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Practitioners' Perspectives on the Impact of Migratory Separation on Attachment Among
Southeast Asian Clients: An Exploratory Study

Submitted by Diem T. Cao
May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

Evidenced by the multitude of literature across disciplines, attachment theory has ignited one of today's most prolific lines of research. Attachment Theory's core themes of security, separation, and loss apply well into the common experience of immigrants and refugees who have dealt with these issues in their immigration experience. Consistently, studies have shown that separation and traumas before, during, and after the migration journey have been identified as potential predictors for serious psychological distress and mental health problems among immigrants and refugees. Given the profound implications from recent studies, there exists limited research on how migratory separation affects attachment. Thus, the goal of this exploratory research was to examine the variables of separation and attachment by using both quantitative and qualitative research methodologies to investigate mental health professionals' perspectives on the impact of separation due to immigration on attachment related issues among Southeast Asian clients. Further, to gather mental health implications and recommendations on culturally sensitive practices. The sample was comprised of fourteen mental health professionals who work predominantly with Southeast Asian immigrant and refugee populations. The participants provided insightful observations on the complex relationship between attachment and separation due to immigration among Southeast Asian diaspora populations. Most notably, they described common challenges, Eastern cultural lens of attachment, and offered intervention recommendations for working with this client populations. This study brings awareness to mental health professionals everywhere of the multifaceted effects separation can have on immigrant and refugees' well-being and to call for appropriate interventions to assure effective, ethical, and

adequate service for this growing populations in our nations and in the Twin Cities metro area.

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Finally, I would like to dedicate this study to all groups of immigrants and refugees who have risked everything and endured great hardships in search for safety and freedom. Your courage and will for survival are inspiring.

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Section I: Introduction

Emigration of human groups has taken place since the dawn of time as people flee to seek safety, shelter, food, lands, and freedom. The United States has traditionally served as a safe haven in the diasporas of immigrants and refugees all over the world (Besier, 1988). Separation and traumas before, during, and after the migration journey have been identified in recent literatures as potential predictors for serious psychological distress and mental health problems among immigrants and refugees (Perez-Foster, 2001; Ecke 2005; Ecke 2007; Lopez, 2009; Haene, Grietens & Verschueren, 2010). According to attachment theorists, the desire for closeness to kinship and native environment is an evolutionary drive to assure protection and survival (Bowlby, 1982; Ecke, 2005; Wallin, 2007). Since security, separation, and loss are the core themes of attachment theory, it seems well suited to apply its concepts into the common experience of immigrants and refugees who have dealt with these issues in their migratory and resettlement processes. Evidenced by the multitude of literature across disciplines, attachment theory has ignited one of today's most prolific lines of research. At the core of this theory is the understanding that all humans innately desire for closeness (Seigel, 2001; Ecke, 2005). John Bowlby, who conceptualized attachment theory, argued that this yearning for closeness within us is an evolutionary drive for survival (Bowlby, 1982). In his own words quoted in Ecke's (2005) study, he writes, " 'there is a marked tendency for humans, like animals of other species, to remain in a particular and familiar locale and in the company of particular and familiar people.' " (p. 468). How would the migration process of millions of refugees and immigrants then affect their attachment and what effects does separation due to immigration have on the mental health of this population?

Every year, the U.S. receives thousands of refugees and immigrants coming into the country, yet there has been little exploration regarding immigration and its effects on attachment-relevant contexts. The focus of this study will be placed on the role of attachment and separation in the experiences of Southeast Asian (SEA) refugees and immigrants. It is important to examine this topic among SEA populations because (1) there is an increased rate of refugees and immigrants coming from these countries into the U.S.; and (2) many SEA immigrants and refugees shared a common experience of great loss escaping their war-torn countries and yet (3) little is known about the effects of separation due to immigration on SEA adults' attachment, including mental health implications. Thus, the objective of this exploratory research study is to examine mental health professionals' perspectives on migratory separation and its impact on attachment among SEA immigrant and refugee client populations.

Purpose of Research

The purpose of this study was to examine the variables of separation and attachment by using quantitative and qualitative research methodologies to discover mental health professionals' perspectives on the impact of migratory separation on attachment issues among Southeast Asian (SEA) clients. Also, to identify pre and post-migration factors that may compound mental health problems and gather current practice recommendations. The hoped was to contribute to existing literature and to provide mental health professionals an in-depth understanding of the immigration experience that may contribute to the development of mental health problems among SEA clients.

Definition of Terms

Foundational to this study is having a contextual understanding of common terms used in this report. There may be a multitude of competing definitions to these terms below; however, in the context of this study, the definitions below are adapted.

Acculturation: the process by which immigrants/refugees adapt the attitudes, values, and behaviors of the host culture (Suarez-Orozco & Suarez- Orozco, 1995; Stiehm, 2011).

Attachment: emotional connectedness to familiar person(s) and environment that individual forms and seek to maintain because they are fundamental to feelings of belonging, security and protection in times of danger (Bowlby, 1973; Sable, 2008).

Immigration: the process in which an individual, family or groups of people voluntarily or involuntarily depart(s) their native countries due to various reasons such as war, famine, disaster, political turmoil or oppression (Perez-Foster, 2001; Pumariiega, Rothe, & Pumariiega, 2005).

Immigrant: someone who voluntarily leaves his/her native country for the purpose of safety, shelter, food, and freedom (Perez-Foster, 2001).

Refugees: someone who is forced to leave his/her native country due to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion (Pumariiega, Rothe, & Pumariiega, 2005; United Nations

High Commissioner for Refugees [UNHCR], 2008; Haenea, Grietensb &Verschueren, 2010).

Separation: The physical distance and disruption of familiar ties to an attached figure, native group of people or environment as a result of immigration to the United States (Suarez-Orozco & Suarez- Orozco, 1995; Ecke, 2005).

Southeast Asian Immigrant/refugee Client: An individual born in or belonging to an ethnic group found in Southeast Asian countries, such as Cambodia, Indonesia, Laos, Malaysia, Myanmar, Burma, Philippines, Singapore, Thailand, and Vietnam (ASEAN, 2011) who immigrate to the United States and is seeking mental health service.

Section II: Literature Review

Population

Asian Americans constitute approximately 5.6% of the United States population and is one of the fastest growing minority groups in the country (United States Census Bureau, 2010). Changes to immigration laws during the last period of the 20th century contributed to a massive increase in the number of Asian Americans immigrating to the United States from 1.4 million in 1970 to over 10 million by 2000 (Akiyama, 2008). The most recent census estimated there are about 17.3 million U.S. residents who are of Asian descent (United States Census Bureau, 2010). The populations of Asian in the United States jumped by 46% between the Censuses of 2000 to 2010; the highest growth among any other major race group (United States Census Bureau, 2010). Among states with high

number of immigrants, Minnesota is ranked one of the highest growing hubs for new immigrants from SEA countries (Wilder Research/MN Foundation, 2008). For the past two decades, Minnesota's immigrant populations have been growing tremendously, growing faster than the immigrant populations in the nation as a whole (Wilder Research/MN Foundation, 2008). Between 1982 and 2008, over one million immigrants from 182 different nations took refuge in Minnesota (Wilder Research/MN Foundation, 2008). Today, there are a total of over 200 thousand Asians and specifically over 60 thousand Southeast Asians residing in Minnesota (United States Census Bureau, 2010; ASEAN, 2011). In the rise of SEA immigrants and refugees populations within our nation and particularly within the Twin Cities Metro area, it is necessary to examine this topic to have an in-depth understanding of the migratory experience endured by SEAs and the impact separation due to immigration has on attachment related issues since the migratory journey often entail loss and disruption of close relationships.

Brief Migration History of SEAs

In the 1970s, the world witnessed two large out-migrations from Southeast Asia (Hinton et al., 1997; Beiser, 1988). The reason for that was during the 1970s, due to wars and violence, large influxes of SEA refugees fled to the United States seeking refuge from political turmoil or violence in their war-torn home countries (Beiser 1988; Pumariega, Rothe, & Pumariega, 2005; Akiyama, 2008). After the fall of Saigon in 1975, many refugees fled Southeast Asia to seek freedom and protection from the aftermath of the war (Beiser, 1988). Vietnam's subsequent invasion of Cambodia, which initiated a war between Vietnam and China, set off a new wave of migration for people in these

Southeast Asian countries (Beiser, 1988). The continuation of political civil wars and communist occupations in different parts of SEA countries in the past two decades forced large number of Laotians, Cambodians, Vietnamese, and Hmong to escape their war-torn countries (Beiser, 1988; Perez-Foster, 2001). Later, the violence of the Pol Pot regime in Cambodia forced many families and ethnic minorities to leave their homes and villages and flee to the United States, Canada, and European countries (Beiser, 1988). These escapes often led to terror, danger and significant loss (Ecke, 2005; Perez-Foster, 2001).

Common Migratory Experiences Among SEAs

The migration journey undoubtedly brings major adjustment stressors (Perez-Foster, 2001; Ecke, 2005 & 2006). In the process of immigration, families undergo profound transformation that is tied to long or permanent separation of love ones and relatives (Suarez-Orozco et al., 2004). Such loss of family, community, and physical environment are notable themes that previous studies have found to impact the psychological wellness of immigrants and refugees (Beiser 1988; Perez-Foster, 2001; Eck, 2005; Pumariiega, Rothe, & Pumariiega, 2005; Akiyama, 2008). An important awareness to that is that patterns of migration varied among ethnic groups; however, there are common experiences that have been identified by these populations and by research that speak to the shared story among SEAs on immigration and their resettlement process. Issues of separation, grief and loss are common struggles shared by immigrants and refugees. In Perez-Foster's (2001) study, it was noted that the loss of familiar social networks profoundly impacted families and particularly women, who often struggled to find help as they deal with the multiple demands of life in a foreign

land. While immigrants and refugees who relocate as a family tend to fare better than those who migrate alone, family units still faced the shocking redefinition of gender roles (Perez-Foster, 2001; Ecke, 2005; Lopez, 2009). Most families fled in hopes of gaining financial stability, yet once settled in the new land, downturn in socioeconomic status is often the unfortunate norm (Perez-Foster, 2001; Akiyama, 2008). More importantly, traditional values and mores are questioned and challenged as children of newly settled families learn to assimilate to new values and customs of host countries (Perez-Foster, 2001). Elderly immigrants and refugees often a harder time coping with change than their younger relatives, feeling isolated and overwhelmed by the acculturation process (Perez-Foster, 2001).

Researchers and clinicians working with immigrants and refugees often identify four stages within the migration process that carry significant impact on their clients (Perez-Foster, 2001). The four migration stages that may lead to development of mental health issues among this population are: 1) premigration trauma; 2) trauma during transit to new country; 3) continuing traumatogenic experiences during the process of seeking resettlement; and 4) substandard living conditions in the host country due to low socioeconomic status and discrimination (Perez-Foster, 2001).

Undoubtedly, the migration journey can be a trauma provoking process since most immigrants and refugees are forced to leave their native land due to war, poverty, famine, oppression, and violence (Ecke, 2005; Pumariega, Rothe, & Pumariega, 2005; Haene et al., 2010). Very commonly among refugees, the decision to escape came quickly without much preparation and often they were forced to leave family members without even the chance to say good-bye and travel under formidable risk (Nicholson,

1997; Perez-Foster, 2001; Ecke, 2005). Adding to the hardships, often during the migratory process, many travelers become victims of abuse and torture in different forms either from warlords or from authorities within temporary refugee camps (Perez-Foster, 2001; Pumariega, Rothe, & Pumariega, 2005).

