also has the possibility of being *detrimental*. Perhaps due to social and cultural expectations, and feelings of guilt that may come with leaving their children behind, visits were more common when separations were due to mothers’ absence (González-Ferrer et al., 2012). Although letters, phone calls, or personal visits help maintain contact during separation, they could also cause difficult psychological responses for the children during the recurrent
separation and reunification process (Suárez-Orozco et al., 2010). Previously traumatized and separated from their parents, immigrant children are already affected by an inconsistent presence of comfort even without the added confusion that comes with maintaining contact. Ultimately, a child is re-traumatized each time there is a break in child-parent reattachment, especially each time a personal visit is made.

Frequent contact during a period of lengthy separation was not a common occurrence within immigrant families. In one study’s sample of women, the majority of them saw their parent(s) only once during the period of separation (which was at reunion), with only 25% of them having recognized their parent(s) due to prior contact (Arnold, 2006). However, these women shared same conflicting feelings of a desire to be held, and were also avoidant or ambivalent towards the parent(s). Results did not seem promising that prior contact could help alleviate any measure of a child’s distress and trauma.

New family additions. New additions to the immigrant family during the separation period (e.g. the birth of a new sibling) could cause distress amongst immigrant children pre and post reunification (Arnold, 2006; Horton, 2009; Smith et al., 2004). In the same research by Horton (2008) previously addressed, he reported how single Salvadoran immigrant mothers married and established new families in the United States to support their families who resided in their native country. Unable to meet their targeted financial goal, some immigrant women made the decision to start new families as a way of securing a male breadwinner who can help with their children (Horton, 2009). Rather than improve the relationship with their children as these may have hoped, these family additions only caused further tension and pain. Feelings of anger and resentment are also common among children who believed that they were brought to join their parent(s) in order to help raise their younger sibling (Arnold, 2006). Sadly, motives such as mothers loving them, missing them, and wanting them for themselves were not even mentioned by the children in the study. Feeling isolated, children with new family members reported lower levels of self-esteem, lower identification with their parents, and isolation from their parents (Smith et al., 2004). Already traumatized with a sense of abandonment during the initial family separation, some of these children could develop a sense of mistrust with their first attachment figures; which could then carry into future adult partnerships.

Extent of separation. Regardless of gender, sex, age, the presence of substitute parents, the frequency of contact (if any), and new additions to the family unit, the length of separation is the most
significant factor that often causes the problems in the family dynamic and functioning upon reunification (Smith et al., 2004). The longer the separation between parents and their children, the more fragile the parent-child relationship may be. Hesitant to trust and rely on their parents for support (especially the newly migrated immigrant adolescents), these adolescents struggle to adjust to their new surroundings. Like a chain reaction, long family separations directly affect the quality of parent-child relationship; which then shape how immigrant children learn how to perceive themselves and other relationships; and which then affects their process of cultural and familial adjustment for the entire family (González-Ferrer et al., 2012).

Immigration can be traumatic for families, especially for the children who may carry the trauma of separation into their adolescence and even adulthood. The experience of separation causes feelings of loss and grief that becomes internalized and shapes these children’s perception of themselves and others (Bowby, 1977). Unrecognized and deemed socially unacceptable, the disenfranchised grief (losses that are not as a result of death, but are symbolic in nature, and therefore are not acknowledged by society) that may result from familial separation during immigration are left unexpressed, and thus are emotionally internalized (Casado et al., 2010). The experience of abandonment by their figures who they expected to be available and responsive to their needs no longer make them feel secure (Bowby, 1977). In matters of adult intimate relationships, these memories of threats to parental availability, along with any perceived threats of romantic partner availability, creates and sustains anxiety and/or avoidance from other meaningful relationships (Holman et al., 2009).

Grief

The process of immigration entails multiple losses, some of which are tangible and others symbolic (Casado et al., 2010; Gilbert, 2008; Rando, 1985). While these tangible losses are recognized, processed, and integrated in the lives of the immigrant, unfortunately the symbolic losses are often unacknowledged. Feelings related to grief (anger, sadness, depression, denial, confusion, etc.) are internalized (Casado et al., 2010; Pollock & Van Reken, 1999), which suggests that they are left unmourned. Children who were separated from their parents experience multiple losses during the entire immigration process; the intimacy that comes with close physical proximity of their primary attachment figures, the loss of their possessions and a place they called home, and a loss of stability and sense of safety.
and security (Gilbert, 2008). Because what is lost is ambiguous, hidden, and/or denied, grief can remain unresolved because the griever is not given the chance to mourn (Gilbert, 2008). Immigrant children have a higher risk of experiencing this disenfranchised grief (Barringer, 2000) because adults - including their parents and/or their primary attachment figures – may (intentionally or not) remove their opportunity to grieve over their losses by reframing the experience (Bohr & Tse, 2009; Gilbert, 2008; González-Ferrer, et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007; Michael, 2009). If children are not given the opportunity to grieve in a supportive environment with supportive individuals, it can foster a sense of rejection (Bowlby, 1980) and complicate the grieving process (Gilbert, 2008).

Grief is a reaction or a response to a loss (Hospice Foundation of America, 2014) that could be tangible (such as loved ones and personal possessions) or symbolic (e.g. status, social role, identity) (Rando, 1985). Grief is a sequence of psychological, social, and somatic reactions (Rando, 1985) in which feelings of denial, anger, sadness, and pain are commonly experienced, expressed, and recognized.

Grieving over a loss, also described as mourning, is “the psychological process, conscious and unconscious, (which) are set in train by (a) loss” (Bowlby, 1980, p. 18). Unfortunately, there are some losses that are left unmourned (Casado et al., 2010; Gilbert, 2008). Referred to as disenfranchised grief, individuals are unable to freely grieve their loss because to do so is not socially recognized and accepted. Because a griever is unable to openly process his/her loss, he/she struggles with letting go of what was lost and to continue their life thereafter (, 1984).

The experience of immigration for families includes different types of losses, from tangible things such as losing relationships (e.g. family and friends) and to symbolic losses such as language, social network, and cultural attitudes and values (Casado et al., 2010). Although the family unit may still exist during piecemeal immigration, physical closeness and intimacy is lost when family members are separated from each other, from other loved ones, and from the remainder of their social network (Gilbert, 2008). Though it is a common practice for immigrants (children included) to carry pieces of their culture with them to their new surroundings (Henry et al., 2005), their inability to bring with them everything that constitutes their culture is another loss. If immigrants cling to their cultural losses and thus fail to mourn, they are susceptible to experiencing a deeper sense of confusion and sadness (Henry et al., 2005).
**Immigrant children and losses.** Similar to immigrant children’s experience of loss from the family separation due to immigration, one of the early studies on child and parent separation by Bowlby (1980) observed common responses of children who experienced loss when removed from the care of their mother figure. These common responses included protests and attempts to recover what was lost, which was followed by feelings of despair and anger. Immigrant children also share some of these common responses of anger and sadness, along with feelings of confusion and resentment (Arnold, 2006). These emotions are often internalized when these children feel discouraged and shamed in openly grieving their loss, instead of receiving empathy and support from their elders, such as their parents.

**Disenfranchised grief.** Gilbert’s (2008) qualitative study attempted to gain clarity on the nature of grief among children who accompany their parents (most of which were related to parent’s career or vocation) to live all or part of their childhood outside of their country of origin. Participants were interviewed about their experiences of loss when they were uprooted from their familiar surroundings. Participants in the study were 18 years old or older and had spent at least one year as a minor (children and adolescents) dependent on a caretaker who was employed outside of their country of origin. Although the participants in this study were not considered immigrant children (they did not completely immigrate to their country of destination) and were together with their families during the (multiple) relocation, they shared similar experiences. Researchers revealed that the participants’ grieving process had elements of disenfranchised grief, especially related to symbolic losses. Some common losses among the participants were: people and relationships, their possessions, a sense of a safe and trustworthy world, a sense of self, and a place they called home. Because the losses were not related to death, the children’s losses were not acknowledged by adults, and thus may not have been taken seriously and/or the children denied of their feelings (Arnold, 2006).

Similar to the participants’ experiences in the above study, immigrant children go through multiple losses early in their lives as a result of their families’ piecemeal immigration; the loss of primary attachment figures when they were separated from their parents, their social network, culture, and other attachment figures with whom they may have developed relationships with over time. Unfortunately these losses are often left unprocessed. As these children grow up, this disenfranchised grief makes it difficult for them to feel a sense of belonging within their new familial and cultural surroundings, which places
them at risk for developing thought patterns and behaviors that may be self-destructive (Miller, 2013). In addition, these compounding losses could contribute to the psychological distress among immigrant children who are trying to adjust in their new familial and cultural surroundings (Casado et al., 2010).

Perceived as opportunities to have a better life, the tangible and intangible losses immigrant children experience are often unrecognized (Bohr & Tse, 2009; Gilbert, 2008; González-Ferrer, et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007; Michael, 2009). Whether it is to flee from a country filled with political turmoil (Madziva & Zontini, 2012) or to improve individual family economic conditions (Bohr & Tse, 2009; Gilbert, 2008; González-Ferrer et al., 2012; McGuire & Martin, 2007; Michael, 2009), it is done in hopes of improving the families’ social condition. Because immigration is often associated with personal sacrifice made by the parents, children who express their grief may receive negative judgment from their culture and society (Doka, 1989). In addition, processing the emotions related to grief and loss are not considered helpful to their survival and adjustment to their new surroundings (Arnold, 2006). Not only are immigrant children are shamed about expressing their loss, they are frightened into believing that doing so would only cause further distress. It comes to no surprise that many of these children dismiss their grief in order to submit to these social and cultural expectations that they are taught to believe would help them adjust to their new surroundings (Casado et al., 2010).

Grief is a process in which individuals understand their loss, and also a process in which they integrate that loss in what comes ahead in their life (Silverman, 2000). Children are no different from adults in how they mourn as they respond similarly to the experiences of loss (Bowlby, 1980). Children unconsciously yearn for the lost person; they unconsciously blame and rebuke the lost person while consciously placing blame and reproach on themselves; they compulsively care for others; and they carry a persistent belief that the loss is permanent (Bowlby, 1980). What separate them from adults are the unique characteristics of children’s grief that are difficult for adults to recognize and respond to (Gilbert, 2008). Children makes sense of a loss depending on their developmental stage and their related capabilities (Oltjenbrunds, 2001), and they may grieve in conjunction with going through their developmental stages. Because children’s grief often does not look like adult grief, there can be confusion as to whether what is lost requires deep emotional response (Boss, 2004). Though they may not seem to have any feelings related to their losses, in reality they are flooded with deep sadness (Wolfert, 1983).
People in children’s lives who do not recognize their grief may diminish the severity of the loss, may ignore their response, or try to protect the child from those feelings by encouraging them to do positive things instead of giving them time to mourn and grieve (Oltjenbrunds, 2001). Referred as disenfranchised grief, children’s feelings are invalidated by others (Pollock & Van Reken, 1999) which is a common concern among immigrant children (Barringer, 2000). Rather than have the opportunity to process their grief, elders reminded children that immigration was done to improve their life (Bohr & Tse, 2009; Gilbert, 2008; González-Ferrer et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007; Michael, 2009).

Moving the focus from their children, their elders (e.g. parents, relatives) may remind them of their own personal sacrifice in relocating their family to a different country (Gilbert, 2008). Although it may not be the intention, such conduct denies the process of grief work from these children. Some studies revealed that when immigrant children made an effort to express and share their thoughts and feelings with their parents or temporary caretakers, they were shamed about their personal experiences (Arnold, 2006; Pollock & Van Reken, 1999). In Arnold’s (2007) study about separation and loss through immigration amongst African Caribbean, a participant shared such experience when she was reminded, “…that you should not be an ungrateful child, your mum was doing the best, and you accept and have no feelings” (p. 162). This personal account implies that elders may interpret their children’s need to fully understand the familial separation to ungratefulness and insult.

Even during instances in which family members and peers were helpful, these children continued to feel isolated as they disclosed that no one was able to understand their experiences (Gilbert, 2008). Immigrant children become extremely uncertain in terms of relying and trusting others to understand their personal experiences when they have just experienced that the world is not reliable and predictable, specifically the relationships that comprise it (Gilbert, 2008). Alone in their grief and afraid to allow themselves to become vulnerable, they may unconsciously distance themselves from even those who are caring and supportive; losing a sense of belonging in their new familial and cultural surroundings. Afraid of getting hurt further, it seemed safer to internalize and forget about their feeling surrounding their loss. Unfortunately, these internalized feelings may later surface in the form of denial or extreme attachment to their losses, which can prevent immigrant children from experiencing their new reality, inhibiting them from growing into their fullest potential as individuals (Henry et al., 2005).
Coping with immigration related losses. Instead of complete emotional detachment from their losses, these can be integrated into the immigrants’ present experience in order to maintain the emotional bond (Henry et al., 2005). Immigrants are given the opportunity to mourn by integrating elements of their lost culture (values, language, and traditions) into their new life (Birman & Taylor-Ritzler, 2007; Klass, Silverman & Nickman, 1996). Instead of “letting go” and separating from what was lost, the griever integrates, identifies with, and creates a bond with what was lost (Klass et al., 1996). Rather than be buried and forgotten, “lost culture is not abandoned or divested of its emotional attachment; instead, it takes an essential part of the mourner’s experience.” (Henry et al., 2005, p.109). The emotional connection that families have with their native culture provides solace and a sense of stability during grief work. Not only does orientation with their old culture assist in immigrant families’ grief work, research supports that it also fosters parenting success that strengthens feelings of parenting efficacy. Immigrant parents are more likely to understand cultural norms and expectations related to their adolescent development and parenting in the context of their new surroundings (Costigan & Koryzma, 2011).

The continuous connection and emotional bond to their culture could be a source of solace that may be helpful for immigrant children adjust to their new surroundings (Henry et al., 2005). If individuals can sustain a bond to something intangible (i.e. culture), this could be applied towards tangible losses such as the relationships left behind in their country of origin. As part of their grief work, immigrant children can maintain these relationships to help them through their familial and cultural adjustment. The stability that comes from being connected to culture, values, traditions, and relationships will help children thrive in their new surroundings and be secure in their sense of self (Birman & Taylor-Ritzler, 2007; Sullivan et al., 2007).

Grief resolution is not impossible. According to Bowlby (1980), if conditions are favorable and if there are other attachment figures children (who are separated from their primary caregiver) can turn to for love and protection, then they will be able to mourn and feelings of rejection will slowly cease. It is important for these children to have someone to lean on for help and comfort during their time of grief. Because they are often left in the dark about their loss, children need to be able to turn to individuals who are truthful, address their inquiries about their losses, and as well as provide understanding and comfort.
Parents can help their children with their grief and adjust to their new surroundings by encouraging them to stay connected to their culture (Birman & Taylor-Ritzler, 2007; Sullivan et al., 2007). Although there is a lack of research on the specific topic of immigration, grief, and the lost of attachment relationships, the approach and conclusions from other studies on culture, traditions, and other relationships is something to consider when working towards repairing attachment bond between parents and their children. When immigrant parents maintain aspects of their culture (Birman & Taylor-Ritzler, 2007) and encourage their children to maintain ties to other attachment figures in the process of cultural and familial adjustment, parents are given the opportunity to provide their children stability, safety, and security (Gilbert, 2008). Through this process, the children’s losses are acknowledged, giving them an opportunity to mourn. Together, parents and children can work toward successfully adapting to and integrating into their new surroundings (Birman & Taylor-Ritzler, 2007; Costigan & Koryzma, 2011; Reitz, Motti-Stefanidi & Asendorpf, 2013; Sullivan et al., 2007), repairing the attachment bond that was broken during the family separation.

Bowlby (1980) explains that because children tend to be more present oriented rather than ruminate over the past, they seem more adaptable to any circumstances. Specific to the process of grief and loss, and because they may not demonstrate any frequent memories of the past like adults, children are often misunderstood for having fully grieved. This suggests how important it is for immigrant parents to be attentive and sensitive to their children needs, regardless of how long ago the immigration took place. Immigrant parents need to continue to protect, support, and comfort their children in order for them to feel secure to openly share any feelings of loss. In acknowledging and helping them process their grief, parents are able to strengthen the attachment bond that was damaged from the separation during the family piecemeal immigration. A sensitivity and attuned in such approach to parenting will pave the way towards a child’s sense of belonging and identity within their new familial and cultural surroundings.

**Acculturation**

While immigrant families cope with grief that came from immigrating to another country and the added stress of rebuilding their once separated family members, they must also undertake the added task of adjusting to a new set of customs, beliefs, and the culture of a host country (Birman & Taylor-Ritzler, 2007; Costigan & Korzma, 2011; Fuligni, 2012; Kim, Chen, Wang, Shen, & Orozco-Lapray, 2013). Along
with the challenges that they endure during and as a result of their immigration such as financial
difficulties, strict immigration policies, losing relationships and other familiar possessions (González-Ferrer
et al., 2012; Madziva & Zontini, 2012; McGuire & Martin, 2007), immigrants are forced to go through
tremendous amounts of psychological changes that come with adapting to their new country (Dow, 2011).
Known as **acculturation**, these individuals go through a process in which they are resocialized into a new
culture in order to be compatible and accepted in to their new cultural environment; and ultimately some
may assimilate towards the dominant culture of their new country (Gudykunst & Kim, 1984).

Some of these adjustments and changes include but are not limited to language competence and
use, cultural identity, attitudes and values, ethnic pride, ethnic social relations, cultural familiarity, and
social customs (APA, 2013). In addition, the acculturation process usually includes feelings of anxiety,
depression, marginality, alienation, psychosomatic symptoms, and confusion – all related to the
immigrants’ efforts to settle cultural differences between their host and native culture (Berry, 1997).

Immigrant parents with adolescents deal with these same struggles during their process of adjustment
within their cultural and familial surroundings. Due to their experience of family separation during their
entire immigration experience, immigrant parents may be forced to deal with the process of acculturation in
a vulnerable state if an unsecure attachment exists within the parent-adolescent relationship. Although
there is a lack of research that focused on immigrant youth (let alone adolescents) on acculturation, the
concepts, understanding, and applications that we do know about the general immigrant population and/or
adults could also be applied when working with immigrant parents and their adolescents.

**Acculturative stress.** The process of acculturation often results in **acculturative stress**, which can
significantly affect immigrants and cause disruptive and upsetting psychological and physiological well-
being (Berry, 1991; Glass & Bieber, 1997). Acculturative stress includes discrimination stress and
immigration-related stress (Berry, 1991). Discrimination significantly impacts the lives of immigrants
living in their host country, and those who are more racially different from the majority are at greater risk
of experiencing prejudice (Berry & Sabatier, 2010). In terms of their ability to adjust and adapt to their
new surroundings, discrimination may place a limit on their acculturative process (APA, 2013). Whether
the cause of distress is due to discrimination or other immigration-related matters (i.e. language
competence, cultural identity), acculturative stress can appear as depression, anxiety, identity problems, and psychosomatic symptoms (Berry, 1991).

Leaving a familiar and comfortable life, it makes sense that the process of immigration is filled with confusion, sadness, anxiety, humiliation, and embarrassment as families must learn how to adjust, adapt, and navigate in a new familial and cultural surroundings – a stressful experience for both parents and their adolescents (Glass & Bieber, 1997). In fact, acculturative stress causes one to feel helpless, leading to depression and thoughts of suicide (Dow, 2011). This applies to the feelings that immigrant families may have as they adjust to the culture of their host country, which may not be receptive in accepting their arrival (Hiott et al., 2006; Suárez-Orozco et al., 2010). Unique to the adolescents’ experience whom were separated from their parents during the family’s piecemeal immigration and who may already have feelings of anxiety, confusion, rejection, and sadness, the pressure that comes with trying to belong may intensify these feelings. Because they are in such an extremely vulnerable state, immigrant adolescents must gain stability within parental relationships and feel accepted and confident as well as feel secure before they can forge into the challenge of finding where they belong in their host country.

**Acculturation strategies.** Stable or not, immigrants need to adjust and adapt to their new surroundings. The challenge of acculturation for immigrants rests on how to and to what extent should they acculturate to the culture of their host country, while also maintaining aspects of their ethnic identity (Lieber, Chin, Nihira, & Mink, 2001). According to Berry (1998), there are four ways of coping with acculturative stress: separation, assimilation, marginalization, and integration. Which coping skill one adopts depends on the extent he/she wants to be tied to and maintain his/her native cultural identity, and on how much contact he/she wants to have with the mainstream culture. *Separation* is when an individual retains his/her native culture, without any effort to accept those of his/her host country. Research suggests that older immigrants tend to have difficulty embracing and integrating certain aspects of their new culture, and may cling to the familiar way of living – choosing a separation approach (Fuligni, 2012). *Assimilation* is to separate from their native culture, and adopt the culture of their host country. Unlike their parents, adolescents tend accept the new culture of their country because they are more exposed to the dominant culture (Fuligni, 2012). *Marginalization* is choosing not to adopt the culture from either side. The most helpful and effective approach for immigrant parents and their adolescents transitioning and adjusting to
their new surroundings is integration – they maintain aspects of their old culture and include them with that of their host country.

