CONTEMPORARY PSYCHOANALYTIC VIEWS ON THE EXPERIENCE OF IMMIGRATION

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Though one could argue that the history of psychoanalysis is intimately linked with the experience of immigration, the fact is that psychoanalytic theorizing about this experience, and its implications for treatment, have lagged far behind, even as psychoanalytic theorists have increasingly examined other nontraditional topics, such as those having to do with culture, class, and race. In this article, we address several of the key issues that are relevant to a contemporary psychoanalytic understanding of immigration as a psychological experience, as well as the implications of this experience for psychoanalytic treatment when the patient, the analyst, or both are immigrants. In some areas, we also draw from literature outside of psychoanalysis in an effort to bridge and expand theoretical conversation with other disciplines. Among the topics and themes
that we explore are loss and mourning, language, ethnic identification and racism, therapeutic variables, trauma, and generational issues.

**Keywords:** immigration, trauma, mourning, language, ethnic identification

In this article, we address several of the key issues that are relevant to a contemporary psychoanalytic understanding of immigration as a psychological experience, as well as the implications of this experience for psychoanalytic treatment when the patient, the analyst, or both are immigrants. In some areas, we also draw from literature outside of psychoanalysis in an effort to bridge and expand theoretical conversation with other disciplines. Traumatic dislocations mark the history of psychoanalysis, given that the Nazi Holocaust drove many psychoanalysts to flee their native countries. These dislocations were accompanied by the loss of connection to homeland and loved ones, including, in many instances, the destruction of entire communities. In addition, many of these analysts experienced an ambivalent reception in their adoptive countries. In the United States and elsewhere, these analysts adapted to ethnocentrism and anti-Semitism, which, once more, raised anxiety about safety and annihilation (Gifford, 2003; Goggin, Goggin, & Hill, 2004). It has been noted that in their efforts to cope with the challenges of dislocation, and to establish a sense of safety in the countries in which they had sought new lives, many analysts abandoned the social, cultural, and political traditions that had been an inherent part of psychoanalysis in Europe (Jacoby, 1986), tending, instead, to “seal off parts of themselves and their personal histories” (Zaretsky, 2005, p. 11). Today, it is clear that among the consequences of these traumatic dislocations, and the resultant defenses mustered to manage their emotional toll, is the fact that those immigrant analysts universally neglected the topic that was so much a part of their own lives, namely, the vicissitudes of the experience of immigration and its psychological consequences.

In the case of immigrant analysts, one might argue that classical psychoanalytic theory also lent itself to this dissociation; it colluded with it. The proposition that a patient’s (or, for that matter, an analyst’s) immigration status may be deeply meaningful—a dimension that permeates core analytic concerns, such as the reproduction of self-configurations and object relations in the transference–countertransference matrix—has constituted, and in some quarters still constitutes, psychoanalytic heterodox. This is because immigration status has been understood as a social condition or environmental circumstance—a context—that, although at times may illuminate (or obscure) essential intrapsychic phenomena, is nonetheless held as conceptually distinct from, and clinically less important than, the mind/person embedded within it. This model for understanding person–context relations, termed stratigraphic by anthropologist Clifford Geertz (1973, Chapter 2), underwrote classical psychoanalysis. Drive theory relegated the environment (qua context) to little more than a site for the expression, redirection, and/or frustration of internal pressures. Theorizing about immigration did not make sense in terms of the classical drive model formulations, because environment was secondary to gratification. As a result of how analysts managed their diaspora, in addition to the assumptions inherent in classical drive theory, the immigration experience, and most particularly its relevance to the analytic relationship, has, until recently, attracted little interest among analytic writers.

The conceptual landscape of psychoanalysis has shifted significantly over the last quarter century. The most recognizable aspects of this shift to many practitioners involve the nature of the analyst’s participation in the analytic encounter. We are more likely to conceive of today’s analyst as working within a subjective frame of reference—one
constructed not only from professional knowledge and skill but also from life experience, including those aspects not reducible, or even best understood in terms of traditional analytic frames of reference (i.e., nuclear family relations). Similarly, we are more likely to view today’s analytic relationship as a co-constructed entity existing in intersubjective space, that is, a relationship simultaneously enlivened by and responsive to, a variety of contexts (e.g., personal, cultural, and political).

There is another, equally important way of characterizing the shift that has taken place concurrently with the aforementioned changes in psychoanalytic theory. If the widening scope of psychoanalysis once referred to accommodations in technique so that analysts could work effectively with patients representing a broader range of psychopathology (Stone, 1954), today we are in the midst of a different kind of widening scope, one in which the foci of analytic interest and psychoanalysis’ self-understanding have shifted not only in relation to the kinds of patients we see but also in relation to the issues that we engage clinically and theoretically. Our work is increasingly suffused with an awareness of the psychological importance of the experience of culture, race, and ethnicity, for example. And the fact that the phenomenon of immigration has become so relevant to our work, with patients and analysts both increasingly coming from different cultures, religions, and language backgrounds, makes it all the more imperative that we engage these experiences theoretically.