Arrival to host country brings another phase of challenges for immigrants and refugees. Once settled in the host country, these individuals or families encounter a multitude of stressors from acculturation such as language, values, customs, and learning the systems (Nicholson, 1997; Ecke, 2005; Perez-Foster, 2001). Additionally, the experience living in poverty-stricken neighborhoods and prejudices or racial discriminations heightened the distress newly arrivals already experience during the migratory process (Pumariega, Rothe, & Pumariega, 2005; Akiyama, 2008). Clinical studies have found that cultural, language, and value differences increased the level of distress, hence impinging the process of adaptation among immigrants and refugees (Nicholson, 1997; Akiyama, 2008). As discussed above, one sees clearly the multitude of stressors that confront immigrants and refugees in all stages of their immigration journey, hence supporting the need to examine this topic at hand.

Overview of Attachment Theory

John Bowlby, dubbed the father of attachment theory, utilized the term “attachment” to describe emotional connectedness that individual forms and seek to maintain because they are fundamental to feelings of belonging, security and protection in times of danger (Main, 2000; Sable, 2008). As stated earlier, attachment is an important factor that ignites the human network of relationships. To capture it more

accurately, Bowlby believed that the attachment behavioral system within us is designed through evolution to enhance the probability of survival and reproductive success, thus it is comparable to a component of our human genetic programming much like feeding and mating (Main, 2000; Wallin, 2007). Beside the biological basis of attachment, Bowlby also argued that the organization of the attachment behavioral system involves a cognitive component (Stiehm, 2011). The care-seeking and care-giving exchange patterns are captured and internalized by infants into social schemas that drive the way the child view self and others (Ecke, 2005; Sun et al., 2010). Functionally, attachment theorists specify that the attachment figure(s) first serves as target proximity. Humans of all ages seek and enjoy close proximity to their attachment figure in time of need (Erdman & Ng, 2010). Secondly, attachment figure(s) provide physical and emotional support in time of distress (Erdman & Ng, 2010). Third, attachment figure(s) provide a secure base from which people can explore and learn about the world and develop their own understanding and personality (Erdman & Ng, 2010). Due to its importance, attachment theorists argue that the relationship one shares with one's attachment figure (most commonly with our earliest attachment figure, our parents) has great short and long-term effects on our connections to our environment and others (Bowlby, 1988; Wallin, 2007).

Attachment theorists believe that a child likes to explore, as long as it has a secure base to return (Bowlby, 1988). Humans depend on this secure base to survive and build close relationships (Ecke, 2005; Sun et al., 2010). Separation from this secure base (i.e. primary caregiver) does not stress the child as long as it knows of a possibility of reunion with its caregiver (Ecke, 2005; Siegel, 1999). Consequently, the relational patterns learned from the relationship between a child and its care-giver is internalized by the

infant as his/her working model of self and others (Sun & Ng, 2010). This is known within the realm of attachment as, *internal working model*; it functions as mental models that guide persons' cognitive, affective, and behavioral responses in attachment-relevant contexts (Sun et al, 2010; Ecke, 2005).

Following Bowlby's footsteps, Mary Ainsworth, dubbed the mother of attachment theory, further studied patterns of attachment in her assessment of The Strange Situation (TSS) experiment with the mother-child dyads (Main, 2000; Ecke, 2005). Ainsworth observed and measured the behaviors of children in the TSS experience where she had the caregiver or mother briefly leave the room and were out of sight of the infant (Ecke, 2005). From these experiments, Ainsworth observed and categorized three attachment classifications for children: *secure*, *insecure anxious* and *insecure avoidant*, (Main, 2000; Ecke, 2005). Later studies by Mary Main and her team of researchers, revealed a fourth category, the *disorganized* style of attachment among children who exhibit conflicted behaviors in times of separation from primary caregiver (Hess & Main, 2000).

Commonly, secure attachment is cultivated as a result of a child's interactions with a responsive, sensitive, and emotionally available caregiver; thus, the caregiver helps the child to be confident, sensitive, and flexible in its interactions with others and its environment (Ecke, 2005). On the other hand, experiences of abandonment, loss, or inconsistency in the care-giving style between the child-parent dyad can cause insecure ways of attaching (Bowlby, 1988; Ecke, 2005). There are distinctions within insecure attachment patterns. The first insecure form of attachment is known as "anxious avoidant" when referring to a child or "dismissive" when referring to an adult (Bowlby 1988; Ecke, 2005; Erdman & Ng, 2010). Children or adults who display this

representation of attachment experienced abandonment, rejection, or neglect as a child, causing them to reject their own emotional needs in order to maintain a relationship with the caregiver (Ecke, 2005; Erdman & Ng, 2010). The second form of insecure attachment is “anxious resistant” (in addressing children) or “preoccupied” (in addressing adults) (Ecke, 2005). The person with this form of attachment style experienced inconsistent, sometimes absent, and at other times needy interactions with the caregiver (Ecke, 2005). The third form of insecure attachment, *disorganized*, is seen in children who have experienced physical abuse, mourning a parental loss, gross neglect, or when the parent treat the child in very erratic and unpredictable way (Hess & Main, 2000; Ecke, 2005).

Unquestionably, the most vulnerable stage of the attachment relationship is during childhood when the child first learns ways of relating in the parent-child interactions. Relational patterns, secure or insecure, learned from this parent-child dyad can have lasting affects throughout the individual’s lifespan (Ecke, 2005; Main, 2000).

Adult Attachment

Among attachment researchers, it is believed that the emotional and behavioral dynamics seen during the stages of infant to childhood attachment relationships can transfer into adult relationships and can impact attachment styles intergenerationally (Sroufe & Fleeson, 1986; Wang & Mallinckrodt, 2006; Sun, Ng & Guo, 2010). Although Bowlby stressed the importance of attachment as a lifelong phenomenon, neither he nor Ainsworth reported much on adult attachment. Until today, there are many dimensions and functions involved in adult relationships that have yet to be examined. Nevertheless,

there are dominant attachment themes that will be foundational for our study as we examine adult attachment among SEA diaspora populations.

In similar ways that children seek the attachment figure for care and protection, adults will seek proximity to attachment figures in difficult times (Sable, 2008). Although adult attachment shares core components of child attachment, it is dissimilar in a few important ways. First, infant attachment is a complementary relationship where the infant receives care and the caregiver provides it. Adult attachment happens with peers and involves an exchange of interaction (Erdman & Ng, 2010). Second, the attachment behavioral system in infancy is not yet well integrated with other behavioral systems; whereas adults are able to survive and function to a certain degree even when the attachment relationship is at risk (Erdman & Ng, 2010). A third major distinction between children and adult attachment is that adults generally can withstand the lack of physical presence of an attachment figure for a longer period of time; however, they do need to know that they have a reliable base available if they are frightened or ill, want advice or seek consolation (Sable, 2008). Lastly, adult relationships are usually formed by or may develop into but not limiting to romantic relationships (Erdman & Ng, 2010).

In Bartholomew's (1990) work with adults, he identified four styles of adult attachment: secure, insecure-dismissive, insecure-fearful, and insecure-preoccupied. The secure adult is comfortable with intimacy and autonomy, feels secure with the other and their relationship, is able to explore his/her environment, and will seek support from other when distress. An individual with an insecure-dismissive attachment denies and dismisses a need for attachment, rely heavily on self, values self-worth over that of an intimate relationship. An individual with an insecure-fearful attachment desires intimacy,

closeness and proximity, and greatly fears abandonment, loss, and rejection due to his/her distrust of others. As a result, he/she avoids intimacy, lacks security, assertiveness, and low confidence in self and others (Bartholomew, 1990; Stiehm, 2011).

Tying it back to the functions of attachment in infancy, adults seek proximity to assure the formation of reliable relationships that, in time of need, can provide psychological and physical protection, affect regulation, and reproductive success (Sable, 2008). In the common experience of refugees and immigrants, proximity to these attached relationships are lost; therefore, this study's examination into the effect separation has on attachment among SEA adults will provide some important implications on this topic.

Attachment in Non-Western and Southeast Asian Cultures

Attachment theory has been viewed as one of the most influential conceptual frameworks guiding contemporary research among many disciplines. However, the universality of key attachment concepts and the applicability of them within non-Western cultures have become a growing controversy (Wang et al., 2006; Erdman & Ng, 2010; Sun et al., 2010). Essential to this examination and for understanding the roles between immigration and attachment, it is important to consider the universality of the concepts observed in non-western cultures. Bowlby believed that the core hypotheses of attachment theory are culturally universal and apply to all members of the human family (Wang et al., 2006). Van Ijzendoorn and Sagi (1999), supported this hypothesis as they gave a summarization of findings on attachment theory with four main headings, one, being that in all known cultures, human infants become attached to one or more specific

care-giver. However, Rothbaum (2000) and his researchers speculated the universal applicability leading to their study with Japanese mother-child dyads. These researchers argued that because the fundamental assumptions and philosophies underlying most attachment constructs are deeply rooted in Western culture and vast empirical studies on attachment have been staged in Western contexts; therefore, the concepts may not be encompassing of all cultures (Rothbaum, Weisz, Pott, Miyake, & Morelli 2000). Others critics questioned the methods used to assess attachment in Western cultures may not be valid when applied to non-Western cultures (Wang et al., 2006; Akiyama, 2008).

Nevertheless, studies done in non-Western cultures to assess attachment concepts supported the universality of its application (Wang et al., 2006; Erdman & Ng, 2010). In every culture where attachment theory has been studied thus far, when infants are distressed they utilized attachment behaviors such as crying or seeking proximity to get the caregiver's attention, and the caregiver usually respond by tending and comforting the child (Erdman & Ng, 2010). A sample of mother-infant dyads from Uganda display similar forms of attachment to TSS (The Strange Situation) experiment done by Mary Ainsworth in Western societies (Wang et al., 2006). Similar cultural comparison studies have used the TSS protocol and classification procedure developed by Ainsworth and her team of researchers (1978) to compare the cross-cultural statistics of children classified in the three attachment representations and findings of these studies commonly indicated that the same core aspects of secure attachment observed in the parent-child dyad can be observed across cultures (Wang et al., 2006). Today, a large group of contemporary clinicians consider the core components of attachment theory to be culturally universal (Wang et al, 2006; Sun et al., 2010).

Researchers have observed that attachment is expressed differently in various cultures (Wang & Mallinckrodt, 2006; Erdman & Ng, 2010; Sun et al., 2010; Sun, Ng & Guo, 2010). Cross-cultural studies found cultural factors to play a role in the association between parent-child relationship and adult attachment quality (Erdman & Ng, 2010; Sun et al., 2010). In a study with Japanese young adults, father care and mother overprotection were significant predictors of both men and women security and mother care only show correlation to women attachment security (Sun et al., 2010). There have been some initiatives in examining early parental bonding and adult attachment in non-Western societies; however, research literature in this realm still remains few and limited.

Specifically speaking about attachment concepts within SEA cultures; there appears to be some unique distinctions between East and West. For example, in the Chinese culture, ways of relatedness are manifested in five cultural concepts: self-construal, yuan, filial piety, romantic love, and dialectical thinking (Erdman & Ng, 2010). The ways Chinese learned to relate and developed attachment have a lot to do with cultural norms, beliefs about fate, ties with the family, and relatedness within romantic relationships (Erdman & Ng, 2010). Erdman and Ng (2010) observed that within Chinese culture, concept of self, significant others and relationships are “inseparable entities,” hence an accurate awareness of internal working models for Chinese adult attachment should be focus within a relation-based context (p. 24).