Unlike the other ways of coping (marginalization, separation, assimilation) that are associated with further negative acculturation stress, integration is beneficial for immigrants because it is associated with better psychological health (Ghaffarian, 1998). Integration of both cultures serves as a safeguard from negative emotions and other challenges that result from acculturative stress such as confusion, anxiety, sadness, marginality, alienation, and identity confusion (Lieber, et al., 2001). Therefore, it is an advantage for immigrants to maintain their ties to their native culture for because, “increased contact with and attachment to both cultures, a more balanced perspective may be developed and a greater quality of life achieved (Lieber et al., 2001, p. 259). By preserving the same cultural background together, integration provides parents and their adolescents the opportunity to reconnect and repair their attachment bond.

**Acculturation gap - a stressor for immigrant families.** Although both immigrant parents and their adolescents go through the same challenges with cultural adjustment, an acculturation gap usually develops between them which creates a change in the family structure, roles, and balance of power. (Birman & Taylor-Ritzler, 2007; Frabutt, 2006; Fuligni, 2012; Titzman, 2012). Because adolescents are more exposed to the dominant norms and values of the society in school, they acculturate to the host country faster than their parents (Fuligni, 2012). With different options and beliefs of cultural values, this may then add conflict to the existing tension-filled family dynamics (APA, 2013). Family conflicts that stem from developmental and cultural differences with their adolescents (Fuligni, 2012) could challenge parent’s beliefs about their parenting skills, affecting their parenting efficacy (Costigan & Koryzma, 2011).

Equally affected, immigrant adolescents struggle with the expectations and demands of their native culture at home and that of their host country. With immigrant parents feeling incapable as parental figures in their new cultural surrounding, these adolescents may not turn to them with their problems and concerns because of an assumption that their parents will not understand the culture well enough to help them (Birman, 2006). For immigrant adolescents who were separated from their parents during their family’s immigration process, this assumption exacerbates their already existing belief that their parents are not reliable figures who can protect them during their times of need. Thus, the discrepancies in acculturation levels create additional family conflicts that may impede parents from meeting their
adolescents’ physical, mental, and emotional needs as parents may question their parenting skills (Kim & Chen, 2012).

**Immigrant families coping with acculturation and attachment repair.** Despite the different ways of dealing with acculturative stress, what separates immigrant families who are able to cope versus those who struggle to do so is the degree of support they receive between each family member and those outside their family (Dow, 2011). By retaining, teaching, and sharing their old culture to their adolescents, parents are also giving themselves the opportunity to have a better quality of life in having something familiar with their children when everything around them is different. Immigrant parents are thus providing support to their adolescents, and vice-versa. In fact, a continued orientation toward their ethnic culture, coupled with integrating their host country’s cultural values, is positively correlated to parents’ cultural adjustment, including parenting efficacy (Costigan & Koryzma, 2011). This could bolster their confidence as parents, giving meaning and improve their quality of life. With ties to their native culture, parents can help their adolescents maintain these ties to their ethnic identity, which could help them navigate the challenges of adolescence. This implies that immigrant parents could play a significant and positive role in their identity development (to be discussed in the following section).

When coping with acculturative stress, integrating both the native and host culture (integration) helps reduce acculturation gaps between parents and their children, reducing family conflict, overall contributing to a positive acculturation experience for the entire family (Birman & Taylor-Ritzler, 2007). With increased familiarity and knowledge of a new culture as a whole, immigrant parents have greater exposure to the cultural norms and expectations related to their host country’s adolescent parenting practices (Costigan & Koryzma, 2011). It could also be implied that in being more exposed to the dominant culture, they are more likely to utilize of parenting resources that are available in their community in which they are currently part of. In practicing mainstream parenting values and beliefs of their native culture, immigrant parents are likely to become more aware of and understand their adolescent’s struggles and challenges in their adjustment in a mainstream culture (Kim, Chen, Wang, Shen, & Orozco-Lapray, 2013).

With their parents support and assistance, immigrant adolescents can also contribute their part to alleviate the acculturative stress with the family by integrating aspects of their old and new culture.
(affirmed by their parents) rather than distance themselves from the culture of their native country (Sullivan et al., 2007). This provides a greater opportunity for parental involvement, which appears to be associated with the most adaptive family functioning (a positive parenting experience and family support). When there is a shared cultural understanding between parents and children, the family is able to identify and relate to each other regarding the challenges of adjusting to a new culture as an immigrant. Such openness between family members could help mitigate psychological distress through improving their family relationships.

Along with absorbing new cultural norms of their host country, maintaining ties to their ethnic culture plays a significant role in immigrant families’ adjustment to their new surroundings (Birman & Taylor-Ritzler, 2007; Costigan & Koryzma, 2011; Schwartz et al., 2013). Retaining heritage-culture practices is more favorable to positive family functioning and lower levels of problematic behaviors among adolescents. Parents are more confident in their role as the caretakers of the family, and thus are able to be more supportive and help their adolescents with their struggles (Costigan & Koryzma, 2011). Although this positive family functioning does not remove adolescents’ responsibilities in terms of acculturative tasks, it does help adolescents handle and successfully achieve their normative developmental tasks (Reitz et al., 2013). In addition, with a sense of a bi-ethnic identity, adolescents are more equipped and have a more solid base in navigating between two cultures (Reitz et al., 2013) and their own identity. They are more secure in their ability to navigate in a new culture, and secure in that their parents who they can trust will help them when needed - reinforcing the parental-attachment bond.

Adolescent Development

According to Havighurst (1948), developmental tasks are biological, social, and specifically determined tasks that must be completed before one begins a new phase of life. Such examples of developmental tasks for adolescents include becoming autonomous from parents, building peer relations, and preparing for future professions. Years later, Erikson (1968) claimed that the main psychosocial developmental task for adolescents is to become autonomous from their primary caretakers and establish a sense of identity. In addition, adolescence signifies a change in parent-child relationships that is significant for healthy development (Fuligni, 1998). It is no wonder why adolescence is a stressful intermediary period during which young individuals are in a transition between childhood and adulthood.
Self-identity through autonomy. Havighurst’s and Erikson’s theories and models of adolescent development apply to Western values of autonomy. Autonomy could be defined as independence (one behaves or decides without relying on others) and a person’s self-endorsed functioning in comparison to pressured or controlled functioning from others around him/her (Van Petegem et al., 2012). According to Erikson, adolescents need to become autonomous in order to be able to explore and develop a sense of identity (1968). Along with this new sense of independence, parental involvement and support continues to be crucial and needs to be present in the family.

Focused on a Westernized value of autonomy, Havighurst’s and Erikson’s models failed to consider that autonomy is a culturally defined concept (Lee, Beckert, & Goodrich, 2010). Perceptions of autonomy differ across cultures due to the influence of social expectations on a person’s development – individualistic versus collectivistic (Matsumoto & Kupperbusch, 2001). From an individualistic cultural perspective, there is an emphasis on independent relationships, personal goals, autonomy, and individual competence (Matsumoto & Kupperbusch, 2001). In contrast, collectivist cultures place less emphasis on individual needs and desire, but stress the importance of interdependent relationships, group goals, group cohesion, and community cooperation. Though collectivist culture may not agree of with the Westernized belief that autonomy should be attained during adolescence, some may agree that autonomy is a significant developmental task and a psychological need (Stewart, Zaman, & Dar, 2006) so long as not at the expense of the family’s needs. What may separate collectivist culture individualist one is their belief that autonomy is to be attained during a later part of human development.

Self-identity through ethnic identity. Although Erikson’s model of development highlights the significance of independence in achieving a sense of identity for adolescents, collectivistic cultures seem to have a different way of helping adolescents develop their identity; by instilling a sense of ethnic identity (Huang & Stormshak, 2011; Reitz et al., 2013). Immigrant adolescents who identify with their native culture have a sense of ethnic belonging to their native country; and having a positive family relationship with their parents helps maintain and instill a sense of ethnic identity (Reitz et al., 2013). In exploring and discovering their identity, immigrant adolescents may initially identify more strongly with their ethnic heritage, but will inevitably recognize differences between their native and host country’s norms and values (Reitz et al., 2013). In time, as these immigrant adolescents become acculturated, their peers take a
significant role and also shape the development of their self-identity as they shift their attention from their family to society (Meschke, Peter, & Bartholomae, 2012; Nguyen, Cohen, & Hines, 2012; Reitz et al., 2013). However, some seem to have stronger ties to their ethnic identity as they age, despite their successful acculturation; which may be due to a positive parent-child relationship (Huang & Stormshak, 2011). Unlike other non-immigrant adolescents who do not have to worry about the stress that comes from acculturation, immigrant adolescents face the challenge of establishing their sense of self that is dependent on their family relationships and also on their level of acculturation.

**Self-identity and culture.** Although Western individualistic culture emphasizes the importance of autonomy, especially in healthy psychosocial human development (Le & Strockdale, 2005), independence could also have negative effects as well such as maladjustment (Petegem, Beyers, Vansteenkiste, & Soenens, 2012). In contrast, though Western culture believes that a dependent relationship negatively affects adolescent development (Lee & Strockdale, 2005), the values of collectivist cultures could help immigrant adolescents develop a sense of self-identity (Lee et al., 2010) by identifying with their ethnicity and native culture. There are costs and benefits to different perceptions of autonomy, and perhaps what independence means is more significantly influenced by the social conditions, such as the quality of family relationships; which is positively correlated to a healthier adolescent development (Petegem et al., 2012; Reitz et al., 2013).

**Challenges in accomplishing development tasks.** For immigrant adolescents who are caught between their host culture and their native culture, they are confronted with the challenge of mastering normative development tasks of self discovery while also trying to adopt to their host country (Reitz et al., 2013). Immigrant adolescents struggle with the Western perspective on developmental tasks that emphasize autonomy, since they may come from another culture that defines adolescence differently. Rather than through autonomy, self-identity maybe achieved in a different way. It may be that the value that immigrants place on autonomy is dependent on the relative importance of autonomy and parental authority of their native culture (Fuligni, 1998).

Adolescents who were separated from their parents due to the family’s piecemeal immigration are confronted with additional unique challenges. Reunited with their family after years of separation, they may struggle with how to become autonomous from their parents when they may rely on them during their
cultural adjustment (Birman & Taylor-Ritzler, 2007; Reitz et al., 2013). Immigrant adolescents rely on their parents for support during the immigration experience and for help when it comes to navigating between the two cultures (Reitz et al., 2013). Adolescents need to trust, feel secure and protected by their parents (a developmental task for younger children) before they can undertake and successfully achieve a sense of autonomy (Havighurst, 1948) – an additional issue that immigrant adolescents may have after years of separation from their parents.

Developmental tasks are often delayed as immigrant adolescents focus on acculturating to their new environment before feeling confident and prepared to take them on (Reitz et al., 2013). Unique to the experience of immigrant adolescents, their adaptation and acculturation to their host country is tied to their transition into adolescence. Unlike their native adolescent peers who can concentrate on attaining their developmental tasks, attention and focus is placed more on acculturative tasks for immigrant adolescents (Reitz et al., 2013). Without a sense of stability in their new surroundings, these adolescents may not feel confident when it comes to figuring out who they are. In Reitz et al.’s longitudinal study (2013) that examined how immigrant adolescents master developmental and acculturative tasks, results revealed acculturation is shaped by the success in developmental tasks (such as their ability to speak and understand a new language). The more an immigrant adolescent is acculturated to the new culture, the more likely he/she is to develop similar values (autonomy, authority, self-identity) to their host country.

**Acculturation’s influence on developmental tasks.** Over time, the acculturation process increasingly shapes developmental tasks as adolescents are exposed to their migrating country’s different values and expectations regarding adolescents’ psychosocial development (Titzmann & Silbereisen, 2012). Adolescents are influenced more by the opinions of their peers than their parents (Meschke et al., 2012). Depending on how much exposure they have had to their host country and their primary cultural norms, an adolescent’s own beliefs and expectations regarding autonomy and authority may change (Fuligni, 1998). What was interdependence, in respect to parental authority and ethnic cultural norms and beliefs, might now emphasize independence. This validates the belief that expectations and beliefs are not fixed, but rather change over time for bi-cultural adolescents (Titzmann & Silbereisen, 2012).

In a study of 7584 Vietnamese adolescents’ (ages of 14-25) who identify with certain aspects of both their native and host cultures (United States), results revealed that peers have a significant role in
long-term independent identity development of adolescents compared to their family (Nguyen et al., 2012). Although the study confirmed that peers have a positive and consistent influence on how these Vietnamese adolescents perceive a happy family, good job, good income, and opportunities, it also suggests that family may also influence on Vietnamese adolescents’ perception and sense of self.

There are some immigrant adolescents who may continue to identify with their native culture (values, traditions, beliefs, etc.) (Huang & Stormshak, 2013), while others may shift their ethnic involvement from their family to a society that could instill different values of authority and autonomy (Reitz et al., 2013). In a study of 298 10th grade students from multiple cultural backgrounds, researchers investigated a host country’s influence on adolescents’ different perceptions regarding authority as evidenced in their relationships with their parents (Fuligni, 1998). Results revealed that over time (by the third generation to be exact) these adolescents’ beliefs and expectations changed so that their values became similar to their host country. The more the parents and adolescent became acculturated to their new surroundings, the more they were able to openly contradict their parents’ values and beliefs, and also expect autonomy at an earlier age. This affirms how adolescents’ views regarding authority and autonomy may change through generations to be consistent with the norms of the larger society in which they presently reside. However, their initial shared ethnic identification with their parents will continue to be a significant role if they sustain positive family relationships and retain high family values; which suggests a stronger parent-adolescent bond (Roosa et al., 2011).

Unique to the experience of immigrant children, the transition to adolescence is tied to their adjustment, adaptation, and acculturation to their host country. If acculturation tasks are initially addressed (Reitz et al., 2013), then perhaps developmental tasks are shaped by acculturation. The more an immigrant adolescent is acculturated to their new family and culture and gain stability in their life, the more likely they are to have a better understanding and develop their own views on what autonomy, authority, and self-identity means to them.

Already strained in trying to acculturate to their host country (Birman & Taylor-Ritzler, 2007; Sullivan et al., 2007) and in their new family system (Fuligni, 2012), adolescent immigrants who were separated from their parents during immigration are forced to undertake normative developmental tasks in two different cultures. In trying to develop their own sense of self, they struggle in trying to belong in two
different environments that have two different beliefs of autonomy; one culture (host country) preaches autonomy and the other (country of origin) preaches in interdependence (Petegem et al., 2012). Their uncertainty about which path to follow makes it difficult for the adolescent to develop a strong sense of self-identity. In addition, it would seem difficult to begin the next phase of development when they may have internalized and unprocessed feelings of grief tied to their personal experience of family separation due to immigration. Because of the grief and trauma in which they experienced and that they may still believe the world is unreliable and unpredictable (Gilbert, 2008), they may not only struggle with adjustment and acculturation in their new familial and cultural surroundings, they may also struggle with whom to depend on (their family versus their new surroundings) which makes it difficult to feel safe when discovering who they are and/or what they want to be.

The connection to their ethnic identity instilled by their parents can help alleviate some of the stress that comes with normative adolescent tasks of developing an identity (Reitz et al., 2013). However, it seems like immigrant adolescents would need to initially feel comfortable and safe with their parents in order to feel open and at ease when working with them in any way. The challenge is how to feel comfortable and safe around individuals who you trusted would care for and protect you; figures who might be identified as the cause of these adolescents’ grief. For immigrant families with adolescents, their unique challenge is how their personal experiences and struggles of immigration, grief, acculturation, and development overlap and are dependent on each other. Unresolved feelings affect their ability to confidently and successfully work on each of these challenges. Fortunately, quality family relationships filled with genuine empathy, support, and love could help immigrant adolescents process their losses due to the immigration, adjust to their new and cultural surroundings, and establish a confident and secure self-identity; all of which would reconnect and strengthen the attachment bond between immigrant parents and their adolescents (Reitz et al., 2013; Rosa et al., 2011).

**Attachment and Therapeutic Interventions**

Since the development and continued research on attachment theory followed by attachment and immigration collectively which highlights the significance of a sensitive and attuned child-mother relationship (Bowlby, 1969, 1973, 1988; Hofstra et al., 2005; Oudenhoven & Hofstra, 2006; Polek et al., 2008; Santa-Maria & Cornille, 2007; van Ecke, 2007; Sochos & Diniz, 2012), there has been even more
research about clinical treatment and interventions for repairing the ruptured parent-child attachment bond (Baptiste, 2005; Baptiste, Hardy, & Lewis, 1997; Caffery & Erdman, 2000; Diamond, 2013; Diamond et al., 2007; Grant, Henley, & Kean, 2001; Mirecki & Chou, 2013; Mitrani, Santisteban, & Muir, 2004; Pottinger, Stair, & Brown, 2008; Shariff, 2009; Strong, Bean, & Feinauer, 2010; Topham & Van Fleet, 2011; Zilberstein, 2010). These diverse clinical modalities offer different perspectives, approach, and strengths to help families relate and communicate, with a common aim to help repair and reestablish the attachment bond between parents and their child(ren) – immigrant or not. Rather than strictly focus on immigration-related separations – a common and significant problem with immigrant families in the United States – the studies focused on communication and relational problems between children and their parents (Arnold, 2006; Baptiste, 2005; Mirecki & Chou, 2013; Mitrani et al., 2004; Pottinger et al., 2008; Zilberstein, 2010) in order to cultivate and strengthen a secure attachment. Ironically, few studies exist on the significance of processing feelings related to the physical separation between parents and their children (Mitrani et al., 2004), which could be accomplished with a trusting and secure relationship where family members feel safe to share and communicate (Diamond, 2013).

In addition, the majority of studies focused on helping children and their parents (Baptiste et al., 1997; Chawla, 2011; Mirecki & Chou, 2013; Pottinger et al., 2008; Topham & Van Fleet, 2011; Zilberstein, 2010), and very few focused on adolescents and their parents (Baptiste, 2005; Diamond, 2013; Diamond et al., 2007; Mitrani et al., 2004), let alone between immigrant adolescents and their parents. In hindsight, without further clarity, the term children could have been a general terminology that could have included all minors. Although these studies varied in context and lacked specificity on the children’s age range, their individual findings can be integrated with other attachment-based treatment modalities to create a hybrid treatment process that could be utilized when working with immigrant adolescents and their parents.

**Repairing attachment.** The different intentions and goals that parents and children may have in their therapy sessions suggest that there is a disconnect in their communication, which is often causes problems within the family unit (Diamond, Diamond, & Levy, 2014). Therefore, the main goal of therapy is to modify familial problematic behaviors in order to adapt to their new cultural and contextual environment. Common problematic interactions often cause disruptions in parental functioning and/or
disruptions in the quality of the parent-adolescent relationship, which adds further stress to the immigrant family who is also trying to deal with the process of cultural adjustment.

In regards to the family treatment approach, despite the child’s age and/or the clinical method applied, it is important to address and explore significant subject matters about the family in order to establish and demonstrate sensitivity (Baptiste, 2005; Baptiste et al., 1997; Grant et al., 2001; Mirecki & Chou, 2013; Mitrani et al., 2004; Pottinger et al., 2008; Shariff, 2009). At the start of the session, it is important to assess for any crisis (e.g. suicide attempts, signs of child abuse), with each family member that may need immediate attention. A full history of the family should be explored. This that includes (not limited to) the family’s emotional, social, economical, and educational state, their state of health in their country of origin and in the host country (Pottinger et al., 2008). In order to construct new and more adaptive family interactions, clinicians need to be neutral with both parents and adolescents (Mitrani et al., 2004), approach the changes slowly, and communicate their understanding of the problem to the family (Baptiste, 2005). Mitrani et al. (2004) articulated that by doing so, clinicians can work with parents and adolescents by helping them increase their trust in psychotherapy and its processes.