Loss and Mourning

The idea that mourning plays a key role in the psychology of immigration is well documented. Grinberg and Grinberg (1984, 1989) were among the first psychoanalytic theorists to underscore the pervasiveness of mourning in immigration and to argue that the experience of mourning is mediated by the circumstances that drive the immigrant to leave in the first place. These motives range from economic crises to the experience of being a victim of overwhelming political repression or genocide (Holland, 2006; Volkan, 1993). Catastrophic experiences that drive immigration are often infused with trauma, a fact that adds an additional layer of complexity to the immigration experience for these individuals.

However, whatever the motives for leaving one’s home country, immigration typically activates mourning processes. Immigrants mourn parents, siblings, and, for some, even children. They also mourn friends and the broader network of relations that have organized their identities. But just as importantly, immigrants mourn a sense of place, including the familiarity of objects and the architecture that once structured their lives. The loss of the smells, tastes, sounds, and the rhythms of life that so deeply shaped the sense of self in the world over the course of development are part of the immigrant’s experience of dislocation. These are the cultural elements that are woven into the experience of self from the earliest, preverbal experiences of interactions with caregivers within familiar environments, as Winnicott (1971, Chapter 7) aptly observed. In other words, immigrants not only mourn people and places but also culture itself (Ainslie, 1998). This “cultural mourning” (Ainslie, 1998) leads to a variety of strategies to repair the sense of loss, to deny it, or to otherwise attenuate it. Most psychoanalytic theorists agree that these mourning processes are a critical part of the immigrant experience, and they play an important role in immigrants’ “third individuation” (Akhtar, 1999), as immigrants seek to integrate or consolidate the experiences of loss and change that form an essential part of such a massive transformation in their identities (Akhtar, 1999, 2011).
So powerful are these experiences that Volkan (2007) argued that immigrants are, in fact, perennial mourners.

Immigrants’ mourning involves the reshaping of the internal world of self and object representations. Antokoletz (1994) describes the processes of personal transformation in the context of immigration, noting the various registers in which this experience acts upon the formation of self. Antokoletz argues that what she terms cross-cultural journeys “precipitate [a] developmental crisis. They involve the person in a struggle toward the integration of new cultural identifications and values with earlier ones transmitted by parents and the native social milieu” (p. 35). In other words, the developmental and transformational aspects of the experience of immigration necessitate changes in self-structure that, in turn, activate mourning processes. Part of what is mourned is the version of the self that was, of necessity, left behind in one’s country of origin.

We understand these mourning processes as related to the periods of disorganization, pain, and frustration that are typically part of the immigrant’s experience (Grinberg & Grinberg, 1984). They are also due, in part, to the fact that immigration dislocates and disrupts even when it occurs by choice and under ideal circumstances, because it involves a loss of contextual continuity. Recent psychoanalytic writing has begun to explore how the contextual disruptions associated with migration may be represented in the psyche and enacted in the psychoanalytic relationship (Bodnar, 2004; Boulanger, 2004; Harlem, 2010; Ipp, 2010; Lijtmaer, 2001). The thesis developed in these contributions is that immigration not only dislocates individuals from specific environmental contexts but also disrupts the coherence and continuity of self-experience. Immigration, particularly when it involves significant trauma, may precipitate loss of conscious contact with self-states (Bromberg, 1998, 2006; also see Stern, 1997, 2010) rooted in premigratory relationships, ethnic identifications, and cultural meanings. These dissociated self-states are nonetheless represented in life choices, associations, dreams, and the transference–countertransference matrix.

Variables that may have an impact on immigrant mourning processes include the experiences that have driven an immigrant from his or her home country, as well as ways in which the emergence of communication technologies alter the experienced distance between the immigrant and home. With respect to the former, some immigrants have suffered so much in their country of origin—including racism, religious persecution, and genocidal attacks—that the sense of loss in relation to family and community is offset by the relief at having escaped life-threatening and victimizing predations. Such circumstances obviously alter the psychological experience of leaving home. Similarly, the advent of mass telecommunications, including the prevalence of cell phones and Internet access that allows immigrants to, say, Skype with loved ones back home, may attenuate the impact of loss. It is easier today to remain connected to loved ones left behind. It is also easier, via the Internet, to watch one’s home teams playing soccer, for example, or in other ways maintain contact with cultural forms that were important in one’s homeland (see Ainslie, 1998). Technological innovation over the last two decades has radically transformed the immigrant experience, allowing immigrants to maintain ties that, in the past, would have been severely compromised if not altogether severed.