Frequently seen in Eastern cultures, interactions with multiple caregivers across generations lead to multiple attachment figures and possibly different attachment styles towards them. Furthermore, attachment practice exerts by the mother reflects a conglomerate contributions from her history, tradition, and values passed down from

generations through advice, suggestions, or interventions from her elders (Erdman & Ng, 2010). A social consequence of such practice is that the child learns to navigate a more complex, interpersonal web early in life (Erdman & Ng, 2010). The adoption of this attachment exposure and experience harmonizes with the desired socialization outcome in Eastern and other non-Western cultural contexts, to nurture an interdependent social being with interest for the collective society (Erdman & Ng, 2010). Influenced by Confucian's philosophy in the family system, many Eastern societies put priority on emotional relationships in the family and constant attention to infants, hence a common observed behavior of mothers in a recent study in Korea showed that mothers are very attentive and observant of their child's signals for attachment (Erdman & Ng, 2010). Similar observations were seen in a study with Japanese mothers (Erdman & Ng, 2010). Rothbaum (2000) and his team of researchers, reported that Japanese mothers often anticipate their infant's needs and initiate coming to their child to alleviate their distress before it happens (Erdman & Ng, 2010).

Thus, Erdman et al., (2010), highlighted some distinctive goals of attachment functions between West and East cultures. They observed that successful child-rearing in Western cultures aims to cultivate children who will be highly autonomous and independent as adults; whereas Eastern cultures seek to raise interdependent adults (Erdman & Ng, 2010). For example, in many Eastern countries, an infant is constantly sheltered with the care of an adult or caregiver, as it is believed that the child will be severely distressed when awakens without seeing his or her caregiver (Erdman & Ng, 2010). It is common in Asian societies to see a mother rushing to pick her child after it has fallen, whereas in the West, mothers will encourage her child to stand up and praises

the child for such effort (Erdman & Ng, 2010). These interactions define roles and expectations for the child entering adulthood (Erdman & Ng, 2010). Ultimately, the goal to maintain a harmonious relationship, not autonomy, is the competence for which Eastern caregivers strive (Erdman & Ng, 2010). Therefore, Western cultural norms that encourage autonomy, efficacy, and exploration are not equaled valued in Eastern cultures (Arkiyama, 2008; Erdman & Ng, 2010).

Attachment researchers commonly support that secure-base function of attachment theory is universal, but may be achieved differently in different cultures (Erdman & Ng, 2010). That is, the universal core of attachment theory is that an infant use their attachment figure as a secure base when they are in distress and the attachment figure soothe and comfort the infant (Erdman & Ng, 2010). Having said that, and those the cross cultural discussion above, it is still important to be aware of these fundamental cultural differences in attachment characteristics because without this knowledge, it is easy to presume and label an individual as being insecurely attached (according to Western standards), when in another country, these individual may be quite healthy and to their standards, may be securely attached. In other words, without careful awareness, we may pathologize what is strength to one who was raised in a different cultural paradigm (Arkiyama, 2008).

The author of this paper acknowledges the debate concerning the cross-cultural application of attachment theory, but given the support of multiple studies affirming the universality of attachment needs across cultures, this understanding of attachment is adapted with the awareness that attachment behaviors and standards are manifested differently between East and West as discussed above.

Mental Health in the Lens of Eastern Cultures

An important awareness for providers in serving this population is understanding their cultural views on mental health. The way people conceptualize mental illnesses and their attitudes in seeking help are inextricably tied to their cultural customs and beliefs. Recent studies indicated the way people's view mental health illnesses greatly influenced beliefs about consequences and cure of mental health symptoms (Shea & Yeh, 2008; Wong, 2010). In particular, researchers have proposed that Asian conceptualizations of mental illnesses differ markedly from those of Western understanding (Wong, 2010). A number of current reports have shown that underutilization of mental health services is common among Southeast Asian clients (Pumariega, Rothe, & Pumariega, 2005) due to different cultural stigmas and views on mental health care (Antiss et al., 2009; Ringel et al., 2009; Wong, 2010). Distinctive Eastern cultural values such as collectivism, family honor, emotional control, often explain why most SEA hold negative attitudes toward seeking mental health support (Shea & Yeh, 2008; Ringel et al., 2009; Ting-Hwang, 2009). Researchers suggested that these cultural values have influenced help-seeking attitudes and explained low usage of mental health services as well as the often premature termination of psychotherapy among SEA clients (Chang & Subramaniam, 2008). Other important dimensions that may affect mental health services for this population includes the values, language, therapist's ethnicity, therapist's knowledge and respect for traditional beliefs and practices, and therapist's openness to family participation in care (Shea & Yeh, 2008).

Furthermore, Yeung (2006) and his colleagues explained that the dichotomy of symptoms recognition between Western cultures and Eastern cultures is related to the framework clients used to conceptualize illnesses. Yeung (2006) and his team points out the psychocentric focus in understanding of mood states in Western practice does not resonate with Asian cultures. In traditional Chinese medicine, illnesses are conceptualized in a framework that focuses on the visceral systems and elements in nature (i.e. fire, wood, earth, metal, water) (Yeung et al., 2006). In Eastern cultures, the mind and body are an interchangeable system that function together (Yeung et al., 2006). For many Asian patients, therefore, reporting of physical or somatic symptoms is more familiar and culturally appropriate way to communicate distress (Yeung et al., 2006; Estin, 1999).

Another layer of challenge for Asians in regards to seeking mental health service having to deal with the embarrassment and stigmatization that is attached to mental illness. In many Eastern cultures, people who are seeking psychiatric help are often consider “crazy” or “not normal” (Yeung et al., 2006). As a result mental health services are often avoided altogether.

Migratory Separation, Loss and Mental Health

Life-altering experiences of immigration in conjunction with underutilization of mental health services put this population at a great vulnerability. A large number of mental health journals indicate migration to be a traumatizing process for population of refugees and immigrants (Akhtar, 1995; Lopez et al., 2009; Han, 2008). Akhtar (1995) described the immigration process as a “complex and multifaceted psychosocial process

with significant and lasting effects on an individual's identity . . . it involves profound losses. . . results[ing] in a sudden change from an 'average expectable environment' to a strange and unpredictable one" (p. 1052). Furthermore, the effects of post-migration for immigrants and refugees have vast mental health implications as well. Recent studies found that SEA refugees are at higher risk for developing serious mental health disorders, including posttraumatic stress disorder (PTSD), resulting from the traumatic events they have experienced or witnessed living in war-torn countries (Han, 2004). A recent research indicated that most refugees and immigrants experience "acute refugees' movement experience," meaning that they had little or no plan, nor preparation in fleeing their native countries (Han, 2004). As a result, they were subject to many traumas during flight and were poorly prepared in settling in their new environment (Han, 2004). There are four stages during which significant risk of trauma can significantly affect this target population. First, is the premigration trauma (Lopez, 2009). The second is the traumatic events during the transit from native country to host country (Lopez, 2009). The third is continuous exposure to traumatic events during the process of resettling (Lopez, 2009). The fourth is substandard living conditions in the host country due to poverty, unemployment, discrimination, and insufficient social support (Lopez, 2009).

Furthermore, Lopez (2009) cited the work of Cooper concerning immigration and its effects on mental health, who noted that social rather than biological factors correlated to the increase risk of the development of schizophrenia in immigrant groups. More recent literature found that factors contributing to increased risk in the development of mental health problems among immigrants are loss of family, community, and separation from native community (Lopez, 2009).

Additionally, it has been supported that social isolation in conjunction with major adjustment stressors due to the immigration experience contributes to mental health issues such as depression, anxiety, and stress-related disorders (Lopez, 2009; Haene, Grietens & Verchueren, 2010). A recent research on the mental health of adult refugee population affirmed the disruptive change in migration experiences as pervasive risk factors for psychosocial dysfunction (Haene, Grietens & Verchueren, 2010). In another study with refugee adults, researchers found that these adults are at an increased risk for depression and other psychiatric disorders due to exposure of psychological traumas in the forced dislocation process (Hinton et al., 1997).

Consequently, the long-term effects of stressors that come with the migration process have been identified as having correlation with anxiety, depression, PTSD, substance abuse, and serious psychiatric disorders (Perez-Foster, 2001; Pumariega, Rothe, & Pumariega, 2005). In the family dynamic, experiences of violation, separation, and oppression deleteriously interfere with family cohesion among refugees and immigrants, resulting in disruption of the human connection that is so essential for survival and more importantly disrupts attachment. Furthermore, family violence may develop as a form of re-enacting traumatic experiences in intimate relationships for those who have been victims of torture or violation living in political turmoil countries (Haene, Grietens & Verchueren, 2010). This often results in poor parenting when these adults have children of their own. Reports have shown that many refugee parents lack responsiveness and increased withdrawal due to their preoccupation with individual stress on grief, family separation, asylum procedures, or social isolation (Haene, Grietens & Verchueren, 2010). This results in parental role reversal among refugees' children with

their emotionally disconnected parents (Haene, Grietens & Verchueren, 2010). Additionally, refugee and immigrant families may cultivate negative patterns of trauma-communication that further disrupt family cohesion (Haene, Grietens & Verchueren, 2010). For example, Haene et al., (2010) posit that, “ ‘silencing’ trauma-communication strategies, a shared pattern of denial, avoidance or dissociated disclosure of traumatic memories govern family communication” can damage relationships within refugees families by decreased parents’ sensitivity and emotional availability (p 251). On the other hand, some families may present “over-disclosure” through repeated, intrusive retelling of traumatic events thereby being insensitive to the potential impact it may bring on family members (Haene et al., 2010).

A study of 400 immigrant students found that those who experienced long separations from family responded to increased reports of depressive symptoms (Ecke, 2005). Equally informative, a Harvard study done with immigrant children who have experienced long separations showed that the attachment styles among these students reflected insecure attachment styles (Ecke, 2005). Among refugees and immigrant populations who have experienced pervasive life-threatening situations or loss, these experiences can adversely affect parental responsiveness (Haene et al, 2010). The authors of the latter literature also reaffirmed that withdrawal, family conflict and violence, and affectively closed trauma-communication may perpetuate ongoing fear within the parent-child dyad and thus reiterate traumatization (Haene et al., 2010). Haene et al. (2010), gave evidence of this by highlighting three clinical cases of refugees mothers and children “who fled from violent rape and war trauma, the researchers observed how the mothers’ damaged representations of self as caregiver and their inability to deactivate

their children's attachment system may have led to a developing disorganized attachment status in young refugee children" (p. 252).

From these reports, it is apparent that the migration process can take a toll on the parent-child attachment pattern as well as mental health. Haene et al. (2010) reported within their studies that among refugee populations, there was an increased prevalence of PTSD, depression, and anxiety. A longitudinal study comparing depression levels among ethnic Chinese and Vietnamese who have recently arrived in the US found that being a veteran, older, less proficient in English and Vietnamese has higher level of depression and these factors significantly predict future depression (Hinton et al., 1997). More research literature on the mental health of adult refugees found that the accumulation of pre-flight and post-flight stressors lead to forced migration's nature of sequential traumatization, in which prolonged grief and stress of adaptation interfere with maintaining stability and recovery in the host country (Ecke, 2005; Haene et al., 2010).

