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Recommendations for Counselors Working With Jamaican Immigrant Families and Children

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Abstract

Jamaican families and children represent a large sector of immigrant groups in the United States. Many of these families and children face unique challenges that have a significant impact on their mental health. This article discusses issues relevant to Jamaican immigrant families and children in relation to their attitudes toward mental health services and overall psychological well-being. Recommendations for counselors are provided to meet the needs of this population and promote good mental health.

Keywords: Jamaican immigrants, Caribbean families, Caribbean children, immigrants' mental health

Jamaicans have immigrated to the United States in high numbers since the 1960s. In large part, Jamaican immigration to this country has been fueled by greater opportunities for employment and education (Wheeler & Mahoney, 2008). Yet, while having several benefits, immigration places a significant amount of psychological stress on Jamaicans who are separated from their families (Lashley, 2000). This stress becomes even more significant when there are children involved (Palmer, Palmer, & Payne-Borden, 2012). Prior research shows racism and discrimination (Crowder & Tedrow,

2001), poverty (Matthews & Mahoney, 2005), acculturative stress (Bornstein & Bohr, 2011; Ferguson & Bornstein, 2015), and educational challenges (Matthews & Mahoney, 2005) all contribute to poor mental health and low quality of life outcomes for many Jamaican immigrant parents and their children. Studies have shown, for example, that certain segments of the population, that is, a significant number of Black Caribbean children, have achievement and disciplinary problems at school (Matthews & Mahoney, 2005), while Black Caribbean women have experienced a decrease in earnings over time (Ertel, Berkman, & Buxton, 2011), and Black Caribbean men have higher rates of mood and anxiety disorders over a lifetime compared to African American men (Williams et al., 2007).

Obstacles faced by Jamaican immigrants and their families have serious implications for the counseling profession. According to the *20/20 Principles for Unifying and Strengthening the Profession* (Kaplan & Gladding, 2011), counselors must be committed to being multiculturally competent. Moreover, given the centrality of family to client life, counselors must also be skilled in the area of family counseling. In the spirit of these principles, counselors should possess general working knowledge of the cultural attitudes, beliefs, and challenges that affect this immigrant group. This knowledge should include information about the transitional and family issues that affect their mental health and well-being. Recent studies have explored the implications of immigration on Jamaican families, and these studies prove that similar to other immigrant groups in the United States, Jamaicans face social and psychological challenges related to their immigrant status (e.g., depression, anxiety, family conflict; Bornstein & Bohr, 2011; Jones, 2008; Portes & Rumbaut, 2006). Nevertheless, there are few resources within the literature that offer guidelines for the provision of culturally relevant counseling to this population.

Despite many psychosocial stressors, Jamaican immigrants are likely to have negative professional help-seeking attitudes and to underutilize mental health services (Williams, 2012). Several authors relate negative help-seeking attitudes and underutilization of counseling services in this population to a lack of cultural competence among counseling professionals (Wheeler & Mahoney, 2008). The purpose of this article is to briefly review some of the challenges faced by Jamaican immigrant families and children in the United States and to provide recommendations for counselors who work with this population. First, a brief overview of the historical and cultural context of Jamaican immigrants in the United States is given. Second, attitudes toward mental health services among this population are reviewed. Next, challenges influencing the mental health of Jamaican immigrants are discussed including racial discrimination, differences between Jamaican and U.S. schools, language barriers, parent/child separation and reunification, and child discipline. Finally, the article concludes with recommendations to overcome these challenges and promote good mental health.

Historical and Cultural Context

Jamaican immigrants number more than half a million, making them the largest immigrant group from the English-speaking Caribbean islands (New York City Department of Planning, 2012). More than half of all Jamaican immigrants are located in New York City areas, with the majority living in Brooklyn and Queens (New York City

Department of Planning, 2012). Jamaica is a predominantly Black Caribbean island just over 200 miles south of the tip of Florida. Its racial and cultural heritages derive primarily from West Africa, thus, including Jamaicans in the African Diaspora. Yet, through colonialism, Jamaica also has an inherited sense of British culture (Hall, 2010). With this mix of cultural heritages, Jamaica has rich, unique language (i.e., Patois), music (i.e., reggae), and religious traditions (i.e., Christianity and Rastafarian).