A related vocabulary for considering the impact of migration on self and object representations includes the concept of acculturation, that is, the extent to which one incorporates or repudiates aspects of the new culture in relation to the self. Berry’s (1990) work has influenced two generations of psychological thinking about accul-
turation by positing that acculturation is not a natural, inevitable, or linear phenomenon, but a dynamic one, with multiple possible outcomes—assimilation (abandoning the original culture, accepting the new culture), integration (keeping aspects of the original culture, accepting aspects of the new culture), separation (keeping the original culture, rejecting the new culture), or marginalization (rejecting both the original and new cultures). Current psychological writers have built on Berry’s contributions and have come to view acculturation as more multidimensional and complex than was once appreciated, and have tied this to observations that the current generation of immigrants tends to acquire more psychological difficulties, not better adaptation, the more they are exposed to mainstream U.S. culture (Schwartz, Unger, Zamboanga, & Szapocznik, 2010).

One example of disruption in the continuity of self-experience is reflected in Boulanger’s (2004) recounting of how her patient, Juanita, a 29-year-old woman who arrived in the United States as a Cuban refugee at age 11, continues to experience trouble navigating the space between her pre- and postmigratory selves. “Who would ever believe this? I am really here. How did I get here? What am I supposed to do here?” she frequently asks herself. Described as “completely estranged” from the “irrepressible tomboy” child-self once “embedded in a vital and nosy community,” postimmigration Juanita is transformed into a latchkey, eventually obese child. As an adult, she feels that others expect her to discard her working-class Cuban origins. Boulanger observes that her career choices seem consonant with her “inner experience of otherness,” thus reproducing the conditions of her immigration. Juanita describes a dream in which she encounters actor Cary Grant on bus, about whom she remarks to her analyst: “He dealt with his problems by becoming someone else” (p. 366).

Boulanger (2004) later recounts her own encounter with parts of herself that she had left behind in her work with Patricia, an English patient. Herself a British immigrant to the United States, Boulanger admits keeping distance from similar others; however, Patricia, her first English patient, through her familiar class background, accent, and social manners, collapses spatial–temporal distance, making such distance impossible. Concordant identification (Racker, 1968) presents a challenge, as Boulanger forthrightly informs the reader of her motivations for emigrating, including escaping “the clipped and constricted emotional responses that so often passed for relating in England . . . the way in which depressive affect . . . was the norm” (p. 369). She feels pulled into an “enactment in which I would play the savvy American, repudiating her immigrant British self, ignoring a struggle to be accepted—a struggle I knew only too well” (p. 369). Thus, we see illustrated the ways in which the experience of immigration might play a powerful role for both therapist and patient as the therapeutic encounter creates confrontations with lost or disavowed versions of self.

Finally, aspects of class experience, internalized as part of the normative unconscious (Layton, 2006), create tensions and conflicts for immigrants, and are a dimension of the discontinuity in immigrants’ sense of self. Immigrants migrate with conscious and unconscious experiences of class position that intersect with their experiences in the new culture (see Ainslie, 2009, 2011), as some immigrants seek to transcend their class position (by earning more money, by sending funds home to create more possibilities for family left behind, via new identifications with the host culture, etc.). Similarly, upper-class immigrants may mourn the loss of their class position in the countries they left behind—experiences of privilege with the attendant class hierarchies that once defined life in their country of origin.
Psychoanalytic treatment in which one or both participants are immigrants raises the question of language within the therapeutic encounter. Psychoanalysis has a long-standing interest in language and its importance as part of the therapeutic process. Loewenstein’s (1956) classic paper on the role of language in the analytic situation still stands as one of the key contributions that help us theorize and understand the function of language in relation to the analytic subject. In that article, he argued that the process of putting experiences into words is vital because it helps us more fully engage our memories and their attendant feelings. Language is also the vehicle through which these are externalized and objectified, thereby making memory and affective experience part of a shared reality between therapist and patient. Loewenstein argues that this objectification also alters the relationship of the patient to his or her own experiences. In becoming concretized through articulation, they come to occupy a different place in our intrapsychic lives. Finally, there is the cathartic role of speech, that is, speech as a mechanism through which affects become defused, through which they lose their charge. There is also a corollary function, namely, that language helps bind affects that would otherwise be too powerful and overwhelming. In other words, the patient’s articulation of experience, and the voicing of powerful emotions, helps organize them and attenuate their power over us.