To gain a better understanding of the source and measure of stress within the family, it is important that a counselor ask clients about their expectations of the quality of life in the host country and family reunification (Baptiste et al.,1997; Pottinger et al., 2008). According to Baptiste et al. (1997), it is not uncommon that a discrepancy exists between an immigrant family’s expectations and the realities of life in the United States. Parents are often unprepared for cultural changes in attitudes and values (including parenting their adolescents) that they encounter, and they are unaware that the immigration process could be a direct contributor to intra-familial conflicts. Hence, exploration and evaluation of the family’s interaction during the first few sessions not only provides a general understanding of the family’s discord, it can also reveal the family’s strengths and resiliency that can help them overcome family problems (Mitrani, et al., 2004).

**Utilizing the family system approach for attachment repair.** The family systems approach is one of the few clinical interventions that has been commonly utilized in which each member of the immigrant family (immediate and extended) is included in the process (Chawla, 2011; Strong et al., 2010). This approach claims that subsystems affect other subsystems; that an individual subsystem forms a whole
and that it is also part of a greater whole (Strong et al., 2010). In addition, this approach also allows children to be included in the process, and gives them the opportunity to express their thoughts and feelings about the immigration (Chawla, 2011; Pottinger et al., 2008). In a study that focused on immigration-related separations in Hispanic families who were struggling with parenting adolescents with behavior problems, a family systems approach was utilized to help improve parenting practices and the parent-adolescent bond (Mitrani et al., 2004). Initially focused on separation-related content, the aim of the therapeutic process was to develop a new setting for the discussion of the family separation, parent-adolescent relationships, and the adjustment of family interactions that no longer functioned in a new cultural environment. The strategy addressed issues associated to engagement and joining, the identification of core family themes and processes, addressing conflict resolution and managing affect. Although the clinical considerations and interventions were specific to these adolescents who struggled with drug abuse, they could also apply this strategy as a preventative measure for adolescents recently immigrated and are newly reunited with their parents.

**Engaging and joining with family.** Engaging and joining with the family members in their current state is the most significant piece of the therapeutic process, and from which all other successful therapeutic approaches are based (Minuchin & Fishman, 1981). First, from an attachment viewpoint, clinicians must have respect for the immigrant families’ cultural values and relationships (Mirecki & Chou, 2013). It is during the joining phase that clinicians can demonstrate cultural awareness and sensitivity towards individual family members by being knowledgeable and sensitive to some of the stress related to the immigration, grief, acculturation, and adolescent development (Baptiste, 2005; Baptistte et al., 1997; Mitrani et al., 2004; Mirecki & Chou, 2013). Clinicians could take an active role and learn about their clients’ culture including the meaning of family roles, values, and relationships (Baptiste, 2005). In addition, clinicians are encouraged to be knowledgeable and sensitive to some of the stress related to immigration, acculturation, documentation problems, and ethnic identity (Mitrani et al., 2004). This also includes an understanding of the quality and different characterization of attachment bonds within the context of the culture in which these various beliefs were developed (Baptiste et al., 1997; Mirecki & Chou, 2013). If a lack of understanding exists, clinicians can empower their clients by encouraging them to teach
the functions the attachment behaviors once had within their cultural context (in this case, in their country of origin) (Mirecki & Chou, 2013).

In addition to addressing the differences in family roles, values, and relationships (Baptiste, 2005), clinicians need to be aware of the cultural differences in the diverse perceptions of developmental stages (Mirecki & Chou, 2013). First, children live in complex and different environments that may require a greater need for complexity, distinction, and explicitness when it comes to establishing attachment between parents and children after infancy (Mirecki & Chou, 2013). This is especially the case for immigrant children who are also adjusting to a new familial and cultural environment post reunification. Secondly, what is considered and to what degree a developmental task that defines the adolescence stage is depends on the cultural context (Reitz et al., 2013). The value families place on autonomy depends on the relative importance of autonomy and parental authority of their culture (Fuligni, 1998). Unlike Western culture where individualism is valued encouraged, collectivist cultures may place considerable importance to parental authority and lesser importance on individual autonomy; or have different social expectations regarding an appropriate period transition towards autonomy (Titzmann & Silbereisen, 2012). Therefore, collectivist cultures may have later expectations concerning autonomy than individualist cultures (Rose, Dalakas, & Kropp, 2002). Clinicians need to be sensitive to these values, and discuss how they serve and strengthen the parent-adolescent relationships in a different cultural environment (Mirecki & Chou, 2013). This approach promotes a sensitive cultural understanding of relationships.

In addition, clinicians can demonstrate sensitivity regarding familial separation-related issues such as immigration (González-Ferrer et al., 2012; Madziva & Zontini, 2012; Michael, 2009; McGuire & Martin, 2007; Suárez-Orozco et al., 2010), grief (Casado et al., 2010; Gilbert, 2008), and acculturation (Birman & Taylor-Ritzler, 2007; Costigan & Koryzma, 2011; Fuligni, 2012; Reitz et al., 2013; Sullivan et al., 2007; Titzmann & Silbereisen, 2012). Clinicians need to evaluate and explore the family’s cultural background and values in order to understand the family’s grief and challenges pertaining to acculturation (Shariff, 2009). Clinicians are advised to explore the circumstances regarding the family’s immigration by asking questions such as how the family decided to immigrate, and what struggles and challenges they encountered during the entire process, as well as inquire and assess the presenting instabilities in the attachment quality between parents and their adolescents as a result of the immigration process (Mitrani et
By initiating a discourse on such subject matters of cultural differences, clinicians respect cultural values and family relationships, and continue to affirm cultural sensitivity (Baptiste, 2005). A clinician’s genuine efforts to understand the family’s culture and circumstance helps assuage the tension within the therapeutic relationship by addressing the differences in beliefs, values, and lifestyles between the clinician and the family (Baptiste et al., 1997).

During the process of engagement and joining, clinicians need to be aware, possess, and demonstrate sensitivity to the presenting feelings of each family member (Mitrani et al., 2004). Feelings of guilt, loss, blame, and shame (Arnold, 2006; Baptiste et al., 1997; Chawla, 2011) in not being able to fulfill their role as parents (Arnold, 2006) are common among parents who were experienced immigrant-related separations from their children. Researchers have expressed the value in being able to empathize with parents as they explain their decisions to separate, while also acknowledging their good intention in choosing to immigrate so their children can have a better life (Bohr & Tse, 2009; González-Ferrer et al., 2012; Michael, 2009; Pottinger et al., 2008).

Exploring associated emotions and cognitions. Presenting feelings such as guilt, defensiveness, denial, loss and sadness often stem from issues regarding immigration, acculturation, and ethnic identity (Mitrani et al., 2004). Family members find themselves confronting the unexpected challenge of figuring out different expectations and rediscovering their identity in a new cultural context (Baptiste et al., 1997) more so for adolescents who are in the process of self-discovery and developing an identity in order to become autonomous individuals (Erickson, 1968; Reitz et al., 2013). This adjustment process can vary in length, depending on factors such as how the family immigrated, the child’s age at the time of immigration, the level of child’s social skills, the family’s reasons for immigration, and the family social economic status in their new surroundings (Baptiste et al., 1997). Together, these factors shape the course and type of relationships within the family, and many contribute added stress in the family dynamic (Baptiste et al., 1997). Because these factors play a significant role, clinicians need to be aware of them when helping parents and children foster a sense of family identity and strengthen their bond (Mitrani et al., 2004).

Identifying core family processes and themes. Having gained a better understanding of the family (their current circumstance, personality, and their culture), Mitrani et al. (2004) underlined and
thoroughly discussed the various layers of a family unit, as well as the importance of identifying core family processes and themes in a content and process level. Content level is when clinicians evaluate and choose themes that have the strongest influence on the family’s therapeutic process and treatment, the most significant one being immigration-related separation. With empathetic attunement, focus should be placed on the separation-related content such as the sense of alienation experienced between parents and children (Mitrani et al., 2004). Other subthemes that may emerge and would need to be explored and processed include acculturation, changes in social and economic status, minority status, and ethnic identity (Baptiste et al., 1997; Mitrani et al., 2004). Despite the different challenges that each subtheme presents for parents and children, they are often connected and related to feelings of loss having left their home country as they adjust to the new culture (Baptiste et al., 1997). These difficult adjustments indicate that not only do transitional issues need to be addressed and processed with these families, it behooves clinicians to broaden the focus of their therapy, and integrate and explore issues of loss (Baptiste et al., 1997).

Mitrani et al. (2004) described evaluation at the process level as the practice of identifying a family’s interaction patterns - both their strengths and weaknesses, by observing family interactions during the therapy session. It is during this part of assessment in which parents are evaluated for their adolescent parenting skills (Baptiste, 2005; Shariff, 2009), and disruptions in parental functioning are identified (Mitrani et al., 2004). The evaluation process could be as simple as observing the adolescent talking and if his parents are actively listening. Parents asking their adolescents questions, demonstrating curiosity and empathy, and acknowledging and making personal disclosures are attributes of an appropriate and healthy way of parenting (Diamond, Diamond, & Levy, 2014). Clinicians can also explore parents’ beliefs and expectations regarding their adolescent’s behavior, and also explore adolescent’s thoughts and opinions of his/her parents’ role and expectations (Shariff, 2009). It is common that parents often have difficulties raising their adolescents because of different and conflicting family and cultural expectations of their old and new cultures (Baptiste, 2005; Birman & Taylor-Ritzler, 2007; Fuligni, 2012).

**Challenges to attachment repair.** Unaware of how to adapt in a new environment, immigrant parents carry and apply the values, traditions, and customs of their country of origin because it is familiar (Baptiste, 2005; Baptist et al., 1997; Mitrani et al., 2004; Shariff, 2009). Without any regard for the new cultural context, these aspects of their primary culture remain unchanged. Although these same principles
initially had their function in their home country, families are unaware that these same principles no longer have the same measure of efficacy (Mitrani et al., 2004).

In addition, the phenomenon of acculturation gap is another factor that makes parenting immigrant adolescents a challenge for their parents (Baptiste, 2005; Baptiste et al.; 1997; Mitrani, et al., 2004). These adolescents acculturate to their host country much quicker than their parents because they are more exposed to the dominant norms and values of the society through school (Fuligni, 2012). Adolescents learn and desire certain entitlements that Western culture defines as appropriate for their developmental stage. These norms often conflict with parents’ values of their native culture, one of which is their parenting style. However, some may have conflicted feelings in regards to expressing their new needs to their parents because it would mean openly questioning and challenging their parents, which implies disrespect (Fuligni, 2012) – incongruent to the focus of attachment repair.

There are also some immigrant parents who just lack parenting experience. For instance, in the study conducted by Mitrani et al. (2004), they found that a mother’s sense of loss and guilt causes her to continue to parent where she left off prior to separation, rather than parent her now adolescent accordingly to his/her developmental stage. Though there may be good intentions behind the approach to parenting (care and protection), this gets lost in translation as adolescents may perceive their parent’s approach as unfair and inconsiderate of the family’s current state.

**Family therapy: attachment-based family therapy (ABFT).** An offshoot of family therapy, attachment-based family therapy (ABFT) highlights similar concepts to family systems theory. Although ABFT was initially designed to treat depressed and suicidal adolescents and their families (Diamond et al., 2007), its focus is similar to that of the family therapy approach – to improve the adolescent-parent attachment relationship (Diamond, 2013; Diamond et al., 2007). It encourages and assists a more direct communication between the parents and their adolescents, which then enhances their cognitive-emotional skills (Kobak & Duemmler, 1994). According to Diamond et al.’s (2007) study on the reliability of the ABFT approach, they claimed that the focus was to repair the trust between family members and promote connection and autonomy within adolescent-parent relationships (2007).

This trust can be achieved by helping parents become more aware and accept both their own and their adolescents’ emotional experience, rather than deny their feelings surrounding their experience of
familial separation; which can then lead to increased respect for individuality and self-esteem (Topham & Van Fleet, 2011). Immigrant adolescents can directly articulate their needs and parents are taught to offer empathy and support as well as structure and safety. A parenting approach that is sensitive, empathetic, supportive, and takes into consideration an adolescent’s thoughts and feelings can help foster the growth of that parent-adolescent bond (Claussen and Crittenden, 2000).

Unlike the family therapy approach, ABFT is comprised of five sequential tasks or phases (Diamond & Siqueland, 1998) that clinicians help their clients complete. They are designed to help clients repair the parent-adolescent attachment relationship. In Diamond et al.’s research of a randomized clinical trial of thirty-two depressed adolescents and their parents, results revealed a strong and positive correlation between accomplishing these tasks and improved adolescent-parent relationship (2007). Although it is difficult to gain a complete understanding of these results (considering other factors and variables), the encouraging outcomes suggest that the same approach could be utilized with other families of different cultural backgrounds so long as cultural sensitivity is integrated.

Before undertaking these sequential tasks, it is significant to note that clinicians take on the role of attachment figures when it comes to their therapeutic relationships with their clients (Zilerstein, 2010), whether they are individuals, couples, or families. This is because certain aspects of the therapeutic relationship such as attunement, verbal and nonverbal emotional communication, safety, boundaries, and repair of empathic breaks are characteristics that can also be found in child-parent relationship with a healthy attachment quality. By demonstrating how these could be achieved in vivo enactments during sessions, clinicians can help families improve their approach to communicating and relating.

With cultural sensitivity, the first task, called relational reframe task, criticisms and hostility are removed from one particular person (Diamond & Siqueland, 1998). The goal is to repair relational ruptures within the family. Second, during the alliance-building task with the adolescent, the goal is not only to identify core family conflicts, most importantly clinicians help adolescents prepare and empower them for parental joining, connection, and engagement (Diamond & Siqueland, 1998). Adolescents are helped to directly express and communicate their pain and needs to their parents in a more composed and contained manner (Diamond, 2013). In an empathetic and attuned therapeutic environment, clinicians facilitate a productive emotional processing (such as reflecting, validating feelings, etc.) for these adolescents, while
also continuing to observe, assess and explore any other unmet needs that may not be directly communicated. Similar to the broader scope of family therapy in which therapists lend support to the child, whether they are reacting emotionally or are reticent (Mitrani et al., 2004), clinicians provide their support during the emotional release.

With the focus on the parents, the third task suitably called alliance building task, parents are helped how to impart and participate in attachment tasks (e.g. how to encourage them to share and express their feelings) (Diamond & Siqueland, 1998); and in the case for immigrant families, to also consider contextual and developmental factors (Mirecki & Chou, 2013). With an understanding of how attachment is achieved in their cultural context and why those principles need to adapt to fit the new culture for the benefit of their family unit, parents are helped and coached how to respond in an empathetic, supportive, and non-defensive way towards their adolescents (Diamond & Siqueland, 1998).

Through in-session enactments, parents and adolescents are given opportunities to reconnect, and adolescents are encouraged to share their experiences of past attachment ruptures (Diamond et al., 2007) – also called the reattachment task (Diamond & Siqueland, 1998). Through enactments during therapy, adolescents directly disclose to their parents their thoughts and feelings related with past and current experiences that have damaged the trust and security within their relationship (Diamond, 2013). Instead of responding defensively (highly probable for cultures who may have a different notion of parenting and expectations), parents are taught to validate their adolescents’ experience and to utilize reflection as a way to help them further process their experience (Diamond, 2013). Parents have an opportunity to acknowledge and empathize with their adolescents’ experience – all of which are associated with secure attachment and healthy adolescent development (Stern & Diamond, 2003), immigrants or not. By helping families accept and process the pain of separation, “…they can acknowledge the loss and heal the hurt, celebrate the strength, and learn to change, to work, to love and accept love, and so build and sustain relationships” (Arnold, 2006, p.173). With a strong and secure parent-adolescent bond in place (a secure base), adolescents are able to develop new coping strategies to help them live their life – called the competency-promoting task (Diamond & Siqueland, 1998). Having effectively accomplished the first four previous tasks, adolescents (and even parents) feel less alone in their experience and are able to adapt to their new cultural environment and to their new family dynamic.
The family adjustments and adaptation that take place during each task are central to strengthening and restoring the attachment bond between immigrant adolescents and their parents (Mirecki & Chou, 2013). Adaptation encourages a “strategy for maximizing the probability of safety, given variation in context,” (Mirecki & Chou, 2013, p. 369) which suggests that it can help establish and strengthen the adolescent-parent attachment bond. Reclaiming their role as parents, immigrant parents are confronted with the challenge of how to raise their adolescents (with whom they previously were estranged from), how to raise their adolescents in a new environment (Baptiste, 2005), and how to repair the relationship. In regards to parenting efficacy and adjustment, parent’s involvement and orientation towards both their old and new culture is associated to positive parenting experience for both themselves and their adolescents (Costigan & Koryzma, 2011). This implies that immigrant families’ adaptation to another culture does not mean removing ties to their old culture, but rather to maintain their connection to the culture of their country. Adaptation is also an opportunity for immigrant families to create their own and unique culture that considers and integrates the traditions, principles, and values they grew up knowing with the ones that their adolescents are exposed to in their host country (Mirecki & Chou, 2013).

The family unit needs a possible way of managing disagreements and problems, which are often due to a denial that a problem exists (Mitrani et al. 2004). Common in reunited immigrant families, parents and their respective adolescents do not openly talk about their feelings related to the separation during immigration, which continues to affirm a lack of communication and closeness between parents and their children. According to Mitrani et al. (2004) clinicians can facilitate the discussion on separation-related issues, and help parents lead the discussion to help them express their feelings of sadness and loss. They can coach parents on how to encourage their children to tell their stories and provide comfort. As both parents and adolescents learn to develop and/or adjust to a healthier pattern of family interactions, the clinician can seamlessly remove his/her role as the facilitator and the guide, but continue to witness the family’s evolving dialogue (Diamond, Diamond, & Levy, 2014) which paves the way and cultivates attachment repair.

Summary

Through decades of research, it is evident that the experience of family separation between parents and their children during their piecemeal immigration process consists of multiple layers (struggles with
immigration, grief, acculturation, and developmental tasks) that shape the quality of the family relationship upon reunification. These children become hesitant, cautious, and doubtful that their needs would be acknowledged and met by the same individuals that abandoned them during their childhood. The secure attachment that these children once had (if any) with their parents is replaced by insecurity and detachment that could significantly shape how they perceive themselves and other meaningful relationships if the source of family conflict is addressed, processed, and repaired. Family therapy in a warm, safe environment can give both parents and their adolescents the opportunity to openly share with each other their personal struggles and feelings about the entire immigration experience; acknowledging and validating each other’s experiences. With understanding and empathy, immigrant parents can help their adolescents meet the struggle of familial and cultural adjustment – repairing and strengthening the attachment bond that was damaged at the onset of the family’s immigration.
Chapter III: Project Audience and Implementation Factors

Introduction

The process of piecemeal immigration has a strong influence in family dynamics post immigration, specifically amongst the children of immigrant families. When parental figures make the voluntary decision to migrate to another country (for reasons that are opportunity focused for their families) (Chen et al., 2009;) it is not an uncommon practice to leave their child(ren) behind in their country of origin with extended family and/or family friends (González-Ferrer et al., 2012; Suárez-Orozco, et al., 2010). As a result of this family separation, the attachment bond that was in place between parents and their children is interrupted and negatively altered (McGuire & Martin, 2007; Smith et al., 2004).

The detachment that replaces the attachment bond between parents and their children suggest a negative change in the quality of the family relationship, which is associated with the children’s difficulty in having future meaningful relationships in adulthood such as those found in romantic relationships (Dinero et al., p. 2011). Without repair, a lack of parent-child bond suggests a lack of significant interaction between parents and their children, which may cultivate their presenting negative perceptions and beliefs (e.g. people cannot be trusted, I am not worthy of love, I am not safe with anyone, etc.) about themselves and others that they acquired during the time of separation (Smith et al., 2004). With an unsecure attachment bond, children will perceive more attachment-related danger signals when it comes to other meaningful relationships, and are less able to cope and resolve these internalized perceptions (van Ecke, 2007). Consequently, this could then become a cyclical pattern in their life that provides nothing but significant problem and distress. The purpose of this project is to provide clinicians a guideline when working with immigrant families who experienced child-parental separations during the process of immigrations. It is a guideline developed to address and repair the bond between parents and their respective adolescents, in hopes of instilling a secure sense of self and security with others when establishing and maintaining intimate relationships.

Development of Project

As a third generation Filipino in my family, my family immigrated to the United States in a piecemeal process. Although I cannot recall any memories of my infancy, I do remember that during the first year of my life I was raised, nurtured, and cared for by both of my parents who were physically,
emotionally, and mentally available. However, this all changed after I turned one year old when my mother voluntarily immigrated to the United States in hopes of establishing a better life than our family had living in an impoverished country. Separated for six years, we became a long-distance family where the only contact occurred via telephone calls and yearly two weeks visits by my mother. Despite being reminded who my mother was, my father became the only attachment figure that I knew, trusted, and with whom I felt safe. The bond that I had with my father drastically changed when my mother was able to sponsor my father to join her in the United States. Separated from both of my parents for the next two years, I was raised and taken care of by my uncle and his family. At the age of nine, I was again uprooted from my familiar surroundings when my mother was finally able to sponsor my entry to the United States.