Jamaicans began to immigrate to the United States in large numbers in the 1960s following a change in U.S. immigration policy that opened the borders to skilled professionals. Today, the United States is home to the largest population of Jamaicans outside of the Caribbean. Many Jamaican immigrants are motivated by desired professional and educational opportunities (Morrison & Bryan, 2014); however, the primary reason for immigration is economic. According to Glennie and Chappell (2010), 60% of Jamaican immigrants to the United States, Canada, and the United Kingdom indicated that opportunities to earn more wages and send remittances back home to Jamaica motivated their decision to migrate. Jamaican immigrants to the United States are generally more educated and more likely to secure professional-level employment compared with some other U.S. immigrant groups (Gonzalez, Tarraf, Whitfield, & Vega, 2010). According to Glennie and Chappell (2010), statistics show that about half of Jamaican immigrants 25 years and older have at least some college or an associate's degree, with a larger share of Jamaican women holding a bachelor's degree (24%) than Jamaican born men (19%). Thirty-seven percent of the Jamaican immigrants 16 years and older work in educational, health, and social services. Just 2% describe themselves as limited English proficient (Glennie & Chappell, 2010).

Attitudes Toward Mental Health Services

Historically, Jamaicans have been hesitant to seek mental health counseling for their problems (Palmer et al., 2012). Instead, many Jamaican immigrants seek counseling from respected leaders in their communities, including pastors and teachers. According to Palmer (2009),

Jamaican channels for receiving help for issues pertaining to personal problems, family matters, and community relations have existed in Jamaica for hundreds of years. Throughout the generations, Jamaicans have relied on family members, church leaders, and community elders to resolve issues contributing to psychological stress. (p. 2)

Jamaican families often believe that the risks of what others might think about them seeking professional help far outweigh the benefits of working through their problems in a clinical setting (Palmer, 2009). Yorke, Voisin, and Baptiste (2014) found that Jamaican immigrants prefer to rely on family members to deal with their problems. Similarly, Williams (2012) found that Jamaican adolescents typically seek friends and family for support and see professionals such as guidance counselors as the last sources of help. Moreover, there is a strong belief within the Jamaican community that sharing family business with strangers will result in negative perceptions about the family (Palmer et al., 2012). This naturally excludes professional counseling as a preferred method of help.

Beyond preferring to share problems with family members, research has shown there is significant stigma around mental illness in Jamaica (Palmer et al., 2012). Many Jamaican immigrants carry the belief from their native home that only “crazy people” go to counseling. Ingrained beliefs about mental health issues may present as barriers for professional help-seeking. Furthermore, Jamaicans quite often view mental illness through the lens of religion, superstition, and prejudice. They may think God is punishing those affected by the illness for bad behavior or a lack of willpower and weakness (Sobo, 1993), or they may attribute the cause of mental illness to supernatural or mystical phenomena. Some people believe that an evil person cast a spell or worked *obeah* on them. In fact, *science* is another word used for witchcraft or black magic and is often thought of as something placed on an individual to stop advancement in life (Littlewood, 1995).