Another classic contribution, this one more specifically relevant to the question of bilingualism within the therapeutic situation, is Ralph Greenson’s (1950) paper, “The Mother Tongue and the Mother.” Greenson argues compellingly that, for bilingual patients, language choice may serve interesting and complex functions. On the one hand, speaking in one’s mother tongue may allow one to connect more immediately and directly with the emotions that surround childhood memories and experiences. Descriptions may also be more nuanced when described in one’s native language. One’s nonnative language may also be used defensively. For example, it may be easier to say certain things and express certain feelings in one’s second language than in one’s mother tongue because, emotionally, the patient is not as affectively connected to those feelings in the second language. For some patients, this circumstance may, conversely, foster less prohibition when speaking in one’s adopted tongue, precisely because it permits an evasion of the superego. In an earlier contribution, one of us described work with an immigrant patient who was completely bilingual but who refused to speak to her mother in their native language as a way of acting out her anger toward her (Ainslie, 2002). Language, in other words, lends itself to a variety of psychodynamic uses.

These observations about the function of language as it relates to emotions, expression, authenticity, and defenses are relevant to the exploration of contemporary thoughts on working with bilingual patients within a psychoanalytic context. Buxbaum (1949) illustrated how second-language acquisition is intimately intertwined with the dynamics and structuring of intrapsychic experience in immigrants. Amati Mehler, Argentieri, and Canestri (1990) further explore the variations on this theme, reflecting on circumstances in which patient and analyst do not communicate in the so-called mother tongue (“the commonly used but not strictly correct expression,” they note; p. 569). The variants are three: (a) an analyst has migrated and is now seeing patients whose mother tongue differs from his or her own, (b) the patient has migrated and is in treatment with an analyst who speaks the local language, and (c) both patient and analyst are immigrants and conduct their work in a third language that is the mother tongue of neither (it is interesting that Amati Mehler et al. (1990) do not mention an obvious fourth variation: analyst and patient are both immigrants and conduct their work in their native language, which may, in some
circumstances, create a defensive denial that they are no longer home). Amati Mehler et al. (1990) note that many of the early analysts worked with patients whose mother tongue differed from their own, and they distinguish between analysts who are polylingual (that is, who acquired the capacity to speak more than one language very early in childhood) and those who are polygots (that is, who acquired the capacity to speak another language after the period in life during which language acquisition took place).

In reflecting on these language conditions, Amati Mehler et al. (1990) emphasize the multifaceted nature of the multilingual person’s psychological relationship to language:

Clinical experience highlights, in fact, the role of age and circumstances of learning, the affective personal relationships within which various languages are learned and used, and the familiar or social function and status of the specific cultural medium of the various languages, and so forth. (p. 572)

Their contribution thus gives greater emphasis and importance to the notion that our concerns are not only about language as a functional tool that stands in a particular relationship to emotion and memory but also that language is deeply embedded in and comingled with cultural considerations that have their own valences. These valences are related to, but not exactly the same as, the relationship that exists between language and emotion more generally. Amati Mehler et al. (1990) raise this question: How are we to theorize about what constitutes the personality of the multilingual subject? It is a question that emerges directly from a much more robust appreciation of the relationship that exists between individual, language, and culture:

We believe that by substituting the childhood language with a new language which provides new paths for thoughts and affects, and by using a cultural and emotional context which is not marked by archaic conflicts, some patients not only submit to their resistances and defenses, but are also able to create new pathways (even at the cost of deep and painful splittings) toward valid and structuring introjections. (p. 575)

These considerations led the authors to pose a variety of key questions: “How are conscious, unconscious and preconscious levels between the thing representation and the word representation linked and articulated when the ‘words’ are brought into play in more than one language?” and “How will repressions, splitting and integrative processes manifest themselves in their mutual interactions in the various languages? How can the condition of multilingualism become a vehicle that enhances structuring defenses or pathology?” (Amati Mehler et al., 1990, p. 575).

All of our observations thus far speak to the varied ways in which we use language to represent ourselves, our feelings, and our worlds. When therapist and patient do not share a language, and when patients attempt to convey their experiences and feelings through the structure of different language situations, those choices must affect the character of the therapeutic work and how it is experienced. This is true even when patient and therapist are fully bilingual.