Relevant to our examine on separation and attachment, a report found that a vital attachment-related risk factor linking to development of mental health problems among immigrants is long separation or permanent loss of the attachment figures (Ecke, 2005). Ecke (2005) also suggested that multiple disruptions of relationships in conjunction with prolonged missed opportunity to be surrounded by loved ones often leave the immigrant with a sense of isolation and complicated grief. Furthermore, Ecke (2005) cited Perez-Foster's study found that pre-emigration traumas that have been suppressed could lead to unresolved attachment among adult immigrants which may lead to long-term mental health problems. Insecure-attachment in itself is not a symptom of mental illness; however, it does seem to correlate with development of psychopathology (Ecke, 2005).

According to Bowlby, stated in Stiehm's (2011) report, most psychopathology can be linked to parent-child separation or inadequate care. Similarly, conduct disorder and depression also appear to stem from separation or poor attachment experiences (Stiehm, 2011). Given the important implications of the immigration experience having some relationship with mental health and impacting attachment patterns, an examination how separation due to immigration impacts attachment among SEA client population is pertinent.

Conceptual Framework

This study utilized Attachment Theory (Bowlby, 1973; Main, 2001) as a base to examine the topic of separation and its impact on attachment among SEA immigrant and refugee adults. As stated above, Bowlby believed that, "there is a marked tendency for humans, like animals of other species, to remain in a particular and familiar locale and in the company of particular and familiar people" to assure survival (Bowlby, 1973, p.147; Ecke, 2005). Taken the importance of this statement, how would this affect the millions of refugees and immigrants who experience separation from their love ones and native environment in the process of resettlement? Security, loss and separation are major themes of attachment theory which will be focused on for the examination of this topic. Bowlby (1973) conceptualized the theory after he observed young children who were separated from their parents and were cared for by non-family members. He discovered the pain of separation and anguish of loss (Sable, 2008). These themes resonate profoundly in the experience of refugees and immigrants everywhere, particularly SEA immigrant and refugee populations as they often migrate great distances and are forced to

leave behind familiar environment and loved ones in order to escape wars, oppression, and political turmoil in their native countries.

Attachment is often analyzed in the dyad relationship between a child and his/her primary care figure, usually a parent; however, in the context of this study, the focus will be placed on adult attachment as the study examine how separation and loss impact SEA's adults mental health and ability to adapt to their newfound life in America.

Common attachment components that will be examine in this study are the implications of separation and loss and adaptability to resettle and explore new environment.

Attachment theory fits the focus of this study because consistently researches examining adult attachment support that adults continue to manifest their childhood attachment pattern throughout their lifespan (Siegel, 1999; Main, 2000; Erdman & Ng, 2010). It has been observed that attachment pattern provides a framework for adaptation (or lack thereof depending on which attachment style(s) one experienced) to life experiences (Jones, 2008); therefore, it is important to utilize concepts of attachment in looking at the experience of immigration which commonly encompass the experience of separation, loss and adaptation.

Another component of Attachment theory that gives meaning to this research topic is the emphasis on how a secure base in attachment provides a healthy and mature development of a child's view of self and others (Slade, 2004). It has been supported in attachment literatures that secure attachment, cross-culturally, requires keen attunement to the child, which calls for a holistically healthy adult to respond and be available to the child's physical and emotional needs. Parents who are going through grief and loss, which speaks to the common struggle among SEA immigrant and refugee adults, are

often emotionally unavailable to their children, thus affecting healthy attachment. More importantly, literatures on attachment consistently emphasized the importance of continuous, uninterrupted relationship between children and their attachment figures (Siegel, 1999; Slade, 2004; Wallin, 2007), therefore, adults who were forced to leave without their children experience chronic grief due to disruption in that relationship when they left their homeland. Siegel's (1999) study found that especially under stress, adults instinctively will monitor the whereabouts of their "attachment figures" (i.e. mentors, close friends, or significant others) and seek them out as sources of comfort, advice, and strength. For immigrants and refugees, stress is a common denominator, however support is not readily available due to separation and/or loss of loved ones in the immigration exodus.

Consequently, stress and lack of support negatively affects the attachment relationship between these immigrant adults and their children (Pumariega et al., 2005). Populations of immigrant and refugee adults struggle with separation, displacement, guilt and loneliness which in turn can affect their relationships with their children (Ecke, 2001). Ainsworth, cited in Stiehm's (2011) study, emphasizes the importance of the availability and responsiveness of the caregiver which can contribute to the ability of the child to communicate and regulate its emotions. Consequently, the child's early attachment experiences and the working model of the self and the self-in-relation-to-the-other affect how the child learns to form close relationships in adolescence and adulthood (Stiehm, 2011). In other words, the interactions between the parent-child dyad during infancy transfer through time and can affect the child through his/her lifetime, affecting regulation, arousal, and sense of self-worth (Stiehm, 2011). The implications of a

parent's responsiveness and availability have strong indications for the attachment style which that parent-child dyad will share. This factor will help in the examination of SEA adults relating style with their children and any implications separation, loss, and stress in the process of immigration may hinder parent-children relationships in SEA households.

Another consideration of attachment theory that applies well into the experience of immigrants and refugees is Bowlby's (1988) notion of multiple attachments potentials during infancy besides the primary attachment figure. Bowlby (1982) and his colleagues recognized that in some cultures, older siblings, grandparents, aunts, and uncles can act as attachment figures. Separation from these attachment figures can have deleterious effects on these children as adults (Stiehm, 2011). This has significant implication for the exploration of this study since for most immigrants and refugees, they experienced complete cut off of any ties with love ones and relatives in the migration process. Looking at the experiences of SEA's diaspora populations, there are multiple factors that can strain attachment relationships.

Attachment research uncovered that attachment status affects how we explore, play, build relationships, handle conflicts as well as predict how vulnerable we are to mental health problems throughout our lifespan. Studies on attachment pattern of young adults do show that major separation and permanent loss pose a risk for the individual (Han, 2004; Suarez-Orozco, et al., 2004; Ecke, 2005). In Ecke's (2005) report on attachment and immigration, she observed that over time, the attachment representation of the immigrants may suffer as the effects of multiple losses accumulate. Attachment studies have consistently unveiled the deleterious effects of short-term and long-term separation from the attached figure (Ecke, 2005; Haene et al., 2010). Given the dominant

experiences of separation and loss among SEA immigrants and refugees, it is fitting to adapt attachment theory as an underlying theory to explore its concepts on this population as they faced separation from family, country, support system, familiar environment, and adaptation to the host culture. This examination will provide some insights into the mental health implications subsequent to the loss or disruption of attachment experienced by this target population.

Section III: Methods

Research Design

This study utilized a mix-method approach to obtain an in-depth understanding of this intricate exploration of immigration, separation, attachment, and its effects on SEA's relationships, as well to gather implications of mental health issues that arise within SEA immigrant and refugee client populations. This study examined mental health professionals' perspectives on the impact of separation through the migration process of SEA refugees and immigrants. The written survey carried a mix method design in which both quantitative (numeric) and qualitative (complex) data were obtained. The study's participants completed a survey questionnaire with both close and open-ended questions. Using quantitative and qualitative questions allowed mental health professionals to openly share data and describe their experiences on the impact separation has on SEA client's attachment and any mental health implications that may arise.

Participants

The participants of this study are mental health professionals composed of licensed clinical social workers, licensed psychologists and a psychiatrist, all of whom have extensive experience providing services to the multicultural contexts of SEA immigrant and refugee clients. The selection of these participants was done using the purposeful and snowball sampling strategy (Monette, Sullivan & DeJong, 2010). This sampling method is used in order to identify knowledgeable and experienced participants who meet the following criteria: (a) a licensed mental health professional practicing in the state of Minnesota; (b) a minimum of two years of direct clinical experience with SEA immigrants or refugees clients; and (c) knowledge and/or application of attachment theory.

The researcher initially contacted several mental health professionals within the SEA community and social service agencies with relevant experiences and knowledge to introduce the study, inquire of their interests, and seek referrals. From that, a list of referrals was gathered. From the pool of referrals, the researcher sent out an invitation letter via e-mail to all potential candidates [**Appendix D**]. Participation was on a voluntary basis, requiring interested participants to contact the researcher as indicated in the invitation letter e-mailed out to them. Phone screenings with interested participants were conducted to ensure the quality of the study and adherence to the participant criteria [**Appendix E**]. Judging from the interview, candidates who meet the study's candidate criteria were invited to participate.

In the invitation letter sent out to candidates, a brief overview of the study's topic and matters on confidentiality were addressed. Twenty-one potential participants replied back to the researcher's email invitation; however, only fifteen participants met the criteria of this study. Among the fifteen participants, one participant opted out of the study due to restraint on time, therefore, not being able to complete the survey.

There were a total of fourteen participants (N=14) in this study. Three participants were males, and 11 were females; among them, five were between the age ranges of 31-41 years old, three were between 42-52 years, and another five reported being 53 years and older. Five participants identified themselves as Asians and nine identified as White/Caucasian. Over half of this study's participants have worked with SEA clients for more than seven years. Seven participants are licensed psychologist, five are Licensed Independent Clinical Social Workers, one is a medical doctor in psychiatry, and one holds a certificate in art therapy.

Data Gathering

Fifteen participants were sent a package containing a cover letter describing the study [**Appendix B**], a consent form [**Appendix A**], the study's survey questionnaire [**Appendix C**], and a pre-stamped return envelope. In the consent form, participants were informed of the directions and what was required of them as participants of this study. Participants were asked to read through the materials in the package, sign the consent form, make a copy of the consent form for their own record, complete the survey and mail back the consent with the survey to this researcher. The survey contained twenty-

four closed and open-ended questions. Five of the questions asked about the demographics of the participants. Two of the questions asked about the demographics of the participants' clients. There were twelve close-ended questions with nominal and ordinal level of measurements, which focused on the variables of attachment and separation. These questions consist of asking participants of their knowledge and application of attachment theory in their work with clients; their observations on the relationship between culture and attachment; their observations on parent-child relationships between their clients with their parents and their children; and their perspective on separation and how it impacts attachment. The last five questions of the survey were open-ended and required participants to give brief responses on how they have observed separation due to immigration impacted attachment; implication of mental health due to separation, and effective practices in working with the target population.

Data Analysis

An interpretative phenomenological approach (Smith & Osborn, 2003) to data analysis was adopted by the researcher to get an in-depth understanding of the impact of separation on attachment issues among SEA clients as a result of immigration. The study examined this from providers' expertise point of view. When all the surveys were received by this researcher along with participants' consent forms, the quantitative portion of each survey was coded and entered into Minitab Statistical Data. For the qualitative portion of the surveys, the researcher used ground theory as the overall framework, reading participants' statements line by line through open coding and then

moving from lower level concepts toward higher level theorizing through the development of dominant themes (Berg, 2009). The collected data, including the surveys, and the initial identified codes, were then reread for dominant and latent content as a means of revealing further thematic clusters. Many preliminary themes emerged during the initial data analysis. Most themes were discarded altogether because they were weakly supported (at least 5 participants needed to endorse in order to be considered a theme). Upon further data analysis, three final dominant themes emerged with endorsement by all participants. In Table 11, the three final dominant and two sub-themes are listed along with two latent themes found from the data. A final reading of the responses revealed two latent themes implied through the statements given by participants of the study.

