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Understanding the Impact of Parental Migration on Children: Implications for Counseling Families from the Caribbean

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It is estimated that one in five children in the USA is a child of an immigrant and the numbers continue to grow (Suarez-Orozco, Todorova and Louie, 2002). The United States of America and Canada have a forty-year history of receiving significant numbers of immigrants from the Caribbean (Thomas-Hope, 2002). At present these receiving countries host large West Indian populations in cities such as Toronto, New York and Miami. Attention needs to be directed at this population as how these immigrants adapt to their host country will determine their contribution to the economic, educational, health status and cultural harmony of that society as well as that of their country of origin.

Migration from the Caribbean to North America can take four forms, some of which are unique to the Caribbean and will allow for immigrants to remain involved in the development of their country of origin: (1) Commonly, parents will migrate for up to 6 months at a time to work in the host/receiving country (seasonal migration); (2) Parents will migrate either singly or together with the intention of sending for the rest of their family at a later date (serial migration); (3) Parents will migrate for a defined time or indefinitely but have no intention of having their children live in the
overseas country (parental migration); (4) Parents will migrate with their family (family migration). The type of migration selected is determined by economic reasons. The family migrating together tends to be more of a ‘middle class’ movement while the other three forms are more commonly done by low-income families (Crawford-Brown and Rattray, 2002).

The Harvard Immigration Project (Suarez-Orozco, Todorova and Louie, 2002) has drawn international attention to the vast number of children, as many as 85% from the Caribbean and Asia, who endure lengthy separation from their parents during the migration process. Clinical literature suggests that these children face issues of grief, loss and attachment (Glasgow and Ghouse-Shees, 1995; Crawford-Brown and Rattray, 2002). Their parents undergo a parallel experience as often times their grief is manifested in sadness, guilt and anxiety over the separation (Suarez-Orozco, Todorova and Louie, 2002). Proponents of Attachment theory may argue that the resulting disruption to the parent-child bond from migration puts the child at risk not only in the short term but also for poor long-term psychological adjustment (Bowlby, 1982).

**Cultural attitudes towards migration**

When working with immigrant families from the Caribbean, mental health
professionals who are not from the Caribbean may need to understand how parents in the Caribbean can willingly take a decision to separate from their children and in some cases their infant child. Caribbean people have always been a migrant population and historically have used migration as an economic tool for progressing in life. Their decision to migrate is based on the belief that a mother will do anything to let her children have a better life. A parent who migrates and leaves her children behind therefore could be lauded by society. Caribbean communities also tend to have strong familial networks that allow mothers to migrate and leave children with relatives, friends or neighbors (Thomas-Hope, 2002).

**Migratory separation: the experience for children**

Most parents will attempt to put a surrogate parenting system in place to try and minimize the disruption to their child’s life after they have migrated. However, despite this, too many anecdotal reports indicate that many children who are left behind receive little or no physical or emotional nurturance from surrogate caregivers and often experience a sense of abandonment by their parent. Also, despite parents’ effort of remaining in touch via telephone, contact may be irregular and sometimes falls short of meaningful exchange between parent and child (Suarez-Orozco, Todorova
Some reports have indicated that children of migrant parents are under-protected or inadequately supervised, resulting in them being exposed to harmful consequences such as sexual abuse (Crawford-Brown and Rattray, 2002). Assuming adult-like responsibilities prematurely such as managing large amounts of money that their parents send or looking after younger siblings becomes a way of life for some. School work has also been found to be affected (Pottinger, 2005a), possibly as a result of the emotional turmoil accompanying the separation or for some, they adopt a ‘waiting to migrate’ mentality and therefore lose focus on their school work. Even when children are left in the care of relatives or friends, the separation from parent may cause psychological damage that is manifested in deviant, 'acting out' behavior or poor self esteem and depression (Glasgow and Ghouse- Sheese, 1995; Pottinger, 2005b; Jones, Sharpe and Sogren, 2004). There is growing evidence linking the immigrants’ experience before migration with their adjustment in the host country (Abush-Kirsch, 2002). The pre-migration experiences of children and adolescents therefore should be considered relevant information for counselors who work with immigrant children.
**Migratory separation: the experience of parents**

When parents in the host country become aware of the difficulties their child may be facing with the caregiver arrangement, some seem to respond with denial borne out of helplessness, while some lack insight as to the magnitude of the psychological impact of separation on children. Parents may experience conflicting emotions. On one hand wanting to stay in the host country for the economic gains, and on the other, return to be with their child and remain economically challenged. Parents who choose to remain despite the conflict may try to compensate for their absence by sending excessive gifts and money for their child. Social work practitioners in Jamaica have coined the term ‘barrel children’ when referring to children who receive barrels of goods from their migrant parents (Crawford-Brown and Rattray, 2002).