An extension of these considerations regarding language and the immigrant experience is an understanding of the role of language in relation to the aforementioned issue of loss and mourning. There are myriad ways in which the relationship between language and identity play a role in immigrants’ regression and experiences of destabilization. For the immigrant whose native language differs from that of the new culture, every effort to communicate is taxing and feels, subjectively, as if it were a reminder of one’s imperfection, creating disequilibrium in self-structures and narcissistic wounds. Immigrants
often experience a disparity between their actual talents and capacities and what they are able to communicate in a second language. Thus, losing the utility of one’s mother tongue is experienced as loss, given the ways in which language is deeply woven into our psychological structure in overt and subtle ways. Furthermore, language plays a vital role as part of the relational and mutually regulating mechanisms that help organize the self and provide it with a sense of vitality, esteem, and healthy narcissism. For this reason, when one’s native language loses the capacity to function in this way, that loss is one part of the mourning process that has long been recognized in immigrants (see Grinberg & Grinberg, 1984). Along similar lines, Mirsky (1991) notes,

Lijtmaer (2001) makes a similar point in describing her clinical work with an immigrant patient whose “failure to integrate her native self-representation with her emerging one resulted in a problematic outcome: ethnocentric withdrawal, which involves clinging to an idealized view of the other, earlier culture” (p. 432). Such defensive clinging to the past and to an idealized view of the world left behind also resonates with Akhtar’s (1996, 1999) theorizing about the role of nostalgia in the immigration experience.

Ethnic Identification and Racism

Much of the psychoanalytic diaspora of the 1930s and 1940s was comprised of European analysts, many of whom were Jewish. As has been noted, they tended not to reflect upon their experiences as immigrants in their writings, nor did they use these experiences as a framework for theorizing about the psychological impact of immigration. The same is true of other immigrant analysts, such as Masud Khan, who, despite being highly influential in his clinical and theoretical work, never once wrote about his experiences as an émigré in London, even as his home, caught up in the bloody postcolonial rupture of India and the creation of Pakistan, was ravaged by conflict.

But even as analysts started writing about immigration as a psychological experience that could profoundly affect identity, one important dimension of identity, race, and ethnicity, remained, for the most part, outside of the theorized frame. Race and ethnicity are increasingly in need of our theoretical attention, given that the majority of immigrants today are non-White and non-European. Thus, one cannot adequately theorize about the experience of immigration without including the dimensions of ethnicity and race. Although some early interpersonal analysts, such as Sullivan and Fromm, recognized the influence of external realities on intrapsychic experience, it is only in recent years that psychoanalytic theorizing on race, as such, has developed. From a classical perspective, race was thought of as an expression of deeper, more relevant unconscious material (Fischer, 1971; Holmes, 1992), but race and ethnicity received scant treatment as dimensions of identity that have substantive implications for an individual’s psychological experience of self and the world.

Intersubjective and relational psychoanalysts have shifted away from the notion that social realities are separate from intrapsychic experience; rather, as with other cultural dimensions, race and ethnicity are viewed as shaping intrapsychic functioning in profound ways. Similarly, object relations and relational frameworks emphasize the ways in which
social location and racial positioning are recreated in the transference (Altman, 2010; Leary, 2000; see below for a more extensive discussion of immigration and the therapeutic situation). Holmes (1992) writes that race is transacted in the analytic encounter not solely, or even primarily, in the countertransference, but that the patient’s construction of the analyst’s racial characteristics in the transference can be centrally important to analyze, and that failure to do so can lead analyses and therapies astray. In other words, contemporary psychoanalytic theory has come to include an understanding of race and ethnicity as powerful and psychologically organizing constructs.

Recent psychoanalytic scholars have documented the profound effects of racism in the experience of racial minority patients. For example, racism has been theorized as complicating the process of typical mourning that is an essential part of acculturation (Akhtar, 2010; Foster, 2001; Lijitmaer, 2001). Many immigrants experience hostility in the new, adoptive country, which imposes new racial and other social categories, as evidenced by historical and contemporary racial, ethnic, religious, and linguistic conflicts in the United States (Comas-Diaz, 2006; Tummala-Narra, 2007). The shifts in minority status and the experience of being raced can be highly disorganizing to one’s sense of identity, especially among children and adolescents who did not have a choice in the decision to relocate to a new country, as well as for parents, who must engage in a process of cultural adjustment simultaneous with that of their children.

Racial identity in the context of immigration has also been thought of as being shaped by an interaction of premigration intrapsychic organization rooted in the cultural norms of the country of origin while simultaneously being based in the norms of the adoptive country. For example, perceptions of one’s own and other’s skin color are influenced by social attitudes about skin color in the country or culture of origin and those of the new country, and contribute to unconscious and conscious feelings about light or dark skin color as indicative of ethnic belonging, acculturation, sense of goodness and badness, and racial identifications (Tummala-Narra, 2007). Togashi (2007) has argued that the disruption of the central organizing fantasy of immigrants, which involves a sense of hope about achieving the American dream, is experienced as a betrayal by the new country as well as the country of origin.