Fast-forward more than two decades later, I find myself working on my attachment issues in my personal therapy. I discovered that despite my accomplishments and numerous close friendships, I have carried the same perception that I internalized during my childhood towards my romantic relationships. I felt that it was not safe to let myself become vulnerable in intimate relationships because of my internalized belief that in the end, whomever I develop an attachment to will leave and I will be alone. I became aware of my conflicting feelings of wanting to be in a romantic and meaningful relationship but had difficulty doing so because of my fears of being abandoned once more. Feelings of yearning, loneliness, and sadness that I had due to the multiple separations from three attachment figures have left a deep impression in my own internal working model; feelings that prevent me from taking the risk and trusting that other relationships are safe and secure.

Even before I became aware of my abandonment issues, I knew and have met other people in my life that had similar experiences of family separation during their family’s piecemeal immigration process. Some of these people were my extended family members and friends who immigrated to the United States after a period of separation from their parents. However, many of these people did not seem to have difficulty in establishing and maintaining intimate relationships. It made me question what differentiated their experience from mine.

In an effort to gain an understanding about how people from a similar experience developed different perceptions regarding romantic relationships, I researched possible concepts that seemed to have an important role in the process. Because it began from childhood, specifically with children’s
relationships with attachment figures, it was fitting to research concepts of attachment theory, focusing on the impact of parent-child separation to a child’s psyche. Because the context of separation was around immigration, it was also fitting to gain a better understanding about what the experience entailed and meant for a family. I became aware that within the numerous articles and studies about attachment and immigrant families there were other factors that come into play and influence how the occurrence of familial separation is experienced. As I shared and discussed my findings with my chair advisor and my supervisor (at the first agency where I worked at), they provided feedback and offered suggestions that made this project richer and fuller.

**Intended Audience**

The intended audience for this project is twofold: the clinicians and immigrant families with adolescent children (12-18 years old). The purpose of this project is to provide assistance and guidelines for practicing clinicians who work with immigrant families living in the United States, either in an agency or private setting. Specifically, immigrant families must have experienced family separation during the family’s process of immigration. There is no requirement in terms of duration of separation, but this information will be something to consider during treatment. Although school officials are not involved during the process of clinical treatment, they can still benefit from having some basic knowledge about the existence of this guidebook. Armed with such knowledge, school personnel could assist recent immigrant adolescents (who recently immigrated and experienced familial separation) by directing them to appropriate resources to help process, cope, and relieve the stress that often comes with acculturating in a new county and in a new family unit.

**Personal Qualifications**

Individuals who utilize and implement the steps of this project should be experienced counselors who have an understanding of the dynamic and process of family relationships. Experience in working with families in a therapy setting would be advantageous for the counselor. Due to the type of population this project is focused on helping, counselors need to be respectful and sensitive to different cultures. They must demonstrate respect and willingness to understand other cultures perception of attachment bond in the same light as the immigrant family.
Environment and Equipment

Implementation of the guidebook could be done in any environment that suits them, so long that it is a quiet and comfortable space where confidentiality is secure between the client (family) and the counselor. Ultimately, the environment needs to foster a sense of safety so that each member of the family is able to openly share their thoughts and vulnerability with each other. For the purpose of transcribing significant family information during the assessment process, counselors are free to choose any form of writing materials. In order to maintain a trusting and empathetic client-therapist relationship, care must be taken that the therapist does not become consumed with transcription.

Project Outline

Part I: A Resource

- Attachment Theory: Education on the fundamentals of attachment theory: the importance of security and trust within a parent-child relationship; the development and significance of an internal working; and the different types of attachment personality types that children can develop.
  - Attachment Theory & Culture: Discussion on the universality of the attachment theory, specifically the theory’s core principles such as a secure base.

- Immigration: Discussion on the different reasons people immigrate from their native country, why people decide to separate from their family, and the unanticipated obstacles that come with the immigration process.
  - Factors that Shape the Separation Experience: Discussion on the different elements that commonly influence the experience of family separation.

- Grief: Education on the basics of grief, different forms of grief, and the importance of grief process. Section also provides a discussion on the different grief processes for children and adolescents, and the different losses they had during and as a result of immigration.

- Acculturation: Education on the fundamentals of acculturation, the stress that results from it, and the different ways of acculturating into a new culture. Section also discusses the different pace that immigrant parents and their adolescents adjust to their cultural surroundings, and what that means for and how it shapes their relationship.

- Adolescent Development: Discussion on adolescents’ developmental tasks, specifically the meaning of autonomy across different cultures. Section also addresses the unique challenge that immigrant adolescents face when meeting these developmental tasks.

Part II: A Guide

- Significant Core Principles for the Clinician – Addresses the importance of being sensitive to diverse cultures when working immigrant families, specifically adjusting suggested intervention techniques and approaches to accommodate to their cultural beliefs and values. Section also emphasizes the importance of building an alliance with the family unit, and how to achieve this along with the family’s common goal in their therapy.

- Part 1: Joining with the Family and Understanding the Challenge of Adjustment:
  - Emphasize the importance of a clinician’s demeanor, and what is helpful when working with immigrant families in a therapy setting.
- Get to know the family and explore the context of relationships.

- **Part 2: Joining with the Family and Understanding the Context of their Immigration:**
  - Explore the family’s experience with immigration by addressing common themes that could be asked in a gentle, culturally sensitive, and empathetic way.
  - Section also addresses how to repair the parent-adolescent attachment bond through personal disclosure of their own experience, and later promoting a connection by shifting to attachment themes.

- **Part 3: Joining with the Family by Understanding their Grief**
  - Educate the family about different kinds of grief, and explore their experiences of losses during their piecemeal immigration process.
  - Suggests how to initiate and facilitate a discussion on grief between immigrant parents and their adolescents. Section addresses how a clinician can guide parents on how to help and support their adolescents through their grieving process, by separately working with the parents first, then with the adolescent, and later bridging them together.

- **Part 4: Joining with the Family and Understanding their Struggle with Acculturation**
  - Build family awareness on their common struggles by facilitating a discussion on the difficulties with acculturation, and discuss the importance of maintain their ties to their native culture as a way to cope with cultural adjustment.
  - Educate the family about the different strategies used to cope with the acculturative stress and explore with the family which strategy they use.
  - Suggests that the family integrates their individual positive attributes of coping mechanism to help them better cope with acculturative stress.

- **Part 5: Joining with the Family and Understanding their Challenges of Adolescent Development**
  - Educate the family about normative developmental tasks and explore with them what are developmental tasks within their culture.
  - Model how to foster autonomy within the family during therapy, highlight how parents can connect with their adolescents establish their self-identity, and discuss ways to reduce the acculturation gap that could cause familial conflicts.

- **Part 6: Termination**
  - Process parents and adolescent’s experience over the course of their family therapy. What they have learned about each other that made a change in how they communicate, interact, and relate with each other? How it feels having a fuller understanding about each other’s personal struggles and strengths? How therapy changed their relationship?
  - Help the family process and explore their thoughts about termination in order to have a meaningful closure.
Chapter IV: Conclusion

Summary of the Project

The purpose of this project thesis was to create a resource and a guide for clinicians on how to help immigrant families with adolescents repair the attachment bond that was damaged as a result of the families’ piecemeal immigration to the United States. Through interpersonal and intimate communication between parents and their adolescents and some psycho-education by the clinician during therapy, it is hoped that immigrant adolescents will experience a secure, accepting, empathetic, and nurturing parenting approach from their parents, repairing and strengthening the quality of their attachment bond.

The project is divided into five sections, which include four chapters and the resource and guidebook for clinicians working with immigrant families and their adolescents in a family therapy. The first chapter provides a brief introduction of the problem: immigrant children’s difficulty with reconnecting with their parents upon reunification after being separated during the families’ piecemeal immigration process. From such a traumatic experience, they may develop an internal negative belief which makes them question, blame, and distrust themselves (e.g. “I must have done something wrong,”) and others (e.g. “No one can be trusted,” “You will get abandoned and get hurt if you make yourself vulnerable to others.”); thus preventing them from establishing and having intimate and meaningful relationships.

The second chapter (divided into eight sections) provides an extensive review of the literature pertaining to the connection between the attachment theory and immigration. The first section provides a discussion on the attachment theory, its core concepts, and its role in childhood up to adulthood. It emphasizes the importance of a secure parent-child relationship and its role in shaping how children perceive themselves and others in the world. The second section explains how these core concepts of attachment theory are universally applicable across diverse culture despite originating in western culture.

The third section is a review of the various reasons why people immigrate (sociopolitical disturbance, socioeconomic improvement); reasons why parents decide to separate from their children (need for childcare assistance, cultural and gender norms); and also the unexpected obstacles that immigrants face that often prolong their separation from their children who stayed behind in their native country. The fourth section is followed by a review of the different factors of immigration that shaped the parent-child separation (sex and gender, age, substitute parents, maintaining contact, new family additions,
and extent of separation), which consequently influenced the quality of the attachment relationship between parents and their children.

The fifth section is a review of grief and how the immigration process involves a lot of losses (both tangible and symbolic) for immigrants. It also goes over the different ways children and adolescent express their grief, which could be unrecognized by others and thus inhibiting them from processing their losses – which is the case for immigrant children whose losses include but not limited to significant relationships, language, routines, culture, and a familiar way of living. This section concludes with a discussion on how to cope with immigration losses that could also help families mend the attachment bond.

The sixth section is a review of acculturation, specifically its challenges, the different ways of coping with acculturative stress, and how it affects the relationship between parents and their adolescents. The section concludes with a discussion on a helpful approach to cope with acculturation as a family unit – collaboratively working together to integrate the most helpful aspects of both their native and host culture into a common manner in which the family can function.

The seventh section is a review of adolescent development, the expected developmental tasks across different cultures, and the importance of developing a self-identity (whether through autonomy or ethnic identity). It also includes a review of the challenges of meeting developing tasks for immigrant adolescents who are forced to delay these tasks and tend to acculturative tasks first in order to adjust to their new cultural surroundings. The section concludes with a discussion on how the transition to adolescence is tied to their adjustment, adaptation, and acculturation to their host country. Acculturation increasingly shapes developmental tasks over time, and this causes a change of beliefs and expectations for immigrant adolescents from their parents’, especially in regards to autonomy.

The final section of the literature review discusses how to repair the attachment bond within immigrant families by utilizing a family systems approach during family therapy. The section includes a discussion of the importance of joining and engaging with the family, exploring presenting emotions and cognitions towards and about each other, identifying core family processes and themes, and challenges to the attachment repair. The section concludes with a discussion on a specific family systems approach – attachment-based family therapy – that is helpful when aiding families repair their attachment bond.
Chapter three provides a description of the project and how it was developed. It includes a discussion on the intended audience that the project is tended for, personal qualifications for persons intended to provide the service, a description of the environment and equipment that is needed to carry out the project, and an outline of the project itself. Chapter four provides a summary about the project, along with recommendations for implementation and future research. Lastly, the project includes a resource and a guide for clinicians to utilize when working to help repair the attachment bond between immigrant families and their adolescents who were separated through a their piecemeal immigration process. The project is organized and written in a way that the clinician can have a clear understanding on the basics but important core concepts of discussion, and thus are able to carry them out when working with immigrant families.

**Recommendation for Implementation**

This project was significantly improved by the suggestions and support given by my chair, Dr. Dana Stone. I consulted with her throughout the entire year during which I worked on my project, which included meetings in person to clarify any questions and discuss ideas, and exchanging numerous drafts and ideas back and forth. I have included several of her suggestions regarding significant concepts to include in the literature review sections. In addition, I consulted with other professors, my previous supervisor at the clinical agency where I worked, and also with other practicing clinicians (interns, trainees, and licensed professionals) in my professional and social circle.

It is recommended that the resource and guidebook should be used as a guideline rather than something that needs to be followed step by step, detail by detail. Immigrant families have different experiences and therefore will require that the clinician attend to their needs (which ever presenting problem is at the forefront) in the family’s timeline and however long the family needs to process and resolve each challenge. Suggested questions in the guidebook portion are ideas that may be helpful for the clinician to help facilitate the family therapy sessions. Clinicians are encouraged to ask these suggested questions in their own style, and to formulate their own questions pertaining to the presenting problem so long as they are culturally sensitive to the family’s needs.
Recommendations for Future Research

As I researched my topic and created the resource book and guidebook, I noticed that there was a need for further specificity relating to age that could guide clinician to better help immigrant families and their adolescents. Adolescence itself is comprised of three stages: early adolescence (11-14 years old); middle adolescence (15-17); and late adolescence (18-21). Although developmental tasks of gaining autonomy is a primary focus, adolescents in each stage undergo different physical, cognitive, and emotional development; all of which could be integral to the attachment healing process with their parents.

There is no doubt that immigrant children were robbed of a healthy attachment experience when their parents temporarily left them behind in their native country during the family’s piecemeal immigration process. However, what about those children who were fortunate enough to have had a healthy attachment with their primary caregiver(s) before the immigration process? How are they affected by the attachment rupture, if at all different from children who never had a chance to develop a secure base with one reliable and secure caregiver? Differences in character and attachment personality between these children necessitate a deeper exploration and understanding in order to develop a more accurate assessment and appropriate interventions when it comes to helping the broad spectrum of immigrant families.

Lastly, diverse cultures have different rules regarding emotions such as when certain ones can be appropriately expressed, where, and how. Similar to how primary caregivers in diverse cultures have different ways of expressing attunement to establish and cultivate a secure attachment bond with their children, different cultures have different ways of expressing universal emotions. Future research on these cultural differences can help clinicians utilize this specific attribute in their work with these immigrant families. An understanding on how these emotional rules affect the attachment quality within these families with adolescents can only better help these families repair their attachment bond.

Conclusion

Despite the long and difficult process, people continue to immigrate to the United States in hopes of establishing a better life, even if it means being temporarily separated from their family. Such separations maybe considered as sacrifices, but it seems like children who are left behind in their native country by their parents who immigrate first are strongly affected by such a drastic change in their family dynamics. First, they are traumatized with the loss of their primary attachment figure during the family’s
initial separation experience, which also meant losing their sense of dependability, security, and trust. What would seem to be a joyous occasion reuniting with their parents, these children are instead retraumatized by being separated and removed from their familiar surroundings. Due to the initial trauma of separation, and without the consistent physical, emotional, and mental presence of their primary caregivers that children need, these children may have had unresolved feelings of inadequacy, abandonment, anger, fear, and sadness. Compounded with their fragile and vulnerable attachment with their parents, they are confronted with other struggles – unprocessed grief, acculturation, and transitioning into adolescence. Wary of their relationship with their parents coupled with cultural expectations (e.g. to be thankful and happy for their chance to have a better life), immigrant children feel shameful for having feelings of abandonment, anger, sorrow, and pain, let alone sharing them with their loved ones such as their primary attachment figures. It is no wonder why these immigrant children unconsciously learn to protect themselves from re-experiencing feelings of abandonment, sorrow, and pain by distancing themselves from meaningful relationships.

I became interested in this topic because of my own personal experience with familial separation during my family’s piecemeal immigration process. From such an experience, I developed a way of thinking that helped protect myself from similar pain (e.g. do not allow yourself to be vulnerable and get emotionally involved in meaningful and intimate relationships). As I began to look into my relationship with my parents as part of a project in a family systems course, I discovered that familial separation was common within my extended family when it came to immigration. As I grew older, I also learned that some of my friends and past clients in my first year of clinical work had similar experiences. Guarded, hesitant, ashamed, and cautious (although in different measures) about allowing ourselves to become vulnerable, I discovered that our experiences and feelings were rarely (if at all) acknowledged. Consequently we all learned to cope with the trauma by internalizing our feelings. Although discouraging discussions surrounding their personal experiences in immigration may be done to protect children from re-exposure to the painful memories, it could negatively affect the quality of the parent-child attachment relationship, which shapes how these children adjust to their cultural and familial surroundings, and how they perceive themselves and others when it comes to intimate and meaningful relationship.
This resource book and guide book is intended to help repair the attachment bond between parents and adolescents by providing safe and warm environment in which they can be vulnerable and share with each other their personal struggles and deepest feelings surrounding the process of the family’s piecemeal immigration. Clinicians play a crucial role as they facilitate the family’s interaction and communication, ensuring that everyone is given the chance to talk and share their own story. In a space where all family members are acknowledged and heard, clinicians help establish a new and healthier belief for these traumatized adolescents - they do matter and are important members in the family. By talking about their personal experiences and feelings regarding all aspects of the family’s immigration process (the separation, the challenges of the immigration process itself, grief surrounding the loss of a familiar livelihood, and the struggles with meeting acculturative and developmental tasks), these immigrant adolescents will have a more thorough and complete understanding of what the family endured, and learn that they can turn to and trust their parents for their needs. This new sense of emotional openness within the family could then promote a strong and secure attachment bond between parents and their adolescents.
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APPENDIX

REPAIRING THE ATTACHMENT BOND BETWEEN IMMIGRANT PARENTS AND THEIR ADOLESCENTS WHO EXPERIENCED PIECEMEAL IMMIGRATION:

A RESOURCE AND A GUIDE

Created by:

Therese M. Clemente
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A Note from the Author:

This is intended to be a resource and a guide for clinicians working with immigrant families with adolescents, who were once separated as a result of their piecemeal immigration to the United States. This project is divided into two parts: Part I, the resource portion, and Part II, the guideline of intervention. The purpose of Part I is to educate the clinician, such as yourself, about common significant concepts and themes that may be the source of family disconnect for these immigrant families. The concepts and themes of attachment, immigration, grief, acculturation, and development need to be addressed and processed when helping immigrant families repair the adolescent-parent bond.

With an understanding of these overall concepts and themes, we then shift from education to Part II, intervention. The purpose of this section is to provide you with a guide on how to help these families communicate and work together to gain awareness of each other’s experience (of immigration, grief, acculturation, and adolescent development). It is important to note that although these themes are different, they often exist, overlap, and affect each other. This may require flexibility on your part where you may have to attend to more than one presenting problem (immigration, grief, acculturation, and adolescent development) at a time.

Working with a clinician like yourself may be the first experience for an immigrant family coming from a different culture; and some may be very nervous and may even question the therapy process. In addition, some topics may require more cultural sensitivity and thus may require more time and exploration. You are encouraged to explore other aspects that significantly shape the role dynamics of the family. There is no specific time frame when addressing these topics. Your role is to build a relationship with the family (equally between the parents and adolescents) and create a safe environment so that each member feels heard and understood.
By helping immigrant families be supportive of each other despite the struggles that may have come with and/or resulted from immigration, you will help these families repair and strengthen the bond that was once damaged from the start to the end of their period of separation. You can guide families towards this goal by helping them find their individual strengths and courage to share with each other their thoughts and deepest feelings. Immigrant parents and their adolescents will learn how to reconnect with each other on an intimate level by sharing with each other their own individual experiences during the family separation, from memories to deeper feelings that may have been muffled and buried. Having a healthier relationship in which the adolescent regains a sense of belonging, trust, security, and love, he can develop a healthy perception of self and a healthy internal working model of others for his own future intimate and romantic relationships.

Throughout the upcoming sections, the term “parents” will be used to represent either a single parent or both figures. Similarly, immigrant adolescents will be referred to as the “adolescent” or “he”. This is not to say that one is better than the other, but more so for consistency and clarity in both parts of this project.
PART I: RESOURCE

ATTACHMENT THEORY

Basics on Attachment Theory

According to John Bowlby, the connection between an infant and his primary caregiver (usually his mother) is his first attachment relationship that significantly shapes the infant’s perception of relationships with others throughout his life. An infant relies on his primary caregiver for his survival and safety. In order to feel safe and protected, a child preserves closeness to his primary caregiver who has the capacity to better cope with the outside world. He develops a sense of security knowing that an attachment figure (his primary giver) is available, accessible, and responsive towards his needs, encouraging him to trust, value, and maintain the relationship. Eventually, an intimate connection and bond grows within this (infant-primary caregiver) relationship that was once based on protection and survival. This attachment bond ensures the infant that his caregiver will always be nearby to cultivate and nurture, to provide ongoing protection, and to become a safe haven to which he can turn in times of distress.