Protection of Human Subjects

A consent form was written by the researcher and was reviewed and approved by the study's Committee Chair. The consent form was composed based on the template provided by the University of St. Thomas IRB Board. The form briefly outline the study's exploratory topic, background information, addressed why the person was selected as a possible subject for the study, information about the researcher, the purpose of the study, the procedures that would be involved in conducting this research, who would have access to the research materials, the risks and benefits of participation in the study, issues of confidentiality, the voluntary nature of the study, contact information, and consent to participate in the study [See **Appendix A**]. The participants were

encouraged to make a copy of the consent form to keep for their own record. Standing IRB approval has also been granted for this study.

Section IV. Findings

Descriptives

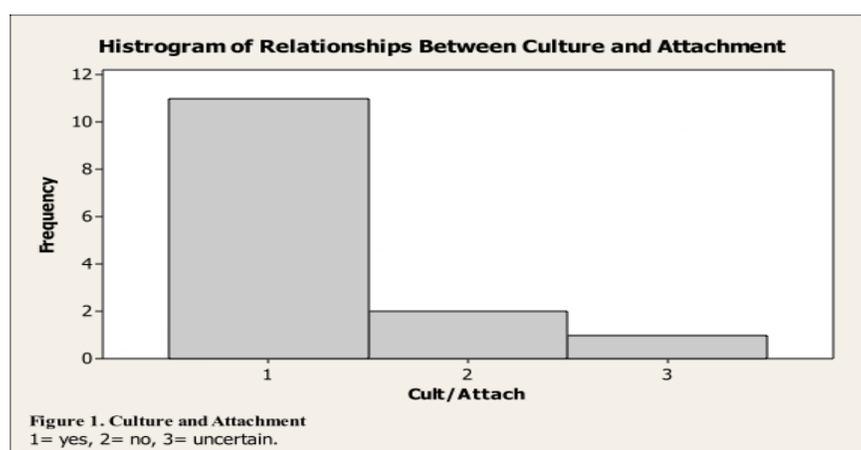
The quantitative data were entered into Minitab Statistical Database. Descriptive statistics tools such as frequency distribution analyses and histograms were utilized to get count, percentages and pictorial representations of data carrying variables of separation, attachment and culture.

Table 1 shows a summarization of participants' responses to questions measuring variables of separation, culture and attachment. Eleven out of fourteen, or about 79% of participants utilized components of Attachment Theory in their work with SEA clients.

When asked whether participants observed a relationship between culture and attachment, data indicates that eleven participants affirm they see a relationship between culture and attachment, while two members did not observe any relationship, and one subject responded with an uncertainty concerning this matter. In Figure 1, a histogram displays a pictorial representation of participants' responses to this question. The chart shows the curve positively skewed with more data on the left, indicating that the majority of respondents fall into category 1, or responded affirmatively to seeing a relationship between culture and attachment.

Table 1. Summarization of Participants' Responses Measuring Variables of Separation, Culture and Attachment

| Question | Response | N | % |
|---|-----------|----|------|
| - Have you applied Attachment Theory concept(s) in your work with SEA clients? | Yes | 11 | 78.5 |
| | No | 3 | 21.4 |
| - Do you see a relationship between culture and attachment? | Yes | 11 | 78.5 |
| | No | 2 | 14.2 |
| | Uncertain | 1 | 7.1 |
| - Have you observed some attachment difficulties among SEA clients with their parent(s)? | Yes | 12 | 85.7 |
| | Uncertain | 2 | 14.2 |
| - Have you observed some attachment difficulties among SEA clients with their child/ren? | Yes | 13 | 92.8 |
| | Uncertain | 1 | 7.1 |
| - Does short-term separation have an impact on attachment? | Yes | 3 | 21.4 |
| | No | 5 | 57.1 |
| | Uncertain | 6 | 42.8 |
| - Does short-term separation have an impact on attachment? | Yes | 12 | 85.7 |
| | No | 2 | 14.2 |
| - Do you think separation due to immigration has any impact on attachment? | Yes | 13 | 92.8 |
| | No | 1 | 7.1 |
| - Do you think there is a relationship between separation due to immigration and mental health? | Yes | 13 | 92.8 |
| | No | 1 | 7.1 |



Respondents were also asked to give their observations on any attachment difficulties they witnessed between their clients with their parents. Data shown in **Table 1**

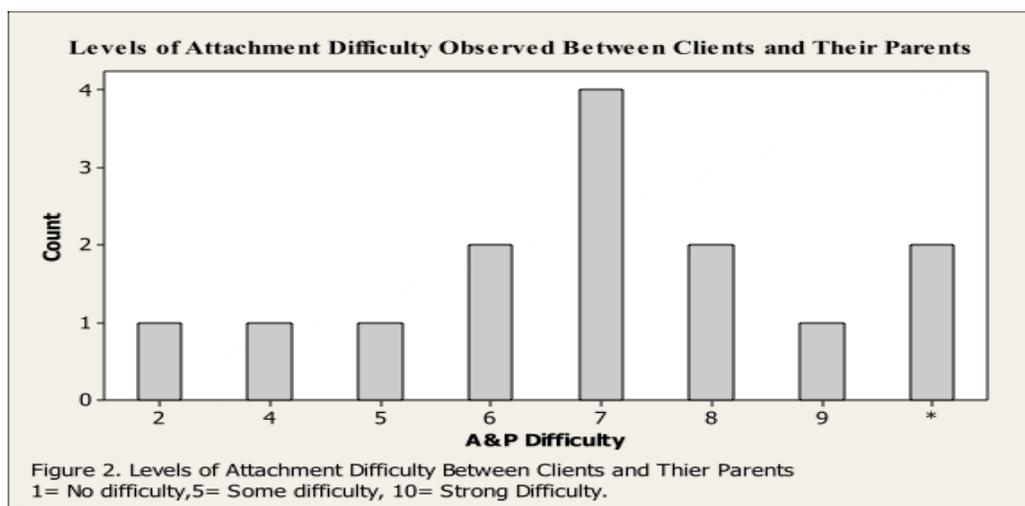
reveals that 85.7% (12 out of 14) of providers have observed some kind of difficulties relating to attachment issues between their clients with their parents. While two respondents marked uncertain when asked about their observation on seeing any attachment difficulty between their clients with their parents.

Amongst those who have indicated that they observed some attachment difficulties, most providers ranked the level of difficulty at a 6 or above on a scale from 1, indicating no difficulty, to 10, indicating strong difficulty. None of the respondents ranked at a level of 1 or 3, and only three respondents ranked the level of difficulty below 5 with most ranking at 7 or above, indicating moderate to strong difficulty issues (see **Table 2** and **Figure 2** below).

Table 2. Levels of Attachment Difficulty Observed Between Clients and Their Parents

| Levels of Difficulty | N | % |
|----------------------|---|------|
| 2 | 1 | 8.3 |
| 4 | 1 | 8.3 |
| 5 | 1 | 8.3 |
| 6 | 2 | 16.6 |
| 7 | 4 | 33.3 |
| 8 | 2 | 16.6 |
| 9 | 1 | 8.33 |

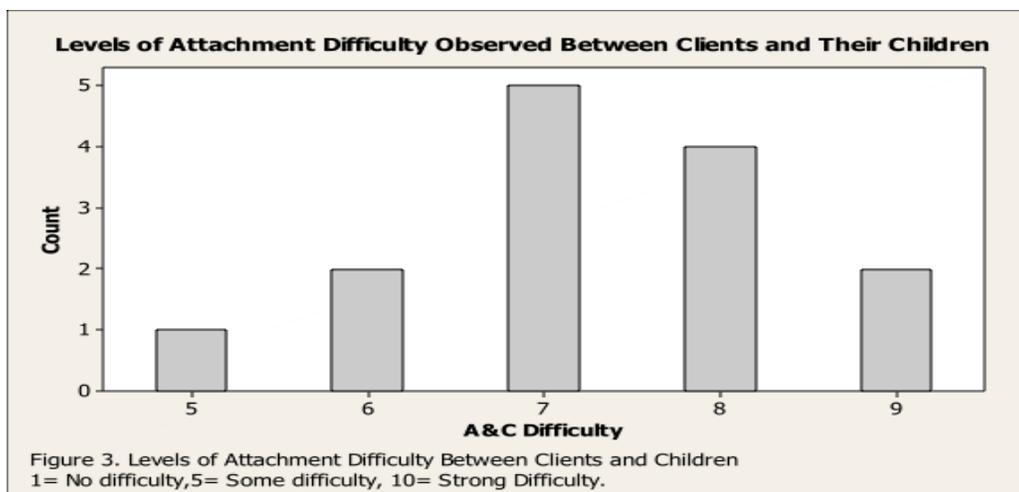
* Two participants did not give ranking.



The same question was asked about attachment difficulty observed between SEA clients with their own children. A higher percentage, around 93% of clinicians, have observed some attachment difficulties between their clients and their children. **Table 1** shows that thirteen out of 14 professionals witnessed attachment difficulties in the parent-child dyad among their immigrant and refugee clients. When providers were asked to rank these levels of difficulty, all providers who have witnessed some difficulties between clients and their children ranked at level 5 or above, with no ranking below this level. Most clinicians ranked at levels of 7 to 9. To be exact, eleven of the respondents gave a ranking of 7 or higher, indicating that the majority of clinicians observed high moderate to strong attachment difficulty in the parent-child dyad. Compare to attachment difficulty seen between clients and their parent, there appeared a higher level of difficulty within the relationship between clients and their own children as indicated in this data set (See **Table 3** and **Figure 3** below).

Table 3. Levels of Attachment Difficulty Observed Between Clients and Their Children

| Levels of Difficulty | N | % |
|----------------------|---|------|
| 5 | 1 | 7.1 |
| 6 | 2 | 14.2 |
| 7 | 5 | 35.7 |
| 8 | 4 | 28.5 |
| 9 | 2 | 14.2 |



Another area participants were asked to give their expertise observations on was whether short or long-term separation from an attached figure have any impact on attachment. For short-term separation, responses showed that participants were split between seeing no impact to not being able to determine if short-term separation has any impact on attachment. This data is noteworthy for it does not support previous literature stating the impact both short and long-term separation have on immigrant populations; however, most previous studies were done with adolescence or children populations. Table 1 reveals only three participants responded with an affirmative, compare to five indicating no impact, and six participants being not certain to whether or short-term separation has any impact on attachment related issues among SEA adults.

Nevertheless, the next set of data reveals more certitude among participants. Uncertainty seems to dissipate when providers were asked whether they see long-term separation having any impact on attachment. Data shown in **Table 1** indicates that the majority of respondents believe long-term separation from attached figure(s) does have an impact on attachment. The percentage yields 85.7% of participants having observed

some impact that long-term separation from the attached figure(s) has on attachment related issues among immigrants and refugees adults.

In order to seek some understanding on our study's variables of separation and attachment, clinicians were asked to share their experienced observations on whether being separated due to immigration has any impact on attachment. Responses from this were almost unanimous with 13 out of 14 clinicians indicating they observed some impact separation due to immigration has on attachment. Data from our survey shows that 13 clinicians affirmed they observed from their clients the migratory separation impacting their attachment status. Only one provider responded with an uncertainty judging from his/her observation from his/her practice with SEA clients.