For both immigrants and their children, racism, as it intersects with other forms of social oppression, such as poverty, sexism, homophobia, and religious prejudice, disrupts the hope of surviving and belonging in the new country (Ainslie, 2009; Greene, 2007; Tummala-Narra, 2009a, 2011). For example, Eng and Han (2000) eloquently describe the experience of racial melancholia as a product of the complicated assimilation and racialization processes faced by Asian origin immigrants in the United States. They suggested that the “suspended assimilation of Asian Americans” (p. 3) into mainstream U.S. culture is reflective of the immigrant’s attempt to preserve a lost object or ideal, such as the ideal of Whiteness. Extending Freud’s theory of melancholia to the context of immigration, Eng and Han proposed that many Asian immigrants and their descendants may not be able to fully mourn the losses incurred in the migration process because they cannot fully invest in new cultural context in which the ideal of Whiteness and the ability to blend into a melting pot are unattainable. Assimilation in this view is suspended as the immigrant is confronted with both “a compelling fantasy and a lost ideal” (p. 669). Further, they argue that Asian Americans have little choice in internalizing the stereotype of model minority, as this is, in reality, the only way to be recognized in mainstream society.

The potential for psychic damage in such conditions can be profound, as Asian origin immigrants develop ambivalent identifications with both the new culture and the old
culture. Mourning for old objects in such cases becomes a variant of Volkan’s perennial mourning (2007), as it is reenacted and relived in the experiences of children of immigrants who continue the parents’ attempts to belong to the American culture (Eng & Han, 2000). The intergenerational transmission of racial trauma coexists with the hope for reparation, whereas racial melancholia involves unresolved conflict that is imposed by racial categorization and dynamics in American society. As these theorists reflect, there are many rich ideas coming into play in the psychoanalytic literature that help us understand the experience of immigration in a new light—a light that includes an appreciation of the psychological effects of racism and ethnic conflict. Notwithstanding these advances, psychoanalytic theory of race and racism remains in its early stages; this is especially true in the context of immigration.

Therapeutic Variables

Some clinicians have described their experiences as immigrant-origin therapists working with immigrant-origin and ethnic minority patients. Comas-Díaz and Jacobsen (1991) introduced the concept of ethnocultural transference, in which the social, cultural, and political histories of the client and therapist together shape the therapeutic relationship. Psychoanalytic theorists have also emphasized that race and ethnicity are often salient therapeutic variables that are evident in the play of transference and countertransference dynamics (Altman, 2010; Aviram, 2009; Bonovitz, 2005; Leary, 2000). Yi (1998) further noted that the therapist’s subjective reality of race has a strong influence on the therapeutic process, and that racial minority therapists are more aware of the impact of race in psychotherapy than White therapists as a function of the salience of race in larger society.

The complex nature of addressing race and racism is evident in Suchet’s (2007) description of the analytic encounter as wrought with racial tensions mirroring those outside of the consulting room. In reflecting on her own immigration from South Africa and her White, Jewish identity, Suchet stated, “I came to the United States to escape racism, only to refind many aspects of that same racism here” (Suchet, 2007, p. 884). Theorists who do not identify as first-generation immigrants have also noted this internal transformation in their experience as therapists when working with immigrant-origin patients (Harlem, 2010; Layton, 2006; Roland, 1996).

Both therapist’s and patient’s perceptions of racial and ethnic similarities and differences have been identified as important dimensions of psychoanalytic treatment (B. L. Smith & Tang, 2006), and several scholars have noted the ways in which therapists can contribute to enactments of racial tensions in their relationships with patients. H. F. Smith (2006), for example, noted the embedded and egosyntonic nature of racial categories contributing to challenges in addressing race in psychotherapy. The problem of what is considered to be normative and pathological is also culturally embedded in the perspective of Western psychoanalytic theory (Harlem, 2009). In addition, as therapists, we routinely make implicit assumptions about what is normal and what is pathological in patients’ attitudes, beliefs, and behaviors, so it is especially important for therapists to examine their racial subjectivities and to keep in mind that our theories are culturally embedded; indeed, this kind of countertransference monitoring should become part of our ongoing introspective process within our clinical work (Hamer, 2006; Harlem, 2010; Roland, 1996; Yi, 1998). Leary (2000) suggested that the most common racial enactment in psychoanalytic work has been the silence about racial issues among psychoanalysts.
Immigration typically involves significant changes in the patient’s ethnic surround, and thus it is likely to precipitate internal shifts in ethnic identifications (Akhtar, 1995, 1999). Psychoanalytic treatment in the adopted country is similarly likely to entail an encounter with an analyst whose ethnic identifications differ, and may even elicit feelings stemming from macrohistorical conflict (in either or both parties). For example, Ipp (2010) wrote evocatively about her work with her recent immigrant patient, Nell. Both were born and raised in South Africa, and both are White. Ipp, however, identifies herself as an “English-speaking, protesting other . . . the natural enemy of the Afrikaner” (p. 1). Nell’s Afrikaans accent, first heard on Ipp’s answering machine, leaves her feeling “catapulted back into that world of divisiveness, hatred, pain, suffering, horror—a world of angst and terror” (p. 1). She does not call back; analysis commences (consciously, at least—unconsciously, it had apparently already begun) only after a second message. As a consequence, we are able to witness the painful transformations in Nell’s ethnic alienation, her longings for South Africa, and the complex relationship between politics and her family system.