Internal Working Model and Attachment

The attachment bond between an infant and his mother becomes the foundation (also called the secure base) from which the infant subconsciously develops an internal working model that shapes how he will perceive relationship with others and himself. This internal working model significantly influences his cognitive and emotional structures when it comes to his relationships with others.

When the attachment bond is threatened and attachment rupture (familial separation) is experienced between the infant and primary caregiver, the infant no longer feels protected and safe, thereby losing his confidence and trust.
Without a primary caregiver to turn to, he loses a secure base, which also means that he has no safe haven for times of distress. This adversely changes any kind of healthy internal working model that may have started to develop for the infant. Due to the ruptured attachment, the infant is adversely at risk to experience trauma and psychological distress that could significantly shape his personality development as he grows older. If immediate interventions are not made to repair the ruptured bond, the infant will grow up with a different and an unhealthy internal working model that may significantly affect how he sees himself and other future relationships that may present themselves in his life.

**Attachment Style**

Depending on the type of attachment that an infant had with his primary caregiver, he can develop one out of three attachment personality type as he grows older: secure, anxious resistant, and anxious avoidant.

- **Secure Attachment**
  - He shows distress when he is separated from his mother, but is happy to greet her when he is reunited with her.
  - He is confident his parent will be available, responsive, and caring when he feels unsafe and/or needs help.
  - He has the confidence and feels brave to explore independently from his primary caregiver.
  - He will develop and have a positive self-perception and is able to develop healthy and intimate relationships with others.
  - As an adult, he is confident, has positive self-worth, and is a likeable individuals.
  - As an adult, he views people as generally well intentioned and compassionate.
### Anxious-Ambivalent Attachment (Insecurely Attached)

- The child is anxious, insecure, sad, and fearful.
- He is very anxious and seems to be extremely distressed when he is separated from his mother.
- He is uncertain if his parent will be available, responsive, and caring when called upon. Without a sense of security and confidence, the child feels anxious about exploring the world.
- He has conflicting desires of intimacy and hostility towards others. He desires to have an intimate and close bond with others; but fearful of being rejected and ignored.
- As an adult, he is also anxious and unsure of himself and others, and usually has a lot of self-doubts.
- As an adult, he is less willing and able to commit to other relationships.

### Anxious-Avoidant Attachment (Insecurely Attached)

- He is unemotional when separated or reunited with his mother.
- He avoids or ignores his mother when they are reunited.
- He has no confidence that his cries for help will be responded to when he seeks care.
- Because he has had many experiences in which he was rejected, the child adapts to a life without love and support from others, and thus is emotionally self-sufficient even during adulthood.
- As an adult, his personality is often detached and impersonal.

**FACT:** Anxious attachment personality types (both ambivalent and avoidant) are often the result of a ruptured attachment bond due to the loss that a child experiences during his separation from his primary caregiver.
So What?

The infant’s internalized working model shapes the attachment personality style that later shapes a child’s ability to develop close bonds with others. Beyond a child-parent relationship, a child’s attachment personality type shapes his capacity to make intimate bonds with others such as their siblings, peers, and eventually romantic partners who take on the role of secondary attachment figures.

Similarly, an immigrant adolescent who was separated from his parents during the family’s piecemeal immigration process experiences the same abandonment, loss, anger, and trauma during childhood. Because of the parents’ emigration, the adolescent’s sense of a secure base is taken away when he was a child, and perhaps also his perception of hope, trust, and security. With a new internalized belief that people are not trustworthy and dependable, the immigrant adolescent internalizes unhealthy ways of relating with others, colored by uncertainty, insecurity, sadness, and fear of self and others.
ATTACHMENT THEORY & CULTURE

The attachment theory helps us to understand what drives children’s behaviors to incite a response from their attachment caretakers; to acquire and maintain a sense of security and protection from perceived dangers. Although attachment theory was developed from a Westernized culture, the theory’s core and general principles (the pursuit of proximity and protection and conceptions of secure attachment) could be applied universally. Regardless of the culture, there is a natural and healthy need to pursue connections with caregivers in order to feel protected, feel a sense of acceptance and belonging, and experience intimacy wherein a healthy emotional bond is formed.

Diverse cultures have different ways of demonstrating attachment behavior. However the most significant aspect of attachment theory is universal: sensitivity (however differently demonstrated in various cultures) and security. According to Mary Ainsworth, an American-Canadian developmental psychologist who is a major contributor to the attachment theory, sensitivity is a caregiver’s ability to determine when to protect and comfort, with the goal to protect her child from any danger. Depending on the family’s expectations and social expectations, how parents respond depends on their opinion of how much protection and comfort their child needs.

What different cultures do agree on is the belief that the child feels secure, protected, and trusts that their primary caregiver will meet their human needs. Different approaches and values create diverse models for healthy and securely attached relationships. Regardless of these differences, the parents’ sensitivity (maternal sensitivity) significantly shapes their children’s social aptitude in other relationships throughout their lives, and thus a significant piece in a child-mother relationship.

In Western culture, a child learns to be sociable through their secure relationship with their primary caregiver (also called social competence) while retaining a sense of security. Though various cultures may value social competence differently, what is of
utmost importance is that the child has a sense of security within himself and feel confident of himself and of others.

**Secure Base**

The concept of a secure base also exists across different cultures. A secure base is one in which the primary caretaker becomes the individual that the child relies on to feel safe, protected, and confident to explore the world around him. The sense of security in a secure base provides an opportunity for the infant to learn about his environment, find and establish other meaningful relationships in his life, and learn how to value close relationships. The approach of establishing and maintaining this kind of relationship exists outside Western cultures, but can vary in how it is expressed.

**So What?**

For some immigrant children, the break to their attachment bond with their parents may feel like rejection. Such emotional vulnerability is common in children who were separated from their primary attachment figures (parents) due to immigration. Although reasons for separation may have been warranted and done in an effort to improve the child’s chance for success, the child may feel confused, rejected, angry, and sad. When such feelings are left internalized and unprocessed, the child may bear and transfer these feelings towards other significant, intimate, and meaningful future relationships in their lives. Though the child’s relationship with friends and relatives will shape the child’s likelihood to feel general acceptance and security through life, his relationship with primary attachment figures during childhood will shape his future romantic relationships.

Because children are usually uninformed of the family immigration process and left out of the decision-making process, they may perceive their parents’ departure as an act of abandonment and start doubting their self-worth. Some children may grow up with a lack of confidence in themselves and in others, and may later have difficulty committing
in a romantic relationship. These children are afraid of being emotionally attached, fearful of being hurt, rejected, and deserted, just like their first palpable experience of attachment rupture—familial separation. Unfortunately, findings revealed that immigrant adults who had such a traumatic childhood experience often struggled in their romantic relationships, fearful of reliving the past in getting attached and possibly rejected and abandoned by their partner. For those immigrant children who are fortunate enough to have substitute attachment figures (proxies) in their lives, (given that they received appropriate attunement and care from these substitute figures) they have a chance to develop secure sense of self and have a chance to have healthy and meaningful relationships. Regardless of the circumstance and reason the parents might have for initially immigrating without their children, these children can not help but to doubt their sense of self, confidence, and trust in others and in themselves.
Motivation for Immigration

Families immigrate to other countries for various reasons such as socioeconomic challenges, psychological issues, or cultural conditions. Motivation for immigration includes hope for gaining a sense of security and safety from political unrest in the country of origin, avoiding to fulfill cultural and gender expectations, and improving the family’s economic well-being. Regardless of the motivation for immigration, immigrant families share the experience of being separated from each other when there is financial instability and stringent immigration policies that often forces the family to immigrate in a piecemeal process. Piecemeal immigration is the process in which family members immigrate separately, often one at a time. Immigrant parents sacrifice physical proximity with their children in hopes of improving their livelihood and giving their children a chance for a better life. Despite their good intentions, parents are unaware that the experience of separation (even temporary) could adversely impact their child’s personality development.

Sociopolitical Disturbance

Some families relocate to other countries to flee from the political unrest in their native country. The decision to migrate was not of their choosing but was often driven by their native country’s wider political and economic violence. The urgency of the relocation affords very little time to make a thorough migration plan, resulting in parents migrating without their children.

Socioeconomic Improvement

Many immigrant parents decide to immigrate to another country with hopes of improving their family’s socioeconomic status. Some parents set a goal, such as having a certain amount of money saved prior their return to their native country, while others simply want to maximize their earnings in their new host country. Referred to as new
economics of labor migration (former) and neoclassic economics (latter), these two different theoretic approaches explain the decision-making process towards immigration. In order to focus on their work and in order to accomplish their financial goals, parents typically decide to immigrate without their children, leaving their children with caregivers in their native country. For immigrant parents who want to increase their earnings and savings, reunification with their children is often delayed because immigrating with their children implies having to care for them and tend to their needs. This detracts from time spent at work, creates an increase in financial consumption, and inhibits them from reaching their initial financial goals.

**Reasons for Family Separation**

*Childcare Assistance*

Historically the father would be the first one to migrate, establishing himself in his new surroundings; once financially stable, he would bring his wife and children to join him in their new host country. As countries shift towards a more globalized economy over the years and gender roles also change in some measure, it is now common for women to also immigrate with (or even sometimes without) their husbands. As more mothers immigrate to find work internationally, more children are being left behind in their native country. Some women may find themselves struggling, trying to fulfill their gender role as caretakers to their family while also earning and financially contributing to the family. Overwhelmed with trying to meet everyone’s expectations (including their own), these mothers are forced to make the difficult choice to leave their children in the care of extended family members or trusted friends. Without having to physically care for their children, mothers can better accomplish their financial goals and eliminate the stress related to childcare. Although parents are initially reluctant to separate from their children, they understand and ensure themselves that the separation and immigration are necessary to provide their children a better life.
Immigrant parents often struggle with trying to adjust in their new host country while also taking care of their children. Most often, the host countries are such where parents have limited to nonexistent familial support or social networks. In these circumstances, parents might send their children back to their country of origin so that they are able to focus on their work and meet their goal of socioeconomic improvement.

**Unanticipated Obstacles**

Immigrant parents do not anticipate being separated from their family for extended periods of time. Parents often think that they would be able to reunite with their children once they were financially stable. However, many parents are unaware that reunification takes time and preparation, and often does not occur within the first few years. The most common obstacles are financial difficulties and challenges with immigration policies and documents. Immigration policies significantly shape parents’ abilities to immigrate as a family and to smoothly bring in family members from their home country.

**So What?**

Due to the break in the child-parent attachment bond, the separations that often occurred during the families’ piecemeal immigration process place these children at a high risk for psychological distress. While some parents were logical in their decision to immigrate without their children, there are also some who are ambivalent and had great difficulty leaving their children behind to be taken care of by an entrusted individual. Despite the differences in the parents’ decision-making process, what these immigrant parents do share in common is that the attachment ruptures place these children at risk for developing unresolved and unhealthy attachment personality types that could affect their capacity to make intimate bonds with others in the future.
FACTORS THAT SHAPE THE SEPARATION EXPERIENCE

The type of separation families endure during their immigration process shapes the quality of the parent-child attachment bond. The experience of family separation during immigration is not what determines immigrant children’s attachment style; it is the factors (sex and gender, age, substitute parents, maintaining contact, new family addition, and extent of separation) that are involved and contribute to the experience.

Sex and Gender

Researchers found that immigrant adult females struggled less adjusting to their new country when compared to immigrant adult males. As children, immigrant females (who are first under the care of their mother and then followed by another female extended family member when the mother immigrates) may benefit from the same gender caregiver during the family separation-reunion process. Studies also showed that there are differences in social and structural stressors between men and women. Such stressors include social marginalization and separation from family. Men’s mental health is influenced by their feelings of exclusion in their migrating country because of their ethnic background. In comparison, stress from being separated from their family makes women more predisposed to depression because very few left their family behind, and in contrast with males who often immigrated with their families. This suggests that female immigrants are more strongly impacted by the family separations that occurred during their immigration experience.

Gender and sex shape the immigration experience, more specifically with the immigrants’ cultural adjustment. Although there is very limited research as to how sex and gender shape the attachment personality of immigrant children, their ability to adjust in a different cultural environment is dependent on the support of their parents.
**Age**

The younger the children are at the time of family separation, the more confused they are about their mother’s absence during their childhood. It is common for immigrant adolescents not to have any recollections of their early childhood (ages 1 week-6 years) with their mothers. The inability to recollect these memories could be due to the early developmental stages of their cognitive ability coupled with the traumatic experience of family separation that may not have been fully integrated into their memory.

Family reunification is often delayed until immigrant children became adolescents. Immigrant parents often prefer that their children grow up in or near their country of origin in order to preserve the language, traditions, and values that they fear losing if they were to raise their child in the new host country.

Immigrant children of different ages are affected by the trauma of family separation and reunification, but it is during adolescence in which children experience greater difficulties at the time of family reunification. As adolescents, children separated from their parents may have feelings of abandonment, confusion, and rejection. Separated from their primary caregivers, they may have internalized feelings of loss and grief. Compounded with this loss are further losses when these adolescents are uprooted from their familiar surroundings at the time of family reunification. Along with the stress of developing a sense of identity that defines adolescence phase, they are ill-equipped to confront the challenge of familial and cultural adjustment, which could ultimately adversely affect their future interpersonal and intrapersonal relationships.

Regardless of the age of the child during the time of initial separation, they are affected by the trauma of separation, albeit in different ways. Although it may seem that age at the time of reunion was a factor in the success of the family reunion, it is the duration of the separation that has the greatest impact.
Substitute Parents

There are certain conditions that help mitigate the intensity of an immigrant child’s response to separation from his parent(s), such as a familiar companion, a familiar possession, and/or a “mothering care” from a substitute mother figure.

The quality of care that a substitute caretaker provides to the child is one protective factor. A supportive and caring surrogate caregiver, especially one who has been raised in a close-knit, nuclear family, can contribute to the resiliency of the adolescent during family reunification. Having a caretaker like this in his life allows the child to develop an intimate relationship with the caregiver as a substitute and temporary attachment figure (a temporary secure base) while the parents are temporarily away. However, as this child becomes more securely attached to another stand-in attachment figure with whom the attachment bond may become stronger, the more likely the child will be re-traumatized to experiences of abandonment and separation when reunited with their own parent. He becomes even more susceptible to feelings of confusion, abandonment, and rejection when he eventually has to separate from his intermediary attachment figure(s) in order to join their parents abroad. Intermediary attachment figures are individuals who act as attachment proxies for these children: figures who protect, nurture, and care for them during their parental separation. Such re-experience of separation may further validate and confirm these children’s discouraging and weak internal working model (how we view and what we believe about others, ourselves, and the outside world which are based on our relationship with our primary attachment figure) that was already damaged by their initial separation experience from their parents.

The social support from a sibling who shared the same childhood experience in their home country and during the immigration process can provide some comfort during a traumatic separation.
Lastly, pictures, gifts, and allowances are important in keeping the absent parent close or connected. Pictures and gifts are reminders and assurances of parents’ love to their children, which may relieve symptoms related to anxiety and depression. Pictures help keep children’s memories of their parents alive, and give younger children a sample of what their parents look like. Although these pictures and gifts are (to an extent) effective at serving as proxies for parental love, the desire and yearning to be with their parents continue to persist.

Maintaining Contact

Parents’ efforts to maintain contact with their children could provide some relief from the lonely, distressing, and painful long separations; but also has the possibility of being damaging. Perhaps because of social and cultural expectations and feelings of guilt for leaving their children, visits are more common among women. Letters, phone calls, and personal visits are also used to maintain family contact, but the recurrent separation and reunification process could also harm children. Previously traumatized and separated from their parents, these children are already accustomed to inconsistent presence of comfort without the added confusion that comes with maintaining contact.

New Family Additions

New additions to the immigrant family during the separation period (e.g. the birth of a sibling in the migrating country) could cause distress for immigrant children. New additions may include but are not limited to the birth of a new sibling in the host country or a single mother making the decision to start a new family as a way of securing a male breadwinner who can help take care of their children. Unfortunately, such enormous change to the family dynamics only causes feelings of anger and resentment. Some children may feel isolated from their family, which may cause them to have low self-esteem, lower identification with parents, and consequently less closeness to their parents.
Extent of Separation

The extent of the family separation is the most significant factor that often causes the most difficult problems in the family dynamic, most specifically at the time of family reunification. As years of family separation pass, these children will grow up into adolescents who may be hesitant to trust and rely on their parents for comfort and support. After reunification they may struggle to adjust in their new familial and cultural surroundings. Like a chain reaction, long family separations directly affect the quality of parent-child relationship, which then shapes how the children will perceive themselves and other relationships.

So What?

Regardless of the various factors that may contribute to the separation experience, immigration can be traumatic for immigrant families, most especially for the children who may carry the trauma of separation into their adolescence. At such a young and vulnerable age, the experience of separation brings forth a sense of grief and loss that are often internalized by immigrant children, and unfortunately shapes their perception of themselves and others as they grow older. Unacknowledged and considered socially unacceptable, the disenfranchised grief (losses that are not socially recognized are not mourned) that may result from familial separation during immigration are left unexpressed and internalized. The experience of abandonment by an attachment figure available and responsive to their needs removes the child’s sense of security. In matters of adult intimate relationships, memories of the lack of parental availability may influence how they perceive their partners’ availability, which creates and sustains anxiety and avoidance in adult intimate relationships.

It is not uncommon that a discrepancy exists between an immigrant family’s expectations and the realities of life in the United States. Parents are unprepared for the cultural changes in attitudes and values (including parenting their adolescents) of
their host country, and they are unaware that the immigration process could be a direct contributor to intra-familial conflicts.
GRIEF

Basics on Grief

Grief is a normal human reaction or a response to a loss or losses. As people mourn their loss, they must face the distress caused by that loss to emotionally separate themselves from and develop an emotionally neutral mental representation of that which they have lost. Common feelings experienced during the grieving process include but are not limited to denial, anger, sadness, and pain. People have different experiences in terms of order, intensity, and time frame as they mourn and process their loss. How people respond to grief depends on how important that loss was in their lives. Near or at the end of the grieving process, most people gain an understanding and acceptance of their losses, and is eventually able to integrate those losses in their lives.

Tangible vs. Symbolic Losses

What is being grieved could be tangible (such as loved ones dying or losing personal possessions) or symbolic (such as losing status, social role, identity, or culture). Because tangible losses are more socially accepted, the bereaved are given the opportunity to mourn their loss, and more commonly receive support. In contrast, symbolic losses are not as socially accepted and often do not seem to receive the same kind of attention and care. Consequently, the bereaved are not able to process their loss.

Disenfranchised Grief

Disenfranchised grief happens when what is lost is not socially recognized (such as losing a social role, identity, or culture); neither the loss nor the bereaved are socially recognized, resulting negative judgments by others; and/or lack of acceptance of the bereaved. Consequently, the bereaved cannot openly express and process their grief. Because such a symbolic loss is not socially accepted and recognized, the bereaved are thus unable to go through the stages of grief.
Children and Grief

Children make sense of a loss depending on how old they are, how mature they are, their capabilities, and their resiliency. Unlike adults, children tend to be more present-oriented rather than ruminating over the past, and so they may seem adaptable to any kind of situation. They respond to grief with their actions such as isolating, acting-out (hostile behavior), and playing (a escape from the reality of the loss). Because of this inability to express memories from the past (part of their limited cognitive understanding at such a young age) that people often think that children have fully mourned their losses. It is common for some children to take the blame of what was lost, feeling like they are punished for doing something wrong. Because the child’s grief does not look like adult grief, there can be confusion as to whether grief requires deep emotional response.

For children, common responses to losses are initially protests and attempts to recover what is lost, followed by anger and sadness, confusion, and resentment. Some children may retreat socially and academically, withdrawing from their friends and peers and losing interest in activities they used to enjoy. Acting out, angry outbursts, irritability, sleeping problems, eating disorders, and frequent questioning about the details of the loss are also common. In response to tangible losses such as significant individuals involved in their lives, children may develop conflicting feelings. Even though it may seem they blame those who they have lost, they may unconsciously yearn for them and want to regain stability and normalcy back into their life.

When their grief is recognized and acknowledged by others in their life (specifically by caretakers such as their parents), the severity of this loss may be denied and/or ignored as their elders encourage them to do positive things instead of processing their feelings. This maladaptive approach to coping with their loss leaves children’s feelings invalidated and ignored.
Adolescents and Grief

Unlike children’s experience with grief, development plays a significant part in how adolescents cope with a loss. Though adolescents are usually able to think in an abstract and formal fashion and thus are able to understand losses, their mourning is complicated during this stage in because of the simultaneous developmental tasks they are expected to attend to. During a time of grief, adolescents struggle to gain independence while still dependent upon the family for emotional support. Development significantly influences their reactions and how they cope with grief.