When the child, parent and caregiver are comfortable with the caregiving arrangement, the distress can be reduced. However, even under those circumstances, parents will still worry excessively about their children and report experiencing an abiding sense of guilt with bouts of loneliness (Suarez-Orozco, Todorova and Louie, 2002). Mental health professionals who work with immigrants from the Caribbean should be alert to possible
separation issues in their clients and how these could be impacting on their clients’ work productivity and mental and physical health.

**Parent-child reunion**

The child and parent reunion is undoubtedly a time of excitement and joy for many. However for some this process can be fraught with challenges. For one, reuniting often occurs in adolescence - when children are battling with developmental issues of identity and figuring out where they belong. Also, they are likely once again to experience migratory separation when they separate from the surrogate parent and friends they had grown accustomed to over the years. Upon arrival in the host country these children may face reconstituted families with step-parents and siblings and have to figure out how to fit in with this new family. Sometimes the parent is working more than one job or working and going to school, leaving little or no time to help them settle in their new environment, nor for adequate supervision. Recent immigrant children may also have to struggle with differences in language, accent, social systems as well as race classification. In addition, many encounter selection procedures at school and a school environment that considers them to be at a disadvantage to their American or Canadian peers (Gopaul-McNichol, 1993).
When both parents and children’s expectations about the reunion are not met, the child may react with anger and rebel and parents may label this behavior as ingratitude and resort to harsh methods of discipline. Smith, Lalonde and Johnson (2004) report that the problems bringing Caribbean families in for counseling are frequently related to the migration separation-reunion experience. These researchers see common themes emerging that relate to issues of loyalty, identity development, discipline and authority, disillusionment, rejection and counter-rejection and bereavement. They further state that these children will present with both internalizing and externalizing symptoms including anxiety, depression, poor school performance, delinquency such as truanting and running away from home.

**Implications for counseling immigrant families in host country**

Glasgow and Ghouse-Sheese (1995) have noted that mental health professionals are often ignorant of immigrant West Indian culture, family structure and child socialization practices. Insensitivity to the cultural traditions of clients can impede communication in counseling. It is therefore important that counselors educate themselves about these issues, learning both about the culture in the country of origin and also about the challenges of migration and the coping strategies used to deal with it.
However the danger of stereotyping must be avoided as issues facing one family may differ markedly from that facing another. A full history needs to be taken, which should include emotional, social, economic, educational and health factors that have affected the client in the country of origin as well as the factors that affect them in the host country. Simple instruments for screening for anxiety and depression would also be useful. These symptoms, though often present, may be masked in both adults and children but their presence has obvious implications for treatment planning.

Mental health professionals are likely to interact with Caribbean migrant family members in different settings. However the school counselor is likely to be the professional who they will interact with first and most often as adjustment issues often manifest themselves in educational settings. Mitchell (2005) recommends that school counselors who work with Caribbean students should act as advocates for culturally sensitive school environments. They can help to change biased attitudes toward immigrant students and work to improve academic planning and family empowerment.

Such recommendations speak to the need for a proactive, preventive approach to be employed by school counselors. However, West Indians
still see counseling as indicative of pathology and may feel stigmatized if their child is referred for individual counseling. With the high value placed on education however, there is more receptivity to psycho-educational interventions. Special orientation sessions for new immigrant children and their parents would be valuable. In addition to giving information on coping with transitions, these sessions would allow for parents to meet school counselors in a way that identifies them as part of the support network for the family rather than a last resort when the child is in trouble. Migrant families who have dealt with transition issues could be used as resource persons for these sessions and allow for positive role modeling, networking and support. Offering ongoing support group sessions would also be useful.

School counselors also need to be aware that many migrant children are mis-classified educationally. Often this is due to language differences even with those from the English-speaking Caribbean as many of them speak a dialect. In addition, these children are sometimes mis-diagnosed as emotionally disturbed due to their difficulty in adjusting to their new culture. Mis-classification or mis-diagnosis often results in placement in special education or in a grade lower than their true abilities thereby affecting their self esteem and future career prospects (Gopaul-McNichol,
Other settings in which interactions may occur are community mental health services and the juvenile justice system. In both settings working with the family and not just the child or adolescent is also important. Often the ‘acting out’ behavior of the child reflects the difficulty of the transition, and this may be compounded by parental pressure and expectations. Helping parents modify expectations can be an important part of the counseling intervention, for example, when parents view their fifteen year old as “little Johnnie”, the child they left at age nine. With migrant families, issues of parenting roles and discipline, identity, belongingness, self-esteem, grief and loss are common themes that the counselor can focus on in the counseling sessions.

Counseling family members affected by migratory separation does carry specific challenges. However as counselors learn more about issues relating to migration they can prepare themselves to offer effective interventions with this population.

References


VISTAS 2006 Online