Equally instructive in Ipp’s (2010) account, however, is the description of how her own ethnic identifications are challenged and transformed as a result of the encounter with Nell. Her initial sense of herself as a protesting English speaker, set in contrast to a fantasized Apartheid-perpetuating Nell, quickly dissolves when she learns that Nell, despite her ethnic heritage, was herself a protester. Ipp’s experience shifts dramatically, her former pride dissolving into the guilt of having left the struggle behind for others (like Nell) to fight. As she and her patient deepen their exploration of the latter’s family situation, Ipp continues to reflect upon her experience as an ethnic subject and to “dismantle many of my own prejudices and stereotypes . . . [and] reconnect with that part of me that I refer to as my amputated self” (p. 13).

In addition to cultural and racial identifications, psychoanalytic literature, particularly that from object relations and relational psychoanalytic traditions, has called attention to the place of religion and spirituality in the lives of the patient and the therapist. Rizzuto (2004), for example, described internal God representations as reflective of other object relations. However, the experience of religion and spirituality more specifically in the context of immigration has only recently been addressed. Tummala-Narra (2009b) noted the dismissal of religion in the development of psychoanalysis in Europe and the United States, despite efforts of some psychoanalysts, such as Erich Fromm, to integrate psychoanalytic and religious concepts. In recent years, psychoanalysts such as Lewis Aron (2004) and Alan Roland (2005) have written about the influence of their own personal religious and spiritual backgrounds and beliefs on their psychoanalytic training and practice. Akhtar (2008) has written about the complex experiences of immigrant analysts of non-Judeo-Christian backgrounds, including unique culture- and religion-specific transference and countertransference. Other scholars have noted the importance of therapists’ attention to religion and spirituality in psychotherapy such that patients’ beliefs and practices are neither idealized nor pathologized, and the ways in which transference and countertransference may reflect dynamics of power and cultural differences between the therapist and the patient (Tummala-Narra, 2009b).

Just as divergent cultural meanings may have an impact on the analytic relationship, the ethnic/racial and religious identifications of both analyst and patient may become particularly salient in the course of work with immigrants. However, in contrast to broad issues hinging on the interpenetration of culture and psyche that become focal when cultural assumptions/meanings differ among analyst and patient (e.g., whether health/maturity rests on independence and autonomy), ethnic/racial and religious identifications
direct our attention specifically to intergroup relations, particularly histories of social struggle, oppression, and conflict. The key proposition here is that both parties in the analytic encounter, as subjects embedded in social structural systems, are consciously and, more importantly, unconsciously impacted in their perceptions and feelings by their participation and (relative) position in those systems. “It is impossible to think of identity without its ethnic nature” (p. x), write Javier and Rendon (1995). Ethnic, racial, and religious histories pervade self-object relations, projective mechanisms, and, more generally, the unconscious phenomena that frame our understanding of the psychoanalytic relationship.

Trauma

Although psychoanalysis has contributed extensively to the understanding of interpersonal trauma and its aftermath (Davies, 1996; Fonagy & Bateman, 2008), only a few scholars have attended to the experience of trauma within the context of immigration. Foster (2001) identified four distinct periods in the migration process in which traumatic experience can have unique influence: (a) single or cumulative events prior to migration contributing to dislocation (e.g., war exposure, torture, natural disaster), (b) traumatic events during the transit (e.g., parental separation, death of traveling companion, forced labor or exploitation), (c) continued rejection and hardship in the new location, and (d) chronic substandard living conditions in the new country (e.g., lack of income, inadequate support, discrimination). Foster noted the various intrapsychic disruptions that shape developmental processes for children and adults who experience such traumatic conditions. Further, she reminds clinicians of the importance of attending to historical and political contexts of immigrant patients’ backgrounds, given the ways that context informs and shapes internal experiences of migration.

In recent years, distinctions between interpersonal violence and political violence, such as intrusions in social mirroring, fear of group annihilation, identification with the aggressor, collective memories of trauma, and the reshaping of identity, have been elaborated (Tummala-Narra, 2005). Collective memories of trauma are thought to either promote recovery or contribute to disruptions in the mourning process. One example of such processes is Volkan’s (1997) conceptualization of chosen traumas as mental representations of events that may cause a group of individuals to reexperience victimization by another group. As these traumas carry both conscious and unconscious significance for the group as a whole, they are connected with the group’s inability to mourn, and can be reactivated in conditions of perceived and/or actual threat sometime in the future.