Bereavement (being in a state of loss) can affect an adolescent physically, cognitively, emotionally, interpersonally, behaviorally, and spiritually. There is not one set way in which adolescents respond to grief but rather there is a wide range of reactions. Because adolescence is filled with changes where teenagers struggle with finding a balance between developing a sense of self-identity while maintaining their ties to the family, it is normal to expect conflict as teenagers figure out how to deal with their grief. An adolescent’s grieving process is often more intense that others might expect.

Some indicators of grief that may be present include:

- **Physical**: reduced energy, weakened immune system, trouble eating and sleeping
- **Cognitive**: continuous and incessant rumination about the loss, making it difficult to focus on other tasks (e.g. learning in school)
- **Emotional**: experiencing a range of emotions such as anger, guilt, confusion, and fear
- **Interpersonal**: struggling in their relationships with friends and peers, and unable to understand that their grief is the main cause of it
- **Behavioral**: struggling with keeping a routine, easily agitated and restless, and may lash-out at other with provocation
- **Spiritual**: questioning the ultimate meaning of his/her future
Adults often shield the younger generation (children and adolescents) by limiting discussions about losses. By avoiding a shared and normal social response to a loss, children may be denied the right to mourn. This isolates the teen and delays their recovery process, and ultimately causes more harm.

**Immigration and Grief**

Immigration is a stressful life event that brings huge changes in the environment, which causes a sense of loss and reactions similar to the expressions of grief. The experience of immigration involves losses that include both tangible materials such as family members, friends, and significant personal possessions, and also familiar and often symbolic losses such as language, cultural attitudes and values, and social network. Tangible losses are more often easily recognized, processed, and integrated in the lives of immigrants. In contrast, symbolic losses are often unacknowledged and left unprocessed, which consequently results to internalized feelings of grief. The experience of a loss initiates the process of grief, which has significant effects on the psychological state of people if not properly mourned.

It is a common practice for immigrants to carry pieces of their culture to their migrating country, but these are just fragments of their culture and not the entirety of it. Clinging to these cultural losses while unable to grieve not only hinders their cultural adjustment in their migrating country, it also makes them susceptible to experiencing a deeper sense of confusion and sadness.

**Immigration, Adolescents, and Grief**

Some immigrant adolescents who were separated from their parents experience multiple losses during the entire immigration process. As children, a significant loss is the physical presence of their parents, their primary attachment figure. Even though the family unit may still exist as a long distance relationship, physical closeness and intimacy is lost when family members are separated from each other. As these children
develop into adolescents (who were then uprooted from their familiar surroundings when they are finally reunited with their estranged family), some additional losses experienced include the loss of their possessions, loss of stability and sense of security, and the loss of what they call home. Because the losses are not related to death, they not taken seriously and are judged by society as unacceptable for bereavement. The adolescents’ grief is disenfranchised, an unfortunate common occurrence amongst immigrant children and adolescents.

The elders (children’s caretakers and familiar adult figures) may diminish the adolescents’ grief. Already overwhelmed with developmental, cultural, and familial adjustment, elders instill additional fear within adolescents by informing them that processing their emotions towards their losses would not help with their survival in their migrating country.

Additionally, adolescents’ elders may view these losses as sacrifice to improve the family’s social and financial condition. Because immigration is associated with personal sacrifice in a form of many losses, children who do grieve feel shame in doing so because they are frequently reminded of the primary reason for the family immigration: to give them a better life. Therefore, immigrant adolescents’ expressions of grief are interpreted as ungratefulness and insults instead of sadness and pain. Although it may not be the intention, reframing their loss denies children the process of grief work.

Even when family members and peers make an effort to be helpful and supportive, immigrant children may transition to adolescence with an internalized unprocessed disenfranchised grief. Because of the trauma of family separation early in their life, they have experienced the world as unreliable and unpredictable. Consequently children who have not processed their grief go on to become adolescents who find it difficult to rely on others and genuinely believe when others empathize with their experience. Alone in their grief and afraid to allow themselves to become vulnerable, these adolescents may unconsciously distance themselves from caring and supportive
individuals. Afraid of getting hurt, it seems safer for adolescents to internalize and forget about their feelings surrounding their loss. As children transitions into adolescence and is reunified with their family, they internalized their feelings related to grief may later resurface in the form of denial, extreme attachment to their loss, and/or resentment, hindering them from experiencing their new reality (familial and cultural surroundings), and inhibit their growth to their fullest potential.

So What?

The process of immigration entails multiple losses, some of which are tangible and others that are symbolic. While tangible losses are recognized, processed, and integrated in the lives of the immigrant, symbolic losses are often unacknowledged. Feelings related to grief (anger, sadness, depression, denial, confusion, etc.) are internalized and are left unmourned. Immigrant children who were separated from their parents experience multiple losses during the family’s immigration process: the intimacy that comes with close physical proximity of their primary attachment figures; the loss of their possessions and a place they called home; and a loss of stability and sense of safety and security. Because what is lost is ambiguous, hidden, and/or denied, grief can remain unresolved because the griever is not given the chance to mourn or simply is unaware of the need to grieve. Immigrant children have a higher risk of experiencing this disenfranchised grief because their elders may (intentionally or not) deny their opportunity to grieve over their losses by reframing the experience into something positive. If immigrant children are not given the opportunity to grieve in a supportive environment, it can foster a sense of rejection and complicate the grieving process in their lives. As these children become adolescents, their disenfranchised grief complicates the development of an identity within their new familial and cultural surroundings, placing them at risk for self-destructive behaviors such as substance abuse, premature sexual activity; and unhealthy thought patterns regarding themselves and others, such as “I cannot trust anyone” or “People will always leave me.”
ACCULTURATION

Basics on Acculturation

Acculturation is a process in which immigrants resocialize into a new culture in order to be compatible and accepted into their new cultural environment, some ultimately assimilating into the dominant culture of their host country. Some of these adjustments and changes include but are not limited to language competence and use, cultural identity, attitudes and values, ethnic pride, ethnic social relations, cultural familiarity, and social customs. In addition, the acculturation process usually includes feelings of confusion, anxiety, depression, marginality, alienation, psychosomatic symptoms, and identity confusion.

Acculturative Stress

The process of acculturation often results in acculturative stress, which can significantly produce disruptive and upsetting psychological and physiological well-being. Acculturative stress includes discrimination stress and other immigration-related stress.

Discrimination significantly impacts the lives of immigrants living in their host country, and those who are more racially different from the majority are at greater risk of experiencing such prejudice. In terms of the immigrants’ ability to adjust and adapt to their new surroundings, discrimination may place a limit to their acculturative process. Other aspects of immigration-related stress that immigrants must learn to navigate and adapt are language competence and use, cultural identity, attitudes and values, ethnic pride, ethnic social relations, cultural familiarity, and social customs.

Acculturative stress may appear as depression, identity problems, and psychosomatic symptoms among those affected. Acculturative stress is positively correlated to depression and suicidal ideation in that when the individual experiences adverse social situation, he/she often feels helpless. This applies to the feelings that immigrant
parents and their adolescents may have as they adjust to their culture of their host
country which may not be positively receptive to their arrival.

**Acculturation Strategies**

There are four ways of coping with acculturative stress: which one an individual will
adopt depends on the extent that he/she wants to be tied, how much he/she wants to
maintain his/her own native cultural identity, and how much contact he/she wants to
have with the mainstream culture.

1. *Separation* is when an individual retains his/her native culture, without any
effort to accept those of his/her host country.
2. *Assimilation* is to separate from their native culture, and adopt the culture of their
host country.
3. *Marginalization* is choosing not to adopt the culture from either side.
4. *Integration* is when individuals want to maintain aspects of their old culture and
include them with that of their host country.

Integration is the most helpful and effective approach for immigrant parents and their
adolescents transitioning and adjusting to their new surroundings; and is associated
with better psychological health. Integration of both cultures serves as a safeguard
from negative emotions and other challenges that result from acculturative stress such
as confusion, anxiety, sadness, marginality, alienation, and identity confusion.

**Acculturation Gap – A Stressor**

Because adolescents are more exposed to the dominant norms and values of the society
in school, they acculturate to the host country in a faster pace than their parents.

The adolescent being exposed to different options and beliefs of cultural values may add
conflict to the existing tension-filled family dynamics. Family conflicts that stem from
developmental and cultural differences with their adolescents could challenge parents’
beliefs about their parenting capabilities. Equally affected, immigrant adolescents struggle with the expectations and demands of their native culture at home and that of their host country. These adolescents may not turn to their parents with their problems and concerns because of an assumption that their parents won’t know the culture well enough to help them. For immigrant adolescents who were separated from their parents during their family’s immigration process, this assumption exacerbates their already existing belief that their parents are not reliable figures who can protect them during their times of need.

**Immigrant Families, Acculturation, and Attachment Repair**

What separates immigrant families who are able to cope versus those who struggle to do so is the degree of support they receive between each family member and that outside of their family. By retaining, teaching, and sharing their old culture to their adolescents, parents are also giving themselves the opportunity to have a better quality of life in having something familiar in their life when everything around them is different. Immigrant parents are thus providing support to their adolescents, and vice-versa. Furthermore, maintaining ties to their native culture supports adolescents during their cultural adjustment, helping them navigate through challenges of adolescence.

**FACT!!!** A continued orientation toward their ethnic culture coupled with integrating their host country’s cultural values is positively correlated to parents’ cultural adjustment, including parenting efficacy.

When coping with acculturative stress, integrating both the native and host cultures (integration) helps reduce acculturation gaps between parents and their children; it reduces family conflict, overall contributing to a positive acculturation experience for the entire family. Parents are more confident in their role as the caretakers of the family, and are thus able to be more supportive and help their adolescents with their struggles. Although this positive family functioning does not remove adolescents’ responsibilities for successful acculturation, it does help them handle and successfully
achieve their normative developmental tasks. In addition, with a sense of a bi-ethnic identity, adolescents are more equipped and have a more solid base to navigate between two cultures and their own identity. They are more secure in their ability to navigate in a new culture, and secure in that their parents who they can trust will help them when needed, reinforcing the parental-attachment bond.

So What?

Immigrant parents with adolescents deal with the same struggles of acculturation in their migrating country. Due to their experience of family separation during their entire immigration experience, immigrant parents may be forced to deal with the process of acculturation in a vulnerable state if an unsecure attachment exists within the parent-adolescent relationship.

Immigrant adolescents (separated from their parents during the family’s piecemeal immigration) who have experienced multiple losses during their childhood may already have feelings of anxiety, confusion, rejection, and sadness: the pressure that comes with acculturation may intensify these feelings. Because they are in such an extremely vulnerable state, immigrant adolescents must gain stability in their relationships with their parents and feel they truly belong, gain confidence, and feel secure before they can forge into the challenge of finding where they belong in their host country.
ADOLESCENT DEVELOPMENT

Basics on Developmental Tasks for Adolescents

Developmental tasks are biological, social, and specifically determined tasks that must be completed before a person begins a new phase in their life. For adolescents, such examples include becoming autonomous (being independent from parents, building peer relations, and preparing for future profession). The main psychosocial developmental task for adolescents is to become autonomous from their primary caretakers and establish a sense of identity. Adolescence is also a time that marks a significant change in parent-child relationships that is essential for healthy adolescent development. With all of these significant changes and new responsibilities, it is no wonder why adolescence is considered a stressful transitional period.

What is Autonomy?

According to the Western culture, autonomy is the state of being independent (one behaves or decides without relying on others); the way a person is able to function, support, and encourage oneself in instead of being pressured and controlled by others. Adolescents need to become autonomous in order to be able to explore and develop a sense of identity. However, even independent individuals continue to need parental support and involvement.

Autonomy and Culture

The value of autonomy differs across cultures due to the influence of social expectations on person’s development: individualist versus collectivistic ideals. In cultures where individualism is valued, there is an emphasis on independent relationships, personal goals, autonomy, and individual competence. In contrast, in collectivist cultures there is less emphasis on individual needs and desire but more on the importance of interdependent relationships, group goals, group cohesion, and community
cooperation. The individualist and collectivistic ideals share the belief that autonomy is an important developmental task and a psychological need: the former expecting autonomy to be attained earlier in life, and the latter expecting it later, when the person is older and considered more mature (at a later period of human development).

Collectivist culture helps adolescents explore and develop their own sense of self by instilling an ethnic identity. Immigrant adolescents who identify with their native culture have a sense of ethnic belonging to their native country; which comes from a positive family relationship. While exploring and discovering their own identity, immigrant adolescents may initially identify more strongly with their ethnic heritage but will inevitably recognize differences between their native and host country’s norms and values. As time passes and the more they spend time outside of their family and become acculturated to their new surroundings, their peers become significant figures in shaping these immigrant adolescents’ identities. However, despite having successfully acculturated to their new surroundings, there are also instances in which immigrant adolescents seem to develop stronger ties to their ethnic identity the older they get, which may be due to a positive parent-child relationship.

**Unique Challenges for Immigrant Adolescents**

When immigrant adolescents are finally reunited with their families, they may struggle with how to become autonomous from their parents when they may need to rely on them during their cultural adjustment. Adolescents rely on their parents for support during the immigration experience and for help when it comes to navigating between the their native and foreign culture. Immigrant adolescents need to trust and feel secure and protected by their parents before they can feel secure and confident in order to become autonomous – an additional issue that immigrant adolescents may have after years of separation from their parents.
**Acculturation versus Development**

Developmental tasks are often delayed because immigrant adolescents need to focus on adjusting and acculturating to their new environment before feeling confident to take on any developmental tasks. The adolescents’ attention and focus is on adjusting to their environment before trying to explore and figure out their identity. Without a sense of stability in their new familial and cultural surroundings, these immigrant adolescents may not feel confident to seek their identity.

Over time, the acculturation process increasingly shapes developmental tasks as adolescents are exposed to their new host country’s expectation of regarding the psychosocial development. As immigrant adolescents become more exposed and involved in their host country (e.g. through school, activities), they eventually become more influenced by the opinions of their peers. Depending on how much exposure they have had to their host country and their primary cultural norms, their beliefs and expectations regarding autonomy and authority may change. What was once an emphasis in interdependence with respect to parental authority and ethnic cultural norms and beliefs might change to independence. Thus, expectations and beliefs could change for bi-cultural adolescents the more they are acculturated to their new cultural surrounding.

**Immigration, Grief, Acculturation, Development, & Attachment**

Already stressed with the challenges of acculturation to their new host country and adjusting to a new family system, immigrant adolescents are forced to undertake normative developmental tasks in the context of two different cultures. Trying to figure out who they are becomes a challenge when these adolescents are confronted with opposing beliefs of autonomy. Their native country might value dependence while the culture of their new host country might value independence. The uncertainty on which one to follow makes it difficult for immigrant adolescents to develop a strong sense of
self. Also, it would be hard to enter the next developmental phase when they may continue to have internalized and unprocessed feelings of grief as a result of their personal experience of family separation. Because of this trauma, they may still have beliefs that the world is unreliable and unpredictable. This not only makes it more difficult for them to adjust and acculturate to the new surroundings, but they also struggle with the question of whom or what to depend on (family or new surroundings); making it more difficult to feel secure and confident when it comes to discovering their self-identity.

**SUMMARY**

Unique to the experience of immigrant adolescents, the transition into adolescence is tied to their immigration, grief, and acculturation experience, all of which could be a significant source of stress. Fortunately, parents can help alleviate some of the stress that comes with normative adolescent task by instilling, encouraging, and maintaining a connection to their ethnicity and culture. However, it is not as simple as it seems. In order to make this happen, immigrant adolescents would need to initially feel comfortable and safe with their parents in order to feel open and at ease in their collaborative efforts. The challenge is how to feel comfortable and safe around individuals whom they trusted would care and protect them; but are also figures identified as the cause of these adolescent’s grief. For immigrant families with adolescents, their unique challenge is that their personal experiences and struggles of immigration, grief, acculturation, and development overlap and are dependent on each other. Unresolved feelings affect the families’ ability to confidently and successfully work on each of these challenges. Fortunately, quality family relationships filled with genuine empathy, support, and love could help immigrant adolescents process their losses due to the immigration, adjust to their new and cultural surroundings, and establish a confident and secure self-identity; all of which would reconnect and strengthen the attachment bond between immigrant parents and their adolescents.
INTRODUCTION

Your aim as a clinician is to help the immigrant parents and their adolescent(s) repair and enhance the quality of their attachment relationship that was damaged from the family’s separation during their immigration process.

By working through challenges that came from and with their immigration process - acculturation, grief, and developmental task – you can help guide the family to share their experiences, vulnerable feelings, and longings with each other in order to repair their attachment bond. Though these challenges concern both parents and adolescents alike, the initial focus will be on the adolescent because he is often the most recent addition to the family unit. By helping the adolescent with grief work, and acculturative and developmental stress, and including the parents during this healing, the focus will become larger as you will eventually be treating the quality of the attachment relationship within the family unit. By working through these challenges together, immigrant parents will be able to provide their adolescent support, care, empathy, and love that will help repair and strengthen their attachment bond.

KEEP IN MIND!!! - Cultural Sensitivity

Instead of disregarding the theoretical foundation of the attachment theory because it was developed within a Western framework, the quality of attachment bonds should be understood within the context of the family’s culture. Although different cultures may have different interpretations and perceptions of autonomy and relatedness, socialization goals, and caregiving strategies, they value and accept the fundamental concepts of the attachment theory – a secure base, sensitivity, and love.
Throughout the family therapy sessions, it is important that you continuously assess, understand, and explore how attachment is expressed and demonstrated when working with immigrant families who immigrated to the United States.

For instance, unlike in Western culture in which the attachment bond was focused on the child and caregiver, there may be a greater social network of multiple caregivers in other cultures that contributes and provides such intimacy and secure bond(s). The application of the attachment theory can be adjusted to address and integrate culture-specific components and cultural diversities when applied with immigrant families. To establish and maintain cultural sensitivity, the attachment theory should be modified and adjusted so that it is based on the parent-child relationship alone.

**Building Alliance**

In individual and family therapy alike, building an alliance is the most significant first step towards improvement. Establishing and maintaining alliance with multiple family members is more complicated in a family therapy setting. As a clinician, you must form an alliance between both individual members of the family, and later with the family as a whole. In addressing the individual challenges these families struggle with, you need to devote individual sessions working with each member or subsystem to establish a strong alliance. Use your best judgment when you think it is necessary to devote some time for individual work. Without a strong alliance, family members will not feel safe and will not be able to trust you when sharing difficult emotional and interpersonal experiences and feelings.

**Goals**

In order for the family to benefit from their therapy together, it is essential that you explore and probe for each family member’s goal in their family session. It is important to have an agreement on goals in order to successfully facilitate the process of therapy.
If there is no agreement, then there will be resistance, which means it is highly likely that there will be no progress or improvement.

The rest of this section is a guide to help facilitate corrective attachment experiences with immigrant parents and their adolescents. Keep in mind that after Part I, there is no specific order in which you address the various challenges (acculturation, grief, and developmental tasks) with which immigrant families must deal. Use your best judgment and assess which one needs to be tended to first, or perhaps there is a need to attend to more than one challenge at a time.
PART 1: Joining with the Family and Understanding the Challenge of Adjustment

Your Demeanor

- Be casual and social during this initial conversation.
- Maintain a lighthearted, open, and accepting attitude.
- This could be the opportunity in which you educate and clarify the therapy process.
- Help family get comfortable and get over the nervousness about coming to therapy.

All About the Family

- Discuss why the school referred the immigrant family for counseling: how to support and help the adolescent adjust to their new environment.
- Familiarize the family to treatment.
  - Offer family a clear treatment plan and structure of the therapy.
- Exploring the family’s strengths.
  - Ask about the strengths, achievements, hobbies, and activities that individual family members have.
  - Knowing about the family’s strengths, you can use them to improve the family’s communication and facilitate growth during the session.
PART 2: Joining with Family & Understanding their Immigration Experience

Intervention - Genogram

The family may be hesitant and/or apprehensive about exploring the family’s immigration experience because it may revive difficult memories and feelings. Therefore, building a genogram as a family can help you explore each family member’s experiences in less threatening manner. The process of the family’s genogram construction provides an opportunity for parents and their adolescent to talk and connect in some level, and hopefully progress to a more intimate and meaningful state.

NOTE: Not limited to assisting in the discussion of immigration, the genogram can also be used in addressing and learning how to cope with acculturative issues (separately addressed in this guide book). Such activity can help reconnect both the parents and adolescent to their native culture (by creating a visual representation of this reconnection), helping them adjust to their cultural surroundings and also cope with their grief (which separately addressed in this guide book).