The last quantitative question measured the variables of separation due to immigration and the variable of mental health status of patients. Clinicians were asked to share their perspectives regarding separation from the migratory process having any relationship with mental health. Collected data again reveals almost unanimous views, 13 out of 14 (92.8%), of practitioners seeing there is a relationship between separation due to immigration and mental health. Data from participants' responses (see Table 1) revealed that the majority of clinicians observed a relationship between separation due to immigration and mental health. Data here supported previous literature suggesting a positive relationship between the experience faced during the process of immigration and its after affects manifested in cultural-bond mental health symptoms as seen among immigrants and refugees (Foster, 2001; Eck, 2005; Pumariega et al., 2005).

Themes

Additionally, there were several themes that emerged in our qualitative data that enhanced the findings from the quantitative data. The collected qualitative data indicated three dominant themes with two sub-themes branching from the first theme. After re-reading the responses with the themes using an interpretive approach (Berg, 2009), two latent themes emerged concerning separation and its impact on attachment, mental health and the resettlement process among SEA clients. All 14 participants endorsed the three dominant themes as well as the two sub-themes. **Table 4** displays the dominant, sub-themes and latent themes found by the primary researcher after careful readings of the providers' responses. The dominant themes are: (1) *The Multifaceted Impact of Separation and Immigration on SEA's Wellness* (2) *Common Mental Health Concerns: Depression, Anxiety, Trauma and Adjustment Disorder* (3) *Recommendations on Effective Practices*.

Additionally, from the first theme derived two sub-themes of, (a) *Grief and loss*, and (b) *The Intrapersonal, Interpersonal and Resettlement Struggles*. The lower portion of **Table 4** also presents two latent themes using interpretive data analysis methodology when analyzing the responses given by participants. They are: (i) *The Importance of Culture: Attachment, Family and Homeland* and (ii) *The Intergenerational Effect of Separation and Loss on SEA Families*.

Table 4 **Dominant, Sub-Themes and Latent Themes**

| Dominant Themes |
|--|
| <ul style="list-style-type: none"> - The Multifaceted Impact of Separation and Immigration on SEA's wellness - Common Mental Health Concerns: Depression, Anxiety, Trauma and Adjustment Disorder - Recommendations For Effective Practices |
| Sub-Themes |
| <ul style="list-style-type: none"> - Grief and loss - The Intrapersonal, Interpersonal and Resettlement Struggles |
| Latent Themes |
| <ul style="list-style-type: none"> - The Importance of Culture: Attachment, Family and Homeland. - The Intergenerational Effect of Separation and Loss on SEA Families. |
| |

Appendix F contains charts showing some raw data collected from participants' responses that support the manifestation of these sub-themes and other themes discussed from the collected responses.

The Multifaceted Impact of Separation and Immigration on SEA's Wellness. All participants described multiple ways in which separation and the process of immigration impact SEA clients, including their sense of identity, security, relationships with others, and mental health. Participants point to issues of exposure to multiple traumas before, during, and after the immigration process that have significant effects on the well-being of SEA diaspora populations. This theme supports previous literature showing multiple

stressors experienced among refugees and immigrants which were brought on in pre and post migration experiences (Pumariega et al., 2005). Additionally, participants consistently observed that the separation, not only from love ones but from familiar native environment impinged on SEA's sense of security and protection. Practitioners observed that the separation from these important persons or things, create emotional distress and insecurity. One participant shared:

“I believe that our homes and families create a sense of physical, mental, emotional, and spiritual ‘reality’ - a ‘glue’ that allows us to feel a sense of wholeness about life that seems true and natural. . . separating people from their ‘home’ forces an instinctual uprooting that creates symptoms of deep emotional distress, repression and suppression of thoughts and feelings, fear, anger, constant anxiety, and lowered self-esteem.”

Similarly, many respondents observed great struggles among SEA clients in the resettlement process due to separation from loved ones and their support systems; often causing great distress and social withdrawal. One provider stated, “separation from family adds to the deep grief and loss and reduces available support systems to help in healing and adjustment.” Another respondent witnessed a level of ambivalence among SEA clients about whether immigration has really improved life for them. Similarly, distinct cultural differences between East and West triggered cultural shock for many newly arrivals and challenges their self-identity, traditional values and beliefs. A participant captured this thought by stating, “Traditions and values from the homeland are often lost and the family structure may be threatened. The previous ‘home’

environment involved a more simplified life and refugees and new immigrants are overwhelmed by life in the U.S.”

This first dominant theme carries two sub-themes. The first is *Grief and Loss*. Unanimously, providers discussed components of grief and loss as a common struggle they encountered in their work with SEA clients. Studies done with immigrants and refugees populations consistently found this grief and loss among others hardships to be affecting their ability to adjust in host countries (Perez-Foster, 2001; Eck, 2005; Pumariega et al., 2005). A statement from one respondent puts it this way in summarizing the multiple losses immigrants and refugees endured, “I have seen issues of grief and loss, from loss of their homeland, native language, separation from family, loss of properties to loss of their whole support system.” Equally significant to this discussion of loss, many clinicians witnessed a loss of self-identity among many clients. One provider noted, “There is difficulty in developing identities or there is a loss of identity due to loss of home/country.” Adding to this discussion of the multiple loss SEA immigrants and refugees endured, many respondents witnessed their clients trying or having difficulty in grieving for the losses due to separation. This response captured similar thoughts found in other participants’ surveys giving rise to this sub-theme of grief and loss, “The grief is longstanding and they lose confidence in their security in the world and hopefulness about recovery in the future.”

The second sub-theme speaks about the *intrapersonal, interpersonal and resettlement struggles* seen among SEA immigrants and refugees clients. Intrapersonally, many participants wrote about the struggle SEA clients have with self-identity and losing a sense of security and belonging. Interpersonally, practitioners noticed some difficulties

in maintaining relationships with others and within their clients' families. All participants responded to some aspects of these difficulties experienced by SEAs clients, giving rise to this sub-theme. They described that many clients struggle with self-identity or self-perception, and tensions within the family structure as they try to adjust to a new culture. Many respondents commented on observing SEA clients having difficulty in re-establishing or all together losing their self-identity in the process of resettlement in the new society. One clinician illustrated this thought by giving an example: "I think refugees and immigrants have some loss of identity in their move (i.e. I was a farmer in Laos, now I am not)." Speaking more to that, practitioners observed a sense of disinterest among SEA clients to integrate into community due to the loss of trust and security. As a result, one clinician describes the progression of isolation manifested in the lives of refugees and immigrants in this way, "feeling alone, without adequate extended family or community support to help cope with problems. . .at the same time depressive symptoms cause many clients to isolate themselves." Interpersonal difficulties also affect the family system. Issues with family structures came out clearly in respondents' surveys. One participant captured the overall view on common issues faced within SEA's families in the process of resettlement when stating, "[there is a] sense of loss of role/control, especially for parents when their children became more acculturated and can maneuver around the community better than parents; a sense of role reversal." Many clinicians noticed a change in roles within immigrants and refugees families. Previous studies found that children from these families often are more flexible to adapting and acculturating into the host cultures, hence they are given the role to help and maneuver the social systems for their parents (Foster, 2001; Pumariiega, Rothe, & Pumariiega, 2005; Haene et al., 2010)

Furthermore, parents undergoing grief and loss may not be responsive and available to their children, thus impacting family cohesion (Van Eck, 2005; Akiyama, 2008; Haene et al., 2010). This thought is clearly observed in this statement from our study's participant, "Grieving parents are not emotionally available to children-they then develop attachment issues." Similarly, a number of respondents speak to the hardships, especially for older adults, in resettling due to difficulty with acculturation, family tension and effects of war traumas.

Common Mental Health Concerns. **Appendix F** reveals the coded words or statements that respondents mentioned signaling a dominant theme of common mental health concerns among SEA clients. All participants talked about common mental health symptoms among clients, namely, depression, anxiety, trauma and adjustment disorder, are among most common diagnoses of this client populations. A respondent noticed that there is a level of "elevated anxiety due to ongoing stress of separation" among SEA newly arrivals. Another practitioner pointed to the exposure of trauma affecting mental health; "The primary sources of mental health problems are a combination of the trauma of the refugee experience and war overseas and the resettlement and adjustment stressors upon arrival in U.S." Consistently, respondents voiced issues of separation having some impact on development of mental health problems in some ways. One participant wrote, "There is a protective value within family, clan, village despite the challenges. Take this away and people lose the protective security and coping skills which can lead to the manifestation of depression, anxiety or trauma symptoms." Another respondent stated, "Most clients have multiple traumas-war, death of loved ones, domestic abuse or abuse as child. . .domestic and resettlement issues compound issues due to war trauma." These are

some notable statements that signify the theme of common mental health suffered by SEA immigrants and refugees.

Recommendations For Effective Practices. Another dominant theme captured in participants' responses from the study's surveys is recommendations on effective therapeutic practices in service to SEA clients. Participants shared some recommendations on the approaches and techniques that have been perceived to work well with these client populations. Collectively, participants suggested providers to invest in the client-therapist relationship, to create support group, and utilize client-centered approaches that integrate familiar cultural ways of healing. The lists in **Appendix F** captures the suggestions given by practitioners from the surveys suggesting some helpful common practices. Foremost, a majority of participants emphasized the importance of building strong alliance in the client-therapist relationship as a way to normalize the mental health service experience and to build trust when starting services with SEA clients. Respondents believed trust, respect, and empathy are key components to building good relationships in the clinical setting. Many respondents suggested starting with strong therapeutic alliance by restoring trust, respect, and empathy are helpful beginning steps in establishing good rapport with these clients. A respondent captured this thought by suggesting, "Developing a relationship of trust and caring with therapist is crucial." Another affirmed this thought by writing, "The relationship is key to reaching families." Another supporter of this idea suggested, "Establish rapport . . . empathy," and another added, "kindness and respect works." This is an important recognition since recent research found that the dimensions that may affect mental health services utilization among this population includes the values, language, therapist's ethnicity, therapist's

knowledge and respect for traditional beliefs and practices, and therapist's openness to family participation in care (Shea & Yeh, 2008; Wong, Tran, Kim, Van Horn Kerne, & Calfa, 2010). Clinicians observed that allowing an openness to embrace client's cultures and ways of healing strengthen trust in the therapeutic alliance.

Other highly suggested practices are group work and client-centered approaches in the therapeutic service to SEA immigrant and refugee clients. In terms of group work, one participant stated, "[Start with] group work so people don't feel alone or 'crazy,'" as often receiving mental health services bring along stigmas for the individual client. Another respondent supported the effectiveness of group work, especially in helping women gain their confidence and support in the healing process by stating:

"Working in groups (specifically, women support groups) gives women an opportunity to express many thoughts and feelings they thought and believed were their own isolated 'problem'. . . meeting together, sharing a traditional meal, having some social time to connect, laugh, and develop friendships is very important."

Additionally, in terms of using client-focused approaches, a participant suggested, "Start with client-centered techniques-like building healthy attachment/trust/unconditional positive regard/modeling of healthy relationships and emotions." Similarly, another respondent commented on using integrative client-centered approaches that are familiar in the client's culture as a way of healing. The respondent suggested, "Start where the client is at; most [SEA clients] are unfamiliar with and suspicious of therapy, often this means dealing with somatic complaints. . . [start with] relaxation exercises, guided imagery, tai chi, or yoga movement. . . ." Another talked

about integrating some agricultural activities such as gardening or visiting the conservatory as a way to provide familiar therapeutic practices known to SEA adults. These are helpful approaches gathered from the collected responses by participants who have implemented these practices in their own work with SEA immigrants and refugee clients.