Tummala-Narra (2005) described the ways in which chosen traumas may be activated in the individual context when working with patients of immigrant origin. Specifically, individuals who experience violence on both individual (e.g., sexual assault, abuse) and collective levels, experience unique transformations in their cultural and racial identities. Some psychoanalytic therapists have further described their experiences of dislocation and collective trauma in the context of the terrorist attacks of 9/11 (Tummala-Narra, 2005), and others have written about the intergenerational transmission of collective trauma in the context of the Nazi Holocaust (Keinan-Kon, 1998; Kogan, 1993), and how such trauma can be remobilized by subsequent wars and violent incidents. Kogan (1993), for example, stated that many Israeli children of Holocaust survivors recreated their parents’
traumatic experiences and the accompanying emotional experiences in their own lives, confusing self and object, past and present, and fantasy and reality.

Foster (2001), Comas-Díaz (2008), and Tummala-Narra (2001) have described how cultural values and beliefs influence intrapsychic and interpersonal processes in the face of interpersonal violence among specific immigrant groups (e.g., Latino/a and Asian). It is only recently that social location (race, culture, sexual orientation) has been conceptualized as a critical factor in the experience of and recovery from sexual violence (Tummala-Narra, 2011). Much of the psychoanalytic literature on immigration and trauma, however, has not extended to the study of specific traumatic experiences across and within different immigrant communities. This is especially problematic as immigrant communities in the United States underutilize mental health services, and may have little opportunity to find ways to cope with stress rooted in interpersonal and collective trauma.

### Generational Issues

The psychoanalytic literature on immigration has not distinguished among the psychological experiences of immigrants from different generations (e.g., first, second, and beyond). A few theorists have written about the common occurrence of intergenerational conflicts within immigrant families, and tensions between first-generation parents and their second-generation children. Mann (2004) suggested that immigrant parents, while struggling with their own acculturation and identity formation, are often unable to provide emotional support for their adolescents in coping with cultural conflicts. In this view, parents’ projections of their own self-representations contribute to adolescents’ ambivalence with mainstream and ethnic contexts. Divergent cultural values between parents and children are evident in family conflicts, with parents often reexperiencing the loss of support from extended family, and children experiencing a lack of sense of belonging in either cultural context (Tummala-Narra, 2004). For example, a first-generation mother who was an immigrant from Mexico described a profound sense of loss and anxiety in relation to her American-born daughter because, as she described it, the daughter had lost her parents’ traditional Mexican values (where, for examples, daughters were expected to live at home until they married and were not expected to date without a chaperon; Ainslie, 1995). The mother voiced extreme distress even as her daughter appeared to be leading a very successful life in mainstream American terms. Thus, each member of a family may adopt different defense mechanisms to cope with specific demands of acculturation connected with their developmental stage (e.g., childhood, adolescence, adulthood, older adulthood), and, in doing so, encounter family conflicts that contribute to psychological stress.

Additionally, as children of immigrants do not have a choice in immigrating to a new country, identity formation follows unique trajectories for each immigrant generation (Akhtar, 2010; Suárez-Orozco & Suárez-Orozco, 2008). Akhtar (2010) has delineated several unique challenges of the second generation, including the experience of being different or bicultural early in life, feelings of shame at having parents who are perceived as different, high parental expectations, role reversal in translating cultural norms to parents, coping with guilt induced by parents, restrictions on autonomy, restrictions on socializing, and discrimination. Roland (1996) has also described the “bicultural tightrope” that is negotiated by second-generation immigrants, as they navigate across value systems that vary considerably from those of Euro-North Americans. The separate, distinct developmental trajectories of first- and second-generation immigrants also have
implications for the therapeutic relationship and thus warrant further psychoanalytic exploration.

Summary

In this article, we have sought to engage a number of topics that are critical to a psychoanalytic understanding of immigration as an experience that often exerts a profound impact on individuals who leave their countries of origin and endeavor to create new lives for themselves within a new cultural context. In addition, we have also addressed some of the dimensions of this experience that often have implications for the therapeutic situation, including transference and countertransference dynamics within therapeutic dyads in which one or both members have experienced the dislocation of leaving one’s home country. When appropriate, we have also included references to work outside of psychoanalysis in an effort to underscore linkages between different theoretical points of view. Future advances in psychoanalytic theory require that we extend our efforts to better understand ethnic and racial subjectivities, in general, and, in particular, in relation to the immigration experience.

References


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