Racial Discrimination

In coming to the United States, Jamaicans move to a society with different conceptions of race than they may be used to in their home country. While the Black/White dichotomy of racism is the norm in the United States, discrimination based on social class and shades of skin color (also known as *colorism*) tends to be more prevalent in Jamaican society (Hall, 2010). In Jamaica, the lighter skinned minority holds social and economic power; however, this is often interpreted as classism (Morrison & Bryan, 2014). The experience of racism as it is manifested in the United States, therefore, is a phenomenon many Jamaicans have difficulty grappling with (Balgopal, 2000; Morrison & Bryan, 2014; Williams & Butler, 2003). In fact, many Jamaican immigrants report encountering their first experiences with racial discrimination in the United States, New York City in particular (Foner, 2001; Sutherland, 2013). Moreover, because Jamaicans are of a different ethnicity than African Americans, they often have the belief that White America is more likely to accept them. When Jamaicans find out this is not the case, their psychological functioning is negatively affected (Sutherland, 2013). In particular, both Caribbean adults and adolescents tend to have higher depressive symptoms and lower life satisfaction when they perceive high levels of discrimination (Seaton, Caldwell, Sellers, & Jackson, 2010; Williams et al., 2007).

Racism and discrimination also affect how children from Jamaica operate within U.S. classrooms (Morrison & Bryan, 2014). One of the most challenging aspects of discrimination for young Jamaican students in the American classroom is perceived teacher discrimination, which is negatively associated with how they perform academically (Gordon, 2012). In a seminal study conducted by Waters (1999), many Jamaican teachers working in U.S. public schools reported that White teachers do not have the same expectations and standards for Black students as they have for their White counterparts. These discriminatory experiences are harmful to Caribbean youth’s self-esteem, resulting in low self-esteem even worse than that of African American children (Seaton, Caldwell, Sellers, & Jackson, 2008). Moreover, these experiences create conflict between the expectations of home and school. While Jamaican students may be subjected to low expectations at school, in their homes, parents generally have high expectations for their children (Matthews & Mahoney, 2005; Morrison & Bryan, 2014). This conflict

has a harmful effect on the academic performance of Jamaican students and lowers their chances for entering college (Morrison & Bryan, 2014).

Differences Between Jamaican and U.S. Schools

At the start of the new millennium, the New York Board of Education admitted just over 17,251 Caribbean students (Matthews & Mahoney, 2005), down from 22,000 during the 1990s (Hines, 1997). Differences between American and Jamaican school systems affect how Jamaican children adjust to schools in this country. The Jamaican educational system is largely fashioned after the British school system, which is rigid and structured. For example, children start each day at a general assembly where they pray and are reminded of the school rules. Strict classroom discipline is maintained and absolute quiet is usually demanded. In fact, teachers, at times, physically discipline students in Jamaica. In addition, teachers are well revered and respected in Jamaica and are considered leaders in the community. The authority and decision making of teachers in Jamaica is rarely questioned. In the United States, this may be problematic because many Jamaican parents do not get involved at school or do not question decisions made by the school or teachers, for instance, in a case where children are placed in special education because of assumed language deficiency. Because many Jamaican parents expect teachers to make the right decision for their children, the authority at school is not questioned (Mitchell & Bryan, 2007). Furthermore, because of the high role that teachers play in the Jamaican schools, parents expect teachers to be surrogate mothers and fathers. Differences between Jamaica and the United States in terms of norms and expectations of teachers often lead to breakdowns in communication among children, home, and the school. Miscommunication between teachers and Jamaican parents may be misinterpreted as lack of care because parents might expect teachers to take a more active role in children's lives, whereas teachers expect parents to be more active (Mitchell & Bryan, 2007).

Language Barriers

Although English is Jamaica's official language, English is spoken with many variations ranging from British English to Jamaican Patois. This is of particular concern when it comes to working with Jamaican children in the American school system. Research has shown that Caribbean students struggle to submit their assignments in English or speak in American Standard English when interacting in a classroom setting (Winer, 2006). When this happens, U.S. teachers and counselors often interpret these linguistic challenges as educational handicaps and conclude that these children have a learning disability (Gopaul-McNichol, 1993; Seaton et al., 2008). As a result, these students are, for the most part, placed in special education; however, their linguistic needs are typically not addressed. Moreover, they are not qualified for ESL because their official language is English (Morrison & Bryan, 2014; Winer, 2006).