See genogram construction guideline in Part III (Intervention).

Phase 1: Explore the Family’s Experience with Immigration

In order to successfully engage and join with the immigrant family, you need to have a better understanding about the family, specifically the source of their distress – which stems from the family separation caused by their piecemeal immigration. To make the experience approachable, initiate a discourse about immigration by talking about good and harmless memories that the family may have prior immigration. By allowing them to talk about memories that are less threatening and are not negatively charged with intense feelings, you can help family members feel at ease during their therapy. The
following are some suggested topics and questions that you can use to initiate and facilitate this discussion:

- Which country did the family migrate from?
- What were some fond memories that each of you remember in your native country?
- What was family life like before immigration came into the picture?
- What were some rituals, traditions, and events you had as a family?

Use your best judgment when you feel the family is ready, gently transition to more difficult questions about the context of their immigration. The following are some suggested topics and questions to ask and explore.

- What were the reasons you (the parents) decided to immigrate?
- How did you (the parents) decide to come to the United States?
- Did the family migrate together or via piecemeal process?
- How old were you (the adolescent) when your parents decided to immigrate without him? Or how old was your (parents) child when you decided to immigrate?
- Whom did your (parents) child(ren) stay with?
- For how long was the family separated for?
- Did you (the family) maintain contact?
- Were there any new additions to the family during the period of separation?
- How has the familial and cultural adjustment been?
- What were each of your expectations prior immigration? What were your (parents and adolescent) hopes when you (the parents) made the big decision?
- What helped you (individually and as a family) cope with the immigration experience?
- What intensified the immigration experience?
- What were some challenges and struggles, both expected and unforeseen, that each of you experienced during the process?

By becoming aware of his parents’ struggles during the entire process of immigration that delayed the family reunification, their respective adolescent can gain an understanding of his parents’ circumstances, and gain new and factual beliefs about himself (e.g. that being separated was simple for parents, that they were abandoned and forgotten, etc.)

Although the adolescent may not have any recollection of memories of his immigration experience because of his young age at the time of occurrence or because the trauma of separation blocked these memories, hearing his parents share their memories may help him recollect these memories and feel a sense of hope that perhaps family reconnection is not as impossible as it seems.

**IMPORTANT:** As the family addresses the above question, assess for common themes of losses, and acculturative and developmental stress. Also, continue to observe how the family interacts with one other. It is helpful to know how the adolescent tries to express himself.

- Understand what causes the disconnect between parents and their adolescent.
  - Unfinished grief work
  - Difficulty with acculturation
  - Difficulty in meeting their developmental task

Phase 2: First Step to Relationship Repair through Disclosure

Encourage each family member to share their personal experiences during the entire family’s immigration process. This can help eliminate assumptions and false beliefs that they may have about each other, helping alleviate and remove criticisms and hostility
towards each other that could be preventing attachment repair. In some cultures where adolescents may be reluctant to share due to cultural values, be patient with the adolescent when it comes to sharing and processing his own experience with immigration. Be attentive and continue to assess each family member’s reactions, such as the body language, affect, tone of voice, and their responses. Continue to provide a safe and trusting environment so that he will be able to feel comfortable sharing his own experience.

Phase 3: Promoting Connection by Shifting to Attachment Themes

After inquiring about family history (facts), you need to guide the family to an emotionally meaningful moment that draws in a longing for attachment. Shift the focus of conversation to the essential needs of love and protection, and assess for any emotions of abandonment, disappointment, and longing for connection. You can help the family through this by reframing their experience. Express deep empathy and admiration of family members, and then guide them away from indifference, anger, resentment, and towards the areas of love and longing.

**IMPORTANT:** Integrate the following universal attachment themes when working with family: trust, abandonment, loss of love, and desire for connection. Such themes apply across cultures and significantly affect anyone who is struggling to love and be loved.

After having an understanding of the contextual circumstances of their immigration, encourage both parents and adolescent to share their own feelings about the experience. To help process the disappointment, regret, and guilt that immigrant parents often have about their decision to immigrate and leave their child behind, facilitate a discussion so parents can share their feelings regarding the immigration.

If parents seem to struggle in taking part of this discussion, meet with the parents in a separate session and explore the source of difficulty in sharing with their children. Educate them about the healing aspect of this kind of disclosure for themselves and also
for their adolescents. If required, conduct a role-play in which these parents can practice how to share the unexpected challenges they faced during the entire immigration. Through their disclosure, it is important to explore how the parents express empathy and compassion in order to evaluate the safety level for the adolescent. When they feel comfortable and prepared, encourage parents to share their feelings with their adolescents in a family therapy setting.

Considerations when Working with the Adolescent

The parents’ ability to share their experience and feelings could help encourage their adolescent to trust and share his feelings about the family’s immigration. It is important that you acknowledge his concern and fear about sharing his experience and feelings, while continuing to maintain a safe and trusting environment. To address this subject matter in a less direct and threatening way, you can ask him about his initial reaction to what his parent shared. If he is able to address this question, he might become more receptive to sharing more. That is why it is important to maintain a safe, trusting, and empathic environment where you model vulnerability and empathic attunement by sharing your own feelings about what the family shares.

During this honest revelation, it is inevitable that more specific challenges and problems within the family often surface - unprocessed grief, struggle with acculturation and difficulty with establishing an identity during adolescence. These problems and challenges may prevent their attachment repair if they remain disregarded and overlooked. It is important that you take note of these themes and address their role in the family’s distress. Educate the family of the necessity to address and help them resolve their problems together as a family unit, and through this process can they regain and strengthen the attachment bond.
PART 3: Joining with the Family and Understanding their Grief

Immigrant parents can have a significant role in helping their adolescents process their grief, and in doing so, reestablish and strengthen the attachment bond between each other. When you create a warm and accepting environment where their voices matter and are heard, parents and their adolescent can share with one another their feelings and experiences surrounding their losses. Therapy is also a place where they feel accepted, protected, and loved from each other, and thus able to openly process their grief. It is important that you maintain a trusting and supportive environment and that you join with the family’s experience of pain and sadness when helping a family process their grief.

Cultural Sensitivity

You must demonstrate cultural sensitivity to how the family mourns within their culture. Because traditions and ways of mourning are different across cultures, it is important that you are familiar with key cultural concepts in order to understand how the family mourns. What makes it even more challenging is working with these families who may have a bi-cultural way of life. Additionally, when working with immigrant families with adolescents, culture goes beyond the race and ethnicity of the family as it also includes the culture of adolescence. Therefore the same care and approach needs to be taken. You can utilize and empower your clients by asking the adolescent and parents to help you understand the culture that seems to be strongest for them at this point in time.

Phase 1 - Working with the Parents

Initiating a discussion on grief is definitely easier said than done. Before initiating grief work with the family, and in an effort to maintain a safe environment for the adolescent during later family therapy, help parents prepare for the process by meeting with them first. Maintain a trusting, supportive, and safe environment where they feel accepted and secure so that they feel safe enough to share their thoughts and feelings. It is
important to assess that this is established when working with the parents who may have doubts about therapy or who simply do not believe in it.

To make the topic approachable, begin the discussion by asking the parents about how family life was prior to their immigration (such as what their relationship was like with their [then] child). Use your best judgment and when you feel like they are able to address more difficult questions that require them to be more open with their feelings, gently ask.

- Link their experience of immigration to the main topic of discussion; losses.
- Explore their experience of losses during the family separation.
- Assess for any kinds of losses such as relationships, traditions, values, routines, personal possessions, etc.
- Encourage expression of feeling regarding their losses.
- Ask them how it was for them, what were their feelings about the losses, how they coped with it, etc.
- Plant the seed of awareness in hypothesizing that their adolescent may have also experienced grief, but he demonstrates or expresses it in a different way.

Help parents comfort and support their adolescent so that they can openly share their experiences and feelings about their losses. To demonstrate cultural sensitivity, discuss with parents how their parents expressed their care, support, and empathy towards them growing up. Explore whether they felt acknowledged and if this parenting style made them feel comfortable and safe to share their feelings. Inquire about their current parenting approach with their adolescent and discuss its significance in their new surroundings. If the parents’ old parenting approach no longer seems applicable, discuss possible ways of relating, caring, supporting, and emotionally connecting with their adolescent.
**Educate Parents About Age Specific Grief Patterns**

- Educate parents about how children and adolescents experience grief.
- Educate parents about the importance of sharing their experiences with their adolescents and how it can help their adolescent’s cultural, developmental, and familial adjustment, and how doing so ultimately help strengthen their relationship.

Encourage parents to share their experience(s) of grief with their adolescents in order to help themselves and their children process their losses. Discuss possible questions that they would like to ask their adolescents, and guide them how to ask them so that they are helpful, comforting, and supportive. The right questions and the right tone will help contribute to their adolescent’s grieving process.

**Phase 2 - Working with the Adolescent**

Before initiating grief work with the adolescent, it is important that you maintain a trusting, supportive, and safe environment where they feel accepted and secure so that they feel safe sharing their thoughts and feelings. This is especially important when working with the adolescent who has doubts about or is resistant to therapy.

**Exploring the Adolescent’s Experience with Grief**

The process of adolescents’ grief work is similar to their parents’. To make the topic approachable, begin the discussion by asking the adolescent about how his life was prior to immigration (such as what their relationship was like with their [then] child). Use your best judgment and when you feel like he is ready and able to address more difficult questions that require him to be more open with his feelings, gently ask. Explore the same questions and themes of losses that you asked the parents. Acknowledge and empathize with his feelings about his losses, and highlight the lack of figures that they trust, and who can accept and help him cope with his losses. Inquire about the role of
his parents during this difficult time, and explore what needs are not being met that would help him process his losses.

_The Task for the Adolescent_

Inquire if the adolescent has made previous efforts to ask for help and express his needs from his parents. If not, ask to the adolescent if he would still like his needs met in order to help him process his grief. Offer the adolescent your support and the promise of being heard by offering to help him communicate these needs to his parents. Acknowledge the past failed communications (if any), but instill the hope that this can be changed in therapy. Offer the adolescent protection and the promise to stop the discussion if he seems like he is being hurt rather than comforted. If the adolescent feels safe, understood, and protected, challenge these barriers and suggest that he communicate with his parents about his needs during the family therapy session.

_Intervention - Memory Box_

The family may be hesitant and/or apprehensive about exploring their past because it may revive difficult and painful memories and feelings. This is especially the case for the adolescent who may not feel comfortable in sharing and confiding his vulnerabilities to his parents in therapy. Therefore, building a memory box can help him express himself in a visual manner, which he can then later share with his parents. The process of the memory box construction provides an opportunity for parents and their adolescent to talk and connect in some level, address and process their disenfranchised grief, and hopefully progress towards a more secure relationship.

See attached memory box construction guideline in Part III (Intervention).

_Phase 3: Understanding Each Other's Experience with Grief_

Initiating a discussion on grief with the entire family is just as difficult. In a family therapy setting, maintain the trusting and supportive environment you previously
established so that both parents and adolescents feel comforted and heard. It is important for this to be established when working with all members of the family in order for them to feel safe sharing their feelings. Similar to the previous work with the parents, make the topic less threatening for the adolescent. Use your best judgment and when you feel like he/she is ready to process more difficult questions that may require him or her to be more open with his feelings, gently ask. You may even start the discussion by educating the family about losses.

Educate - Tangible Losses versus Symbolic Losses

Educate the family about the different kinds of losses (tangible vs. symbolic). Normalize that there are some losses that are hard to grieve because of their lack of social acceptance or understanding. Collaboratively work with the family to identify and label their losses, and discuss how (if at all) they coped with these losses.

With a strong foundation from both the parents’ and adolescent’s perspective and barring any real crisis such as suicide attempt, you immediately address the topic of discussion to the family: losses. To make the adolescent as comfortable as possible with the subject matter, ask the parents to share their experience of losses during the family’s immigration process. The following are some suggested questions that can help facilitate the discussion.

- Can you describe what family life was like prior to immigration? Could you share some memories that you have from your native country?
- What are some things that you miss from your native country? Are there any people that you miss, and if so, who are they and what role did they have in your life?
- What were some losses you had during their immigration process?
- How was it like for you when the family was separated?
- What were some ways you cope with your losses?
- Was anyone there to support you during your time of grief?
- What would have helped your grieving process be easier?

**IMPORTANT:** Stress the importance for parents to be truthful and honest about what they share.

Encourage parents to gently ask their children what the experience was like for them. If the clients seemed hesitant to ask, invite the adolescent to share his experience and feelings. During the adolescent’s disclosure, help parents control their impulse to offer suggestions or solutions, explain things, or otherwise defend themselves. Through the adolescent’s honest and open disclosure, we want the parents to encourage and see their adolescent’s self-exploration. When parents are sensitive, the adolescent will reveal and explore more about their thoughts and feelings. As he shares about these internalized and often strong feelings and finally feels heard, acknowledged, and supported, he could trigger his parents’ parental caregiving instincts. Tending to the adolescent’s losses, longing, and unmet needs deepens the attachment (adolescent-parent) bond.
PART 4: Helping the Family with the Challenge of Acculturation

Immigrant parents have an important role in helping their adolescent cope with the struggles of acculturation and cultural adjustment, as well as upholding the secure attachment bond between one other. Because of their common struggles with cultural adjustment, the approach towards facilitating and helping with the family process should be done in a family therapy setting, unlike the structured previous approach where you address the struggles of immigration and grief in organized phases. However, similar to the initial approach of discussion of their immigration experience, initiate a discourse about their acculturation experience by talking about fond memories and aspects of their native country (e.g. values, traditions, routines, etc.) to make the therapeutic experience less intimidating. In doing so, you continue to cultivate that warm environment where family members will feel at ease during their therapy.

Cultural Sensitivity

Continue to demonstrate cultural sensitivity to the specific struggles that different immigrant families may face during their acculturation process, as well as the different ways they use to cope with and/or adjust to their new surroundings. Familiarize yourself with how the family copes either by utilizing outside resources such as literature or by simply asking the family directly.

Building Family Awareness

It is common for both parents and their adolescent to struggle with acculturating to their new familial and cultural surroundings. By identifying this shared challenge, you can foster a family alliance that may be absent. Facilitate a discussion on the difficulties of acculturation (which will later be discussed further in another section) and encourage family members to maintain their ties to their native culture.
Phase 1: Initiating the Discussion

As discussed earlier, initiate the discussion by asking them about fond memories from their native country or simply things they like about their culture. The following are some suggested topics and questions you can use to initiate and facilitate this discussion:

For Adolescent

- What was it like going to school? What are some classes that you liked?
- Do you have some friends that you miss? How was it making friends?
- How were you raised by your parents (if you can remember) or by other caretakers?

For Parents

- Prior to immigration, what was it like to parent your adolescent when he was a child?
- What was it like in terms of communicating with others (family, friends, peers) in a common language and feel understood?
- Who did you associate with in the outside community? What was it like having friends that were able to relate to you and understand you?

Use your best judgment and when you feel the family is ready, explore their expectations prior to their immigration process, and what their experiences have actually been during their acculturation to their new surroundings. The following are some suggested topics and questions you can use to initiate and facilitate this discussion:

- What are some struggles you have confronted, both individually and as a family? Do these struggles add further stress to the already fragile state of your relationship?
Have you (individually and as a family) experienced any discrimination since their immigration, and if so, what were their experiences? How did you cope with this difficulty?

Recalling fond memories and features about their culture (what they like and are proud of) gives you the opportunity to highlight their positive impact on the family’s life. This then paves the way towards exploring the family’s thoughts and feelings about integrating these ties between their native culture and their host culture to help them cope with acculturation (which is explained further in Phase 3).

**Phase 2: Educate the Different Ways of Coping with Acculturative Stress**

- First and foremost, explain to the family what acculturative stress is.
- Educate the family on the different ways of coping with acculturative stress, especially explaining the positive and negative aspects of each way of coping.

**IMPORTANT:** Emphasize that integration is the most helpful and beneficial approach to achieving cultural adjustment.

Ask how the family is coping with their acculturative stress, and ask them to identify their ways of coping (separation, assimilation, marginalization, and integration). Parents and their adolescent may have different ways of dealing with the acculturative stress. Inquire if these differences (such as parenting approach) have been contributors to family conflicts.

**Phase 3: Working Collaboratively to Effectively Cope with Acculturation**

Rather than focusing on the negative aspects of these differences, empower the family by suggesting that they integrate the positive aspects of their individual ways of coping. This exchange will also give the adolescent the feeling that he is heard, acknowledged, and accepted within the family. Provide an opportunity where both parents and
adolescent can explore and share with one another how their ways of coping have been useful for them.

To help alleviate some acculturative stress from the adolescent, it is important that you address the acculturation gap that often develops between immigrant parents and their children. Although the parents may have resided in their migrating country longer than their adolescent, they may still be behind their adolescent in their acculturation process. Facilitate a discussion about this topic, asking the adolescent about his experience and feelings regarding taking the temporary role as a parent during acculturation, and validate his hesitancy to turn to his parents for help, guidance, and support. To help address this acculturation gap, explore where the difficulties lie for the parents, and provide them with appropriate resources such as classes to learn more about their new language and culture and social groups (such as groups consisting of people who came from their native background and have lived in their host country for a period of time).

Encourage parents to share with their adolescent (despite the acculturation gap which they will be working on) about their own personal struggles in cultural adjustment. This moment of parental disclosure helps the adolescent to see that they are not alone with their struggles. This awareness will help remove him from isolation and most importantly establish an open and safe space where the family can simply be there for each other and connect, which ultimately repairs their attachment bond.
When immigrant parents and their adolescent help each other cope with the acculturation process, they also pave the road to being more well equipped and confident towards meeting the challenges of adolescent development. Immigrant parents can have a significant role in helping their adolescent develop their own identity in this world, which also upholds the secure attachment bond between each other. When working with immigrant parents to help them gain an understanding of each others’ expectations and needs during the adolescent’s developmental stage of adolescence, the therapist can help facilitate a family discussion about this specific topic. Maintain a safe and accepting environment where the adolescent is able to communicate to his parents. It is important that you maintain a trusting and supportive environment when helping the adolescent develop his courage.

Educate - Developmental Tasks and Autonomy

- Explain to the family the importance of developmental tasks during adolescence (especially the main psychosocial developmental task of gaining autonomy) and what they look like.
- Educate the family about the meaning and purpose of autonomy.

IMPORTANT!!! Explain and clarify with the family that the above explanation is based on Western values. In the following phases, it is important that you probe and explore their culture’s expectations and meaning of adolescence. To maintain a therapeutic rapport, you need to be respectful of their culture’s viewpoint. Later, explore the possibility of integration or separation of these old beliefs into their current cultural context.
Fostering Autonomy

By providing the space for the adolescent to candidly express his needs, thoughts, and feelings, you are indirectly showing to the family how to encourage and support his autonomy. In addition, help cultivate autonomy in adolescent that also honors the parents’ perspective and values on autonomy. While both parents and adolescent share their memories, thoughts, needs, and feelings, highlight the distinction between the parents’ and adolescent’s perspectives. Validate the adolescent’s experiences and explore thoughts and/or feelings that were difficult for him to express. Encourage the adolescent to be honest about his feelings when sharing, and indicate that his thoughts and feelings are accepted even if he does not agree with his parents. Highlight the differences between his needs and values and those of his parents. By modeling such behaviors, parents can participate in the process and hopefully gain an awareness and understanding of their adolescent’s needs. By being more attuned to their adolescent’s needs, parents also repair their quality of attachment relationship with their adolescent.

Building Family Awareness

By openly talking about their common struggles with acculturation and thus fostering a family alliance, parents can also help their adolescent with the developmental task of establishing their identity by promoting their ethnic identity (instilling and maintaining traditions, values, and language). Though they may be further exposed to other ideas and perceptions that may continue to shape their sense of self, an ethnic identity will provide the adolescent some stability from which to work.

Phase 1 - Working with the Parents

In a family therapy setting, initiate the discussion by asking the parents how adolescence was for them in their native country. By inquiring about their experience, you can assess what adolescence means for their culture and learn about their views on
autonomy (if it is not of value and culturally expected for adolescents to attain), and you can help foster a connection between the parents and adolescent.

Some **suggested questions** to ask:

- I think it would be helpful for your adolescent to know what it was like being an adolescent. Could you share with him memories you have as adolescent?
- What was the relationship like between you and your parents? Did you feel like your parents understood you? Were all of your needs met from them? If not, how was it for you if you have not gotten these needs met?
- What did autonomy look like when you were an adolescent?
- If you could be your own parent, how would you parent yourself so that you get your needs met?