After careful readings of each respondent's survey, two latent themes were gathered through an interpretive analysis of the data. Both latent themes are discussed below with tables of coded words and statements supporting these themes provided in **Appendix F**.

The Importance of Culture. Many respondents discussed the relationship between culture and attachment and attachment behaviors expectations across cultures. They recommended that therapists consider the unique involvement of multiple family members in child-rearing and decision making, and the healing process. Cross-cultural research on attachment also stresses the important relationship between culture and attachment (Erdman & Ng, 2010; Wong, 2010). One clinician observed, "Issues of attachment may be more common among SEA clients. . .attachment issues for SEA are often the result of disruption in attachment, rather than the absence of the opportunity to have had or formed attachment." Another respondent commented, "Attachment is one of many factors that influence the mental health and well-being of immigrants. It's also very culturally-imbedded even before it becomes disrupted." A few other respondents discussed the importance of culture tying closely with physical landscapes and native environment. For example, one respondent wrote,

“I think the places in which all people are born and raised in, become part of them in deep ways. Our bodies, senses, minds, and hearts identify with weather cycles, plants, animals. . .removing persons from their physical, emotional, and spiritual ‘home,’ I have observed, produces a deep sadness and grief. . .”

The ties to one’s homeland are another factor that speaks to the difficulty of resettling in a new country. One subject illustrated this point with a fitting example,

“Separation from home as a place, not just people also deeply affects [SEA clients]. Familiar landscapes and vegetation are gone; self-soothing and self-regulation are more difficult in an unfamiliar environment. Taking our Karen women depression treatment group to the conservatory was revealing. The women were more relaxed and happy. . .they spoke repeatedly of the comfort of seeing familiar plants, the feel of jungle, and were reminded of happier times in their villages.”

The importance of family in the healing process among SEA cultures were also latently seen through the responses. One participant captured this thought with this statement, “Separation from family adds to the deep grief and loss and reduces available support systems to help in healing and adjustment.” In many surveys, clinicians shared that the importance of the family system and separation from this support often drives many SEA clients into great distress. Another participant spoke to the importance of family ties: “The strongest expression of distress are children missing aging parents or parents missing adult children left behind due to having different immigration applications.” More responses that captured this latent theme describing the importance of culture in regards to attachment, homeland and family are captured in Appendix F.

The Intergenerational Effect of Separation and Loss. Although not explicitly mentioned, however, participants latently implied this theme through statements from our study's practitioners. Words or statements such as, "I think this [study] is an important examination of a process that has a critical impact on the community as a whole and generational implication;" or "traditions and values from the homeland are often lost and the family structure may be threatened;" or "grieving parents are not emotionally available to children-they develop attachment issues." Interpretively, these statements imply concerns of the effect that separation and loss will have in SEA families. Another survey captured this thought that highlights the impact separation from loved ones may have a generational effect on SEA families, "Separation from family adds to the deep grief and loss." Another participant supported this theme by talking about acculturation rate between the older and younger members in families which may bring tension into the family; the respondent wrote, "children learn the language faster and reverse role with parents-at times some children go with teen culture or gangs and are estranged from family." Some clinicians observed SEA parents often due to dealing with their own mental health issues have become emotionally unavailable to their children. A respondent captured this thought in sharing an observation among depressed mothers and their unresponsiveness with their children, "Some of our women are so severely depressed they show significantly reduced ability to emotionally bond. Majority of women treated rely on children to take care of them emotionally as well as do most of household chores." Finally, this statement summed up well the latent meaning of this issue, "Grief is

longstanding and they lose confidence in their security in the world and hopelessness about recovery in the future.

Section V: Discussion

The goal of this exploratory research was to examine separation and its impact on attachment related issues among SEA immigrants and refugees. Also, the hope was to contribute to the literature on culture, separation and attachment by using both quantitative and qualitative research methodologies to examine mental health professionals' perspectives on the impact of migratory separation on SEA's attachment. Along with this process, we hoped to unveil any mental health implications, and to get recommendations for effective practices. The literature review revealed a scarcity in research on this particular topic; while, the findings of this study indicate that the impact of separation due to immigration on attachment and mental health among SEA clients is profound and should continue to be investigated.

The intent of the following discussion is to address important themes that emerged out of this study as well as highlight current treatment recommendations from providers working with SEA populations. Additionally, implications for future research and for the professional practice of clinical social work will be addressed. Finally, strengths and limitations of the study will also be considered and discussed.

Findings from both quantitative and qualitative data show some important implications of the multiple-faceted impact separation due to immigration has on attachment and SEA's wellness. Below will be some discussions on important data revealed through this study taken together from quantitative and quantitative data.

Notably from the findings, there are important observations given by participants concerning these issues which will be further discussed, namely: culture and attachment, separation and attachment, separation and mental health and recommendations on effective practices with SEA clients.

Culture and Attachment

When asked whether participants have used components of attachment theory in their work with SEA clients, about 79 percent of participants responded that they do use this theoretical approach in their work with awareness that attachment standards are seen differently between Western and Eastern cultures. Participants also observed that they perceived there to be some relationships between culture and attachment. Eleven out of 14 participants recognized a relationship between these two variables. This collective observation is supported by recent literature viewing attachment cross-culturally and inter-culturally among SEA societies. Many studies indicate that the shaping and interpretation of attachment behaviors are culturally determined, and the techniques used by a person which give meaning to internal and external reality are influenced by family as well as by cultural and sub-cultural values and beliefs (Wang & Mallinckrodt, 2006; Erdman & Ng, 2010; Sun et al., 2010). Similarly, as previously discussed in the literature review section, through attachment with a parent or caregiver, the child learns survival skills specific to his/her environment (Bowlby, 1973; Erdman & Ng, 2010). Thus, attachment behaviors and characteristics are uniquely different across cultures (Erdman

& Ng, 2010; Sun et al., 2010) depending on what the child needs to learn in order to thrive and survive in his/her specific environment.

Aspects of attachment and culture were also revealed in all the themes, particularly in the first latent theme (*The Importance of Culture*). From careful re-reading of the responses this researcher found that culture is not only defined to be the intangible patterns of shared values and beliefs, but also encompasses the physical bond SEAs have with their homeland and native environment. In this study, providers similarly witnessed that the separation experienced by SEA clients brought great distress and grief because immigration did not only disrupted their attachment with loved ones but also with their physical environment and homeland. In other words, clinicians observed that the migratory separation disrupts both the relational bond with love ones as well as the bond with the physical environment that is perceived together as part of SEA's way of looking at culture. Previous studies supported this understand when they found that among immigrants and refugees, there is an inseparable tie to their native environment; and the separation due to immigration often bring great distress among this population (Ecke, 2005; Lopez, 2009; Ting-Hwang, 2009). Fittingly, collective research noted that one of the functions of attachment in Eastern cultures is to teach desired socialization outcome to nurture an interdependent social being with interest for the collective society (Erdman & Ng, 2010). This indicates that the way of raising children in Eastern cultures in particular is to prepare the child to "fit in" to the collective society; therefore, when SEA adults experienced separation from their natural environment because of immigration, they experienced a disruption on multiple levels such as ties to their network of attachment, including not only to their attached figures but society, culture, and the home

environment that they have been raised to navigate and participate in (Pumariega, Rothe, & Pumariega, 2005; Erdman & Ng, 2010). This idea is supported when majority of participants reported seeing some relationship between culture and attachment and again components are revealed through the dominant themes and in the first latent theme when clinicians' responses hinted on the different characteristics of attachment among SEA families.

Separation and Attachment

Another important observation in the data concerns the variables of separation and attachment. From our quantitative data, most clinicians (13 out of 14) observed separation having great impact on attachment. However, contrary to some previous research, six of the study's participants remain uncertain on whether short-term separation has any impact on attachment, while five participants observed no impact, and three stated some impact of short-term separation on attachment. This is different from previous literature where it was found that both short and long-term separation having some effect on attachment (Pumariega, Rothe, & Pumariega, 2005; Erdman & Ng, 2010); however, most of these studies were done with the child-parent dyads. Here, the observations are made with the adult subjects; hence short-term impact of separation on adults may not affect them as strongly as for children.

Albeit, almost unanimously, 13 out of 14 clinicians observed that separation have serious impact on attachment. A number of studies on attachment affirm the deleterious impact long-term separation on attachment, especially among children (Main, 2000; Eck,

2005; Pumariega et al., 2005; Wallin, 2007; Erdman & Ng, 2010). A majority of participants observed some levels of difficulties seen both between SEA clients with their parents and their children; however, levels of difficulties in attachment ranked higher between SEA clients with their children. Eleven participants ranked from high moderate to strong difficulties observed between clients and their children. Consistently among literature on attachment, researchers found that parents with insecure attachment, or who are emotionally unavailable, raised children who also struggle with issues of attachment (Wang et al., 2006; Erdman & Ng, 2010; Haene et al., 2010; Sun et al., 2010).

Furthermore, new studies examining parenting styles among immigrants and refugees report that most parents, due to their struggle with grief and loss caused by factors preceding and during the migratory process, have reduced ability to adequately respond to their children (Wang & Mallinckrodt, 2006; Lopez, 2009; Erdman & Ng, 2010; Haene et al., 2010; Sun et al., 2010). Under both latent themes, practitioners witnessed the multiple impact separation has on SEA clients' attachment. Most notably is the impact separation from family and support systems impinged on SEA's emotional availability and attentiveness to their children (Lopez, 2009). This has great impact on the parent-child relationship. In fact, many clinicians observed role reversals between SEA's parent-child relationship, especially when children are able to acculturate better than parents, they are given the responsibility to take care of their parents.

An equally noteworthy observation is revealed in the second latent theme that speaks to the intergenerational effect separation and loss has on SEA's families. Due to stress from separation and loss of homeland, resettlement, and traumas experienced by most immigrants and refugees, SEA adults become unavailable to their children both in

their physical needs as well as emotions. This phenomenon could cultivate intergenerational impact on attachment as multiple researches found children who experienced insecure attachment suffered poor mental health as well as they will raise children who also exhibit poor attachment styles (Erdman & Ng, 2010; Sun et al., 2010; Wang & Mallinckrodt, 2006; Pumariega, Rothe, & Pumariega, 2005).

Separation and Mental Health

A striking implication resulting from the data is the impact separation may have on SEA's mental health. Unanimously, all participants observed in some ways how separation due to immigration affected the well-being of SEA mental health statuses. Recorded from the second dominant theme of Common Mental Health Concerns, clinicians consistently reported depression, anxiety, trauma and adjustment disorders are common diagnoses seen among SEA diaspora's populations. Recent research affirmed this observation when it found that among adult immigrants, the main problems are those of depression and anxiety disorders, particularly post-traumatic stress disorders (Pumariega, Rothe, & Pumariega, 2005). These disorders have been correlated to exposure or close-proximity to pre-migration and post migration traumatizing events (Pumariega, Rothe, & Pumariega, 2005).

The first theme also adds to the understanding gathered in examination of separation and mental health issues among SEA clients. Specifically, the first sub-theme of grief and loss illustrates the deep rooted effect separation plays in the development of mental health. Experienced by many immigrants and refugees adults through their

migratory journey were violence, wars, loss and sometimes torture, hence grief and loss is a common struggle (Eck, 2005; Pumariega, Rothe, & Pumariega, 2005). In addition, SEA adults experienced multiple stressors from the resettlement process which adds to their psychological well-being. A combination of all these challenges affects the mental health of immigrants and refugees. Clinicians observed how separation due to immigration affects SEA'S mental health on multiple levels. Literature on the mental health of immigrants and refugees also supported this view, revealing both psychological short-term and long-term effects among immigrant populations due to separation and stress in the acculturation process (Perez Foster, 2001; Van Ecke 2005 & 2007; Lopez, 2009; Sun, Ng & Guo, 2010; Haene, Grietens & Verschueren, 2010). Taken from our data, clinicians have noted the potential for intergenerational impact of separation and loss may have among SEA adults and their families.