Parent/Child Separation and Reunification

In Jamaica, 15% of households have migrant family members (Brown & Grinter, 2012). Separated families often suffer emotionally, psychologically, or even physically. Children left behind in the care of family members or neighbors may be mistreated physically or sexually (Brown, 2009; Crawford-Brown & Rattray, 2002). Additionally, psychological stressors may cause deviant behaviors, poor self-esteem, and depression in children and adolescents both before and after reunification with their parents (Pottinger, Stair, & Brown, 2008). Upon reunification, children may have difficulty finding their place in a new country and a new home. They may also find that their parents have to work multiple jobs to make ends meet and consequently spend much time outside of the home (Mitchell & Bryan, 2007; Pottinger & Brown, 2006). As a result, children may receive limited supervision and, if they are old enough, may be responsible for younger children (Mitchell & Bryan, 2007).

Conflict within the family is another common outcome of parent/child separation and reunification in Jamaican immigrant families (Arnold, 2011; Crawford-Brown & Rattray, 2002). Unmet expectations of children and parents often lead to constant bickering and resentment. Children feel misunderstood and parents are angry that their children are not grateful for the sacrifices they have made to provide a better life (Pottinger & Brown, 2006). Adults in this situation usually do not recognize that children are having difficulty adjusting, or that children are experiencing, once again, separation from their surrogate parents in Jamaica after establishing a secure relationship with them (Pottinger et al., 2008). In addition, sometimes these children are faced with a reconstituted family of stepparents and siblings they do not know, which creates further opportunities for discord (Pottinger & Brown, 2006).

Child Discipline Practices

Jamaican child discipline practices have been the focus of much discussion and criticism in the literature for decades. Much of the literature has characterized Jamaican parents as authoritarian and controlling (Ricketts & Anderson, 2008). Smith and Moore (2013) argued that in Jamaica, corporal punishment is culturally rooted and pervades across all socio-demographic levels of society. In fact, a study of childrearing and discipline in 24 countries showed that Jamaican caregivers had the highest prevalence (84%) of administering physical punishment in response to children's misbehavior (Lansford & Deater-Deckard, 2012). Although prior studies about child discipline in Jamaica revealed that Jamaicans used corporal punishment as a main form of discipline, a more recent study among 311 first generation Jamaican immigrants living in the United States revealed that physical punishment is not the main disciplinary practice of Jamaican immigrant families (Carter, 2011). According to this study, reasoning and removal of privileges are the most frequently used forms of discipline among the Jamaican immigrant population in the United States. Based on this finding, it can be extrapolated that former discussions on child discipline must be cautiously considered as counselors work with Jamaican families, with special attention to nuances in methods of child discipline among families.

Recommendations for Counselors

The sections above described unique challenges Jamaican immigrant families undergo upon entering the United States and how these challenges affect their mental well-being. The following paragraphs offer recommendations for counselors who work with this population. These recommendations are grounded in prior counseling research and literature and are applicable to clinical and school settings.

As mentioned, traditional counseling and mental health services are often stigmatized in the Jamaican immigrant community (Palmer et al., 2012). In fact there is a dearth of literature when it comes to mental health and individuals from Jamaica in relation to them seeking counseling (Palmer et al., 2012). In Jamaica, because of the high value placed on education and religion, individuals are more likely to seek help for mental health issues from school counselors or the church, or even other family members. Instead of traditional individual or group counseling sessions, counselors may wish to conduct psychoeducational groups, preferably with other Caribbean parents, which may be less threatening (Pottinger et al., 2008). It may be best to arrange these sessions through a church or Caribbean association where families are already receiving social support. Additionally, counselors may wish to offer child-centered support groups to provide children with a safe place to examine their struggles with the migration-separation-reunification process, or any other psychosocial stressors they may be experiencing. When individuals or families are in traditional counseling, counselors should take time during the first few sessions to listen to and understand family members' expectations, explore the reunification process, discuss grieving and coping mechanisms, and screen for depression and anxiety (Pottinger et al., 2008).