Acknowledge the parents’ experience as an adolescent by addressing both their good and difficult memories. Be attentive and take note of any unmet needs that they may have had during their own adolescence. Also take note of significant themes that may emerge during their disclosure that could be later linked between their own adolescent experience and their adolescent’s experience (to be explored later). Validate the difficulty in tending to their adolescent’s needs while also honoring their native culture’s parental values and expectations. Inquire of the parents if this parenting approach is currently helping, and if not, empathize their distress and disappointment, while acknowledging the different cultural context in which this old parenting approach is being implemented.

**Phase 2: Working with the Adolescent**

To help the adolescent feel more comfortable and open in order for them to engage and join in the family process, it is important that you are attentive and focus on his subjective experience. After parents share their experience of adolescence and their culture’s viewpoint on this developmental phase, check in with the adolescent for their
reaction. If he seems hesitant to respond, do not get discouraged when he demonstrates some resistance to the therapy process. Shift gears and initiate the conversation with a harmless topic (e.g. what school is like for them, what do they think about their peers’ values), but relate it to what is being currently discussed in the family session. This shift gives the adolescent a moment of reprieve. Also, it will give you an understanding of how their social environment (if any) is shaping their perception of what adolescence means to them.

Because of the trauma of separation, acknowledge any fear and distrust the adolescent may have towards his parents. Recognize and explain to the family that if he does not have his parents’ support and encouragement, it will be a difficult process for him to tend to their acculturative task.

Explore and ask the adolescent to elaborate more about being an adolescent in the new cultural and familial surroundings. Instill hope by hypothetically creating a situation in which he does not have to tend to acculturative task, and inquire what his needs are as an adolescent. With his needs unmet by his parents, explore or ask for clarification about what he is feeling or thinking, and offer tentative emotional support about what is he expressing if he has difficulty processing and expressing his feelings. This effort to gain a fuller understanding of his experience will help maintain a therapeutic rapport. Encourage the adolescent to verbalize his needs to his parents.

**Intervention - Venn Diagram**

Raised and exposed in two different cultures, immigrant parents and adolescents may have different perceptions of what it means to be an adolescent. What better way to understand than by creating a visual representation of these different perceptions. In therapy, parents and adolescents are given the same tools, time, and space to create this piece. The process of creating a Venn diagram will provide immigrant parents and their adolescents an opportunity to work side by side and share with one other what adolescence personally means to them. During the exercise, parents and adolescents
are equally acknowledged and heard, and they are given the opportunity to discuss and hopefully come to a common understanding of what adolescence means for the entire family.

See attached Venn Diagram construction guideline in Part III (Intervention).

**Phase 3: Focus on the Family Unit**

Acknowledge the change in the family structure and way of relating that occurred after the period of separation. Also, recognize the familial and cultural adjustment that individual family members went through during and post the separation experience. Address that when there is a change in the family (in this case adjusting to a different family system, moving to a different country, learning to integrate their old and new values and traditions), some of the old traditions and practices may no longer function in their new environment and/or circumstance(s). Facilitate a negotiation between the parents’ expectations about adolescence and that of their adolescent’s. The focus should be on the family’s way of negotiating autonomy while maintaining attachment – continuously promoting a secure-base relationship. The adolescent should be actively participating during the discussion. If he is not participating, you need to figure out what is holding him back from participating. This could then become the topic of process. Through this negotiation, encourage and guide the family to build new rules and traditions that is more appropriate for their new environment. Through this collaborative work, the family can repair and strengthen their relationship that ties them together.
PART 6: Termination

Intervention - Termination Ritual

Rituals represent continuity, stability, and are reminders of the importance of personal bonds while helping people accept change. Used in a family therapy setting during the termination phase, they provide an effective experience for clients, an encouragement and reminder of the importance of closure. Rituals provide an opportunity for the family to acknowledge their effort, celebrate the gains they have made together, and reiterate that these gains achieved can be incorporated into their day-to-day life.

See attached termination ritual guideline in Part III (Intervention).

When you feel like the end of therapy is nearing, guide the family to talk about the gains they have made together. The following are some suggested questions that could help facilitate the discussion.

- What have you (individually and as a family) learned about each other that have made a change in how you communicate and interact with each other?
- How does it feel to have a fuller understanding about each other’s personal struggles and strengths, and how has the process changed your relationship?
- What have you changed about yourself or how has the family changed to influence relational (parents and adolescent) changes?

You can also ask the family how they would like their relationship to move forward, giving them the opportunity to create a common goal or vision of the future. Having worked with the family and taking in a significant role (their attachment figure) upon whom they relied on for help and guidance, the family may express concern and fear about moving forward without your assistance. Acknowledge these concerns and fears and also talk about their hopes for the future. When this has been done, you should encourage the family to communicate with each other, utilizing the same way of
communicating throughout their work with you (e.g. being open, honest, empathetic and accepting; finding a balance of negotiating and control).

Once the family has a plan for going forward and is equipped with the appropriate tools, engage them in a conversation about termination. This could include how they feel about the termination. It is important that you encourage each family member to explore his/her thoughts and feelings about the termination. Lastly, you can share with the family your feedback about their progress and also your feelings about the termination and the experience of working with them. These are all important parts of the termination process because it provides them both with a meaningful closure – affirming the importance of the attachment relationship.
PART III: INTERVENTIONS

Creating a Genogram to Help Cope with Immigration and Acculturation

Adapted from: Monica McGoldrick, Randy Gerson, & Sueli Petry, and Selma d. Yznaga

The genogram is commonly used in family therapy as an assessment tool. It helps families identify significant family life cycles such as births, deaths, unions, and divorces. It also functions as a visual map for relationship patterns and legacies. When working with immigrant families, the genogram may be helpful in examining the migratory history of the family, which helps join the clinician with the family. In addition, the genogram provides an opportunity to assess acculturation levels, and can be used to alleviate acculturative stress. The process of creating a genogram together will give the family an opportunity to work together and visually share with one another their personal experiences, and it may help track any changes, accomplishments and growth in the family therapy.

Stage 1: Basics on Genogram Construction

Introduce the genogram in layman’s terms, perhaps comparing it to a family tree. It is important that you take the time to explain the importance of such activity in helping explore the family’s history that can aid in addressing the family’s presenting problems. If available and if you feel comfortable, it may be helpful to share your genogram as a model so that the family has a visual idea. Doing so could also foster trust in the therapeutic relationship.

Once the family has an understanding of the purpose of the activity, they are encouraged to tell their story and begin the construction of their genogram together. Guide the family to start in a horizontal manner, elaborating on the immediate parents-to-adolescents relationships and then working towards incorporating other significant individuals such as extended family members, close friends, and individuals who played a significant role in the family’s life.
**IMPORTANT!** Inform the family to tell their story in a way that makes sense to them.

**Stage 2: Creating an Immigration Narrative**

Once all of the significant individuals are included, the relationships between these individuals can be explored in the context of immigration. This provides an opportunity for clinicians to explore the pre-immigration experience, the migration proper, and the challenges with the transition. As the family builds out their genogram, continue to assess and identify any relationship changes between pre and post immigration.

In regards to helping address acculturative and developmental stress, the genogram can also help parents explore their experiences and relationships with their parents as adolescents. Did their parents impose their own values and expectations on them as adolescents? By creating the genogram with their adolescent, parents can connect and identify with their adolescent’s anguish and struggles (culturally and developmentally).

You can also use the genogram to reframe and normalize previous patterns of interactions between the significant individuals that the family included in their genogram as a way to cope in the past. However, its function may not fit in the family’s current state, and this needs to be communicated and processed with and within the family.

Attached is a legend that includes commonly used standard genogram symbols as well as new legends specifically pertaining to immigration and culture. You can also encourage clients to collaboratively work together and create their own symbols that are meaningful to their unique experiences. If individual family members present different symbols to the family, and when they do, encourage them to talk about the symbol and what it means to them and in relation to the family’s genogram. This will give individual family members the opportunity to have a better understanding of each other’s personal experiences.
Please refer to Part 2 and Part 4 in the guidebook portion for suggested questions that can be used to facilitate and enhance the experience of genogram construction.

Attached is an example of a genogram.

**Stage 3: Identifying Resources and Resilience**

The genogram can also be used to identify the resources and strengths of significant individuals in the family. By identifying the strengths and skills of the family (immediate, extended, existing and ancestors; friends; and other significant figures, clinicians can help the family reconnect to their families and other social networks that were left behind in the process of the immigration. You are helping the family reconnect to those resources that contributed to and were influential in their immigration. This allows both parents and their adolescent to bring and integrate these strengths and resources to their new culture and retain a connection to their native culture. This continuous tie will help the family feel less alone, and it may help reduce their acculturative and developmental stress.

Below are some **suggested questions** to help facilitate the discussion of resources and resiliency:

- What characteristics did you have that made immigration possible?
- How were those characteristics important to the success and achievement of the family?
- How did you get those traits?
- How can you use those characteristics/traits in this culture?
- How can you guarantee that those characteristics continue to future generations?

Similar to the applicability of relationship patterns in a new cultural context, it is possible that the positive traits, resources, and strengths no longer function in their new culture. As before, present and facilitate a discussion about this with the family.

Common Genogram Symbols:
For more symbols, please refer to Monica McGoldrick, Randy Gerson, & Sueli Petry’s textbook *Genograms: Assessment and Intervention*.

Example of a completed genogram:

*Source: The Multicultural Family Institute*
Creating a Memory Box to Help Cope with Grief

The process of grief is not about forgetting about what was lost (tangible or symbolic) but it is about finding ways to remember the losses and then integrating these memories into our lives. Instead of “letting go” of the bonds that were lost, creating a memory box is a way to remember the memories of what was lost as part of a healthy grieving process, and is vital for a healthy future. For immigrant adolescents, the idea of a “box” helps contain their thoughts and feelings, keeping their valuable memories safe.

It is important the family is aware that some of the memories may be difficult and overwhelming. It can be a sad experience, but it can also be satisfying. Immigrant parents can help and support their adolescents during the process, and the memories can help adolescents maintain a sense of stability during a significant life transition. During the process, you must be accepting of the different emotions that arise, and help guide the family to be kind and compassionate towards one another.

Note to the Clinician:

Allow the family to guide and direct the conversation, and be patient, comforting, and kind. Encourage the family to express themselves as much as they can, and if they seem to have difficulty doing so, help them by asking them relevant and appropriate questions (see list of suggested questions). Take whatever time is needed for the family to process and share with one another and their personal experiences. Let them work at their own pace. Continue to maintain a warm and safe environment, while assessing how the family (either together or individually) is processing.
Materials Needed:

- Shoebox, gift box, or any kind of box that has a removable lid.
- Colored paper
- Glue stick/tape
- Colored markers
- Paint
- Scissors
- Magazines

Stage 1: Basics on Building a Memory Box

Introduce the memory box and its purpose in layman’s terms. It is important that you take the time to explain the purpose and importance of such activity in helping the adolescent process his grief. Once the family has an understanding of the purpose of the activity, the construction can begin.

Stage 2: Working with the Adolescent

Creating a memory box is difficult in and of itself for the adolescent, let alone creating one in the parents’ presence is even more difficult. Because the focus of the activity is to help the adolescent process his grief, a few individual sessions need to be dedicated to him alone. It is during these sessions he can build his memory box and feel comfortable and secure doing so. Because it is often difficult to know where and how to start, it may be helpful to start the process by asking the adolescent about different types of memories he may have about his life prior to their immigration. Below are some suggested questions:

- Can you describe what your life was like prior to immigration?
- Could you share some memories that you have from your native country?
- Could you tell me what you were like as a child? What do you remember about your childhood?
- What relatives and friends have been special to you? What are some positive qualities and/or strengths of each person, and how have those qualities/strengths helped you, if at all?
- Is there a favorite hobby, activity, routine, or even an item that you just loved? Could you describe it?

If the adolescent seems to struggle with construction, help the adolescent paint the box or cover the box with the colored paper. If he does not need assistance, observe as he creates his personalized memory box. The adolescent can also cut out pictures and/or words from magazines. The pictures and words should have importance to the adolescent regarding his losses. Encourage the adolescent to include other items (that he may have at home or elsewhere) that represent significant memories such as pictures, toys, trinkets, etc. Remind the adolescent that what he puts in the memory box is his personal choice. Anything that is important to him or that helps him remember a specific memory can go into the memory box.

**Stage 3: Adolescent - Creating a Narrative**

As the adolescent includes different items in and on the box itself, inquire about their personal meaning and the memories to which they are tied to. Not only recalling such memories provide you the opportunity to better understand the adolescent’s experience, the activity will also provide a period of relief during a chaotic life transition. After the adolescent has shared the personal relevance of each item, ask him how he feels about presenting his memory box to his parents and explaining to them the items that are included on and inside, and especially what they mean to him. Explain to him that doing so is a way to express his grief and communicate his needs from his parents. Offer the adolescent protection and promise that he can stop at any point during his share if he feels like he is being hurt rather than comforted.
Stage 4: Understanding Each Other's Experience with Grief

In a family therapy setting, maintain a trusting and supportive environment so that both the adolescent and parents feel comforted and heard. Remind the family of the activity (making a memory box) and its purpose. It is important to assess that this is established when working with all members of the family in order for the adolescent to feel safe enough to present and share his narrative of the items on and in his memory box.

During the adolescent’s disclosure, help parents control their impulse to offer suggestions or solutions, explain things, or otherwise defend themselves. Remind the parents of the importance for their adolescent to maintain his ties to these losses (it helps his familial and cultural adjustment). While the adolescent shares his narrative to his parents, we want the parents to encourage and see him and see his revelation and self-expression. When parents are sensitive, the adolescent will reveal and explore more about their thoughts and feelings. As he shares about these deep and strong feelings and finally feels heard, acknowledged, and supported, he triggers the parent’s parental caregiving instincts. By acknowledging and integrating their adolescent’s losses in their lives, parents are also tending to their adolescent’s longing and unmet needs, which deepens the adolescent-parent attachment bond.
Creating a Venn Diagram to Help Cope with Adolescent Development

Adolescence is a developmental stage that requires adolescents to meet and accomplish a new set of psychosocial developmental tasks in order to establish a sense of self-identity. Western values emphasize the importance of autonomy but other cultures may have different expectations on when autonomy should be encouraged and attained in a lifetime (perhaps at a later age). Different cultures may have different expectations and beliefs on adolescence, which is consistent with the different approaches to how different cultures help adolescents develop their self-identity - by instilling a sense of ethnic identity. However, only positive family relationship between parents and their adolescents can help instill and maintain this sense of ethnic identity.

Immigrant parents and their adolescents struggle with different and often conflicting perceptions and ideas on self-identity. Raised in a bi-cultural environment, immigrant adolescents may also find themselves confused as to what adolescence means to them. Whichever direction they choose to take, immigrant adolescents may have greater difficulty in meeting and developing their self-identity when they a) are forced to rely on their parents during their cultural adjustment, and b) do not feel safe, secure, and protected by their parents before they can bravely undertake any developmental tasks.

Regardless of the different ways different cultures help their adolescents, in they end they share the same goal – to help adolescents develop a sense of identity. The process of creating a Venn diagram provides an opportunity for immigrants parents and their adolescents collaboratively create, visual demonstrate, share, and discuss their personal expectations, beliefs, and needs during the adolescence stage. The process will also give them the opportunity to collaboratively work together and develop a new set of expectations and values regarding adolescence that considers and integrates both of their needs.
Note to the Clinician:

Allow the family to guide and direct the conversation, and be patient, comforting, and kind. Encourage the family to express themselves as they as they can, and if they seem to have difficulty doing so, help them by asking them relevant and appropriate questions (see list of suggested questions). Take whatever time is needed for the family to process and share with each other their personal experiences. Let them work at their own pace. Continue to maintain a warm and safe environment, while assessing how the family (either together or individually) is processing.

Materials Needed:

- A poster board that has two big circles that overlap in the middle. Please refer to the picture below for reference.

  ![Venn Diagram](image)

- Assorted Magazines
- Glue stick/tape
- Colored markers, colored pencils, crayons
- Paint
- Scissors
Stage 1: Basics on Building a Venn Diagram

Introduce the activity and its purpose in layman’s terms. It is important that you take the time to explain the purpose and importance of such activity in helping the family cope with developmental task of adolescence. Once the family has an understanding of the purpose of the activity, the construction can begin.

Stage 2: Creating a Personalized Picture of Adolescence

The process of creating a Venn diagram that visually shows parents and their adolescent their personal perceptions and meanings of adolescence can be a difficult activity. It provides parents and their adolescent the opportunity to present their own ideals, thoughts, and beliefs (all independent tasks), while also working together as a family unit (collectivism). The activity can demonstrate and provide hope that even with their differences, parents and their adolescent can co-exist together and have a healthy relationship; but only if they are acknowledged, heard, and considered in the family’s culture.

First and foremost, maintain a trusting and supportive environment so that both the parents and their adolescent feel comforted and heard. Then instruct the family to cut up any images or words they find in the magazine that represents their personal beliefs on adolescence. Explain that one side of the circle (excluding the overlapping middle) is for the parents and the other side is for the adolescent. Tell the family to glue/tape those cut-outs in their designated area. Encourage the family to create their own image and cut-outs that represent what adolescence means to them, and then include them on their appropriate side of the circle.

Stage 3: Creating and Sharing a Personalized Narrative

Initiate the discussion by asking the parents the meaning of the cut-outs they glued/taped within their designated area of the circle, specifically how they represent
their perception of adolescence (what the cut-outs mean to them). Explore where their beliefs came from, perhaps even inquiring about their own experiences as adolescents and whether they were acknowledged, heard, and got their needs met from their parents.

Shift your attention to the adolescent and ask him to explain the cut-outs and how they represent his perception of adolescence (what the cut-outs means to him). During the adolescent’s disclosure, help parents control their impulse to offer suggestions or solutions, explain things, or otherwise defend themselves. Remind the parents the importance of their adolescent’s self-expression (in helping cope with the family’s developmental stress). While the adolescent shares his narrative with his parents, we want the parents to encourage and see their adolescent’s revelation and self-expression. When parents are sensitive, the adolescent will reveal and explore more about their thoughts and feelings.

**Stage 4: Creating a Picture of Adolescence as a Family**

In order for the exercise to be helpful, it is important that they are honest with each other and share their thoughts and opinions. Instruct the family to go through the magazine together and choose images that everyone agrees on (regarding their perception of adolescence). Encourage them to talk with one another as they search for images and glue/tape them within the overlapped portion of the circle. As parents and adolescents collaboratively work with each other, they can create a common picture of what adolescence means for the entire family.
Creating a Ritual - Writing and Sharing Family Letters of Love

As time passes by and life happens, there is a possibility that we fall back to old patterns of functioning even though we are aware that they are not helpful. We are human and we stumble and fall, but we can also help each other get up and move forward in the right direction. This could certainly be the case for immigrant families and their adolescents who may find themselves once again in a state of distress. To help the family overcome these moments and reconnect with each other once more, the therapist can suggest for them to write a personalized letter to each other to help remind each other of their strengths and resiliency, and the gains they made from their family therapy. Through communication, the family members can bring the past to the present, reintegrating and adopting what they have learned in the past into the present moment.

On the second to the last family session, introduce the activity, its purpose, and the importance of writing a personalized letter to each other. It is important that you take the time to explain the purpose of this letter in order to help the family remember what they learned from their therapy together and reintegrate them back in their day-to-day living. As a homework assignment, direct the family to write a letter to each other about their experience during their family therapy. Below are some suggested ideas that you can share with the family to help guide them to write the letter.

- Share what they learned about each other and themselves during therapy.
- Share their emotional, physical, and mental state at the time of starting therapy and their state now.
- Share their most difficult moment in therapy, how they coped through it, and what they learned about themselves and each other.
- Share their most memorable moment during the family therapy, why it is so, and what it means to them. (Just keeping the suggestion list consistent and not going from statement to question)
It is important that you explain to the family these letters will be sealed in an envelope and could only be opened after a year from the termination date. Once it is opened, encourage the family to write another letter to each other about their experience with the family during that year; what the family’s achievements were; what they perceived the family’s challenges were and how they overcame them (if able to do so); what their needs were to better meet these challenges; and generally what the year meant to each of them as a integral member of the family. Similar to the first letter, this too will be sealed and will be opened a year later. This ritual not only helps the family gain a sense of closure in therapy together, it could also be practiced and incorporated in their day-to-day lives and become a family ritual that will help cultivate the attachment bond between parents and their children.
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