Understanding family and cultural norms and expectations is also important when working with Jamaican immigrant families and assessing for child abuse. Misunderstandings about corporal punishment and suspected child abuse have resulted in mandated reporting biases and families fearing a knock on their doors from the child welfare agency (Earner, 2007; Fontes, 2002). Cultural differences in parenting, including spanking, do not constitute abuse in every case as noted in the Carter (2011) study described earlier. Immigrant families, just like most other families, do not support or approve of child abuse (Fontes, 2002). During session, counselors should educate parents about the laws in the United States concerning physical discipline and what is considered child abuse (such as leaving bruises on a child) so parents can understand the implications of their actions (e.g., removal of child, jail). Counselors should also teach culturally sensitive parenting skills as an alternative to corporal punishment. If counselors develop parenting programs, no group of parents should be singled out (Fontes, 2002); however, Jamaican immigrant parents should be involved in training, as they are immersed in their own culture and know the strengths and challenges of their communities especially in relation to child discipline.

In school counseling, counselors are in a pivotal position to assist Jamaican immigrant students in overcoming challenges and deficit perspectives that hinder academic success. One recommendation for school counselors working with Jamaican immigrant children is to implement tutoring programs with an emphasis on language skills and mentoring programs focused on positive self-esteem and racial identity. Furthermore, school counselors should encourage educators to be culturally aware and

find ways to celebrate the children's heritage and language (Mitchell & Bryan, 2007). This would include training and encouraging teachers to: (a) have high aspirations for these students (Bryan, Holcomb-McCoy, Moore-Thomas, & Day-Vines, 2009), (b) participate in empowerment initiatives that increase awareness of resources and school-related issues (e.g., the importance of taking AP classes, how to be evaluated for gifted or other supplemental programs; Griffin & Steen, 2011), and (c) hold family nights and workshops designed to help Jamaican immigrant parents learn to see themselves as experts along with teachers in making decisions for their children (Mitchell & Bryan, 2007). Events can, at times, take place somewhere in close proximity to the families rather than at the school, as some parents may have difficulty with transportation.

Finally, beyond the methods described above, counselors should also engage in social justice efforts against racism and discrimination (Chung & Bemak, 2011). This is true in both clinical and school counseling. As Holcomb-McCoy (2007) suggested, school counselors should develop school counseling programs aimed at "reducing the effects of oppression on students and improving equity and access to educational services" (p. 18). To do this, school counselors should collect data to document statistical disparities, for example, in test scores, school suspensions, and other school-related issues, and then form school-family-community partnerships geared toward reducing educational disparities and eliminating policies that have a negative impact on academic success (Bryan & Henry, 2008; Steen & Noguera, 2010; Steen & Rudd, 2009). In clinical contexts, counselors can then use their positions to advocate on behalf of families, teach them their rights, and assist them in accessing resources (Chung & Bemak, 2011). Counselors can also help to empower families through support groups where families join together with support from counselors and community partners to bridge the gap between school and home, and between home and health and social services (Mitchell & Bryan, 2007). In order to increase the numbers of Jamaican immigrants who seek counseling, counselors can work to mitigate the stigma surrounding mental illness and counseling by working toward understanding the help-seeking attitudes of Jamaican individuals and families, and raising awareness about the benefits of counseling among this community by joining with local agencies and asking for their involvement (Palmer et al., 2012).

Conclusion

Every immigrant group has unique challenges that affect their counseling and mental health needs, and Jamaican immigrants are no different. Although the issues discussed in this article are by far not the only that challenge this particular immigrant group, this article serves as a starting point to educate and more fully engage counselors with the Jamaican immigrant population. Many of the recommendations provided herein are founded in multicultural and social justice counseling principles; however, this article operationalizes these principles by increasing awareness and providing knowledge specific to Jamaican immigrant families and children. By elucidating some of the factors affecting the well-being of Jamaican immigrants, it is our hope that counseling services will grow in cultural relevance and factors that lessen professional help-seeking for this group will be mitigated.

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