Practice Recommendations

Practitioners also offered various approaches in bringing effective services to SEA client populations, which was captured in the third dominant theme. The most notably and not surprisingly intervention is through support groups. Many Southeast Asian societies value communal way of life (Erdman & Ng, 2010). Distinctive Eastern cultural values such as collectivism, and strong family involvement in all aspects of decision-making and support explain why also in the healing process, communal support is necessary and important for SEAs (Shea & Yeh, 2008; Ting-Hwang, 2009). Clinicians noted that support groups of all kinds are effective among SEA clients, especially for

women. Studies have shown that women in Eastern cultures easily reach out to neighbors, friends and families in time of need, and in many Asian cultures, these entities define their support system (Erdman & Ng, 2010). Thus, this speaks well to many participants' usage of support groups, especially for women, as a healing approach when working with SEA client populations. Furthermore, clinicians also suggested providers should be flexible to integrate various client-centered methods familiar to the client's cultural way of healing such as tai chi, relaxation exercises, or yoga and gardening. However as a beginning step, respondents observed that the quality within the therapeutic relationship is key to a successful therapeutic alliance. Qualities such as assuring trust, respect, and empathy are important.

Implications for Future Study

Data from this research indicate that separation and immigration have multi-faceted impacts on SEA clients, including client's sense of identity, prolonged issues of grief and loss, attachment issues, and mental health implications. Gathered from our data, there are some important knowledge concerning this topic, yet there continues to be limited research and literature on the subject matter. Even more scarce is the limited research on attachment inter-culturally across SEA's cultures. Furthermore, there are few studies investigating adult attachment in non-Western cultures. Also limited are literatures that examine culturally effective practices. Further attention is needed on this topic considering the rising number of SEA in our country, and specifically in the Twin Cities and their need for culturally sensitive mental health services.

Thus, future studies can contribute to the limited literature by further examining the impact migratory separation has on attachment relevant issues among SEA families. For example, future studies can investigate short and long-term effects of migratory separation on parent-child relationship within SEA families. Consistent with previous studies and observed from our participants, children of immigrants and refugees often are forced to be caretakers of their parents since they can adapt and acculturate more easily to the new culture (Pumariega, Rothe, & Pumariega, 2005). This results in reversal of roles within the parent-child relationships seen in many SEA's households (Haene et al., 2010). A recent study reported that first and second generations children from these households suffer from similar conditions as seen in adults, including anxiety disorders, depression, and PTSD due to multiple stressors they faced from home and host society (Pumariega, Rothe, & Pumariega, 2005). Future researchers can also perform qualitative studies with SEA immigrant and refugee client populations to have an in-depth understanding of the traumas and stressors faced by this population during their physical and psychological odyssey to better understand implications for mental health issues among this population. Perhaps a more in-depth study would examine this populations (immigrate and refugees) separately since there are major distinctions from one group to another. Immigrants often leave their native countries on a voluntary basis to seek change whereas refugees are often forced to leave due to faith or political endangerment.

Another awareness from this study supported by previous research is the attachment patterns differences between East and West. Dissimilar to Western's value of individualism, Eastern cultures value community and collective connection with society and families (Shea & Yeh, 2008; Ting-Hwang, 2009; Erdman & Ng, 2010); hence the

healing process needs to include this network of support. Thus, future researchers can investigate effective ways to incorporate the family system in the therapeutic process as many Eastern cultures value family involvement in the healing process.

Implications for the Professional Practice of Clinical Social Work

This mix method exploratory study has potential for an in-depth understanding of the impact of separation due to immigration on SEA clients' attachment. It is important for mental health professionals to keep in mind that each client's experience is unique. Mental health professionals working with SEA immigrant and refugee clients should be mindful that the expression of attachment behaviors differ across cultures and inter-culturally. Equally important is to have an awareness that the traditional, Western concepts of attachment do not always apply to SEA cultures, particularly when considering the collectivist view of parenting in the Eastern cultures. In these cultures, attachment can be established with multiple persons such as grandparents, cousins, aunts, uncles or relatives since the concept of family in Eastern cultures reaches beyond the nuclear family.

Furthermore, clinicians working with SEA immigrants and refugees should be aware that separation through immigration has a profound impact on the lives of those who migrate. The process of leaving one's country and the resettlement process may completely alter one's life and brings forth serious psychological distress. Yet mental health services are still very foreign and carry a lot of stigmas for SEAs; hence low

utilization rate among this population. With this awareness providers can do more to normalize the service seeking process for SEAs clients.

In addition, separation and loss of one's familiar support system, collective community, home environment along with cultural change, directly threatens the security and stability of the immigrant and refugee client and produces confusion in self-identity, interpersonal struggles, family conflicts, and mental health problems. Similarly, the process of immigration produces drastic changes and significantly influences one's affective states, cognitive processes, interpersonal relationships and social functioning.

This exploratory study also has potential implications for mental health professionals working with SEA immigrant and refugee clients. First, clinicians should cultivate a supportive, secure, respectful and empathic relationship with SEA clients in order to engage the client in therapy, and to help normalize the experience. Furthermore, mental health professionals should educate, inform, provide resources, and advocate for clients by being flexible to step outside of the traditional therapist role and help clients navigate unfamiliar territory. Finally, practitioners can cultivate cultural awareness by building flexibility and openness to learn from their clients' cultural ways of healing and to integrate that into the therapeutic practices.

Strengths and Limitations

This study has a number of strengths in its design. The mix-method research design allowed for a more wholesome collection of data, including numeric (quantitative) and complex (qualitative) data from our participants. Also, from a pool of possible

candidates, the researcher carefully selected the top candidates judging from both professional experience and years in practice with SEA clients. That meticulous candidate selection process, through purposeful and snowball sampling, ensured that the subjects qualified to contribute to this study. Hence the data collected reflect the depth and complexity of knowledge cultivated from many years of direct-practice experience in mental health services with the SEA populations. Demographically, the pool of participants is diverse with representatives of clinicians who identify themselves as belonging to the ethnic groups of SEA and non-SEA; adding multiple perspectives to our study. Furthermore, the questions on the survey were informed by the findings of previous studies in the subject of immigration and separation. In this way, the findings of this study may be easily compared with the findings of previous studies concerning this topic as well as can be used to expand on previous researches.

Another strength is in the careful process of data review by this researcher and the research committee chair to ensure the reliability of the findings. The combination of thorough candidate selection, extended information gathering process in preparing interview questions, and rigorous analysis of data in the data collection process ensure the reliability of the findings.

Nevertheless there were also some limitations to this study. The data collected for this study came from a small pool of participants (N=14). This limited the potential generalizability of this study's findings. Additionally, the quantitative data were measured on nominal and ordinal levels hence no inferential statistics could be generated to the measured variables of separation and attachment. In much the same way, sampling through survey slightly affects the flexibility for the participants to provide clarification

or elaborate on their responses which may reveal more insights on this topic. Another limitation to this study is the lack of culture specificity under examination. Clumping Southeast Asian populations together may overlook the uniqueness of the multiple cultures and distinctiveness of each culture within Southeast Asian ethnic groups. Also, this researcher was the primary researcher on this project. It is known that with qualitative research, the use of a team to analyze data improves the validity, reliability, and trustworthiness of the study by reducing the sole's researcher's biases during the coding, selecting themes, and developing the conceptual framework (Berg, 2009).

Lastly, although the sample population is carefully drawn to assure well-rounded knowledge and experience among selected participants; however, data was collected from a small group of clinical professionals in the Twin Cities. Due to this small sample size, data and experiences offered cannot be generalized to the greater population of therapists and clinicians everywhere working with SEA clients. Further, given the sample size (N=14), not all participants may have experienced working with clients from all ethnic groups within Southeast Asian countries. Nevertheless, given careful steps in the selection of participants for insight and experience, major common themes drawn out from data given have important implication to the research topic at hand.

Conclusion

Consistently found in the literature on attachment is the importance of obtaining continuous responsive relationships throughout the lifespan as a way to provide security and support necessary for healthy development among all individuals (Sun et al., 2010;

Wang et al., 2006; Sroufe & Fleeson, 1986; Bowlby, 1978). Despite this recognition of attachment as a necessity for all human beings and the invaluable contribution of attachment literature to the field of human psychological development, there is a limited amount of research available that could speak to the experiences of people who undergo separation due to immigration. Even more limited are studies to examine attachment cross or inter-culturally, specifically among SEA cultures. Thus, traditional studies on attachment done in Western cultures limit the applicability of results to ethnically diverse populations.

Recognizing the scarcity in literature in this area, this study utilized a mix method approach to examine mental health professionals' perspectives of the impact separation due to immigration affects attachment among SEA clients, to reveal any implication on their mental health, and to gather treatment recommendations. This is an important examination as one can observe rising numbers of SEA immigrants and refugees within the Twin Cities and the powerful impact migratory separation can have on this client population. Data from this study show that indeed separation due to immigration has significant and detrimental effects on the SEA immigrant client's overall emotional, psychological and interpersonal relationships.

Based on data revealed through this study supported by previous literature on the topic of separation, immigration, and attachment, it appears that separation due to immigration has strong and profound negative impact on attachment, psychological health, and interpersonal ability. The study has implications on future researches as well as point to some beginning steps for mental health professionals to engage in as a way to build culturally sensitive approaches in their work with SEA immigrant and refugees

populations. Further, to add to the limited literature on this topic as well as expand some understanding on common migratory experiences faced by SEA clients that may affect their mental health. The hope is to bring awareness to mental health professionals everywhere of the multifaceted effects separation can have on immigrant and refugees' well-being and to call for appropriate interventions to assure effective, ethical, and culturally appropriate services to this growing populations in our nations and in our metro area.

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Appendix A: IRB Research Consent Form

St. Catherine University School of Social Work

You are invited to participate in an exploratory study examining the role of attachment and separation in the experience of Southeast Asian (SEA) immigrants and refugees. You were selected as a possible participant in this research because you were identified as a clinician with knowledge and experience working with Southeast Asian clients. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Diem Cao, a Master's of Social Work (MSW) graduate student, under clinical research advisor Dr. Pa Der Vang, PhD, School of Social Work, St. Catherine University/University of St. Thomas.

Background Information:

The purpose of this study is to explore the role of separation during the immigration process and attachment among Southeast Asian diaspora populations from clinicians' perspectives. Recent studies have indicated migration to be a trauma provoking process. Loss of family, community, and familiar physical environment are major factors contributing to grief, and development of mental health problems among immigrants and refugees. The intention behind this study is to examine clinicians' views on separation and how it impacts attachment among SEA adults as well as to identify post-migration factors that may compound mental health problems and recommendations for effective services for working with this target population. This research hopes to gain insight into the experiences of SEA immigrants and refugees, thus providing mental health professionals an in-depth understanding of the immigration experience that may contribute to mental health issues among SEA clients; and to provide effective support and services for these individuals and families.

Procedures:

If you agree to be in this study, I will ask you to do the following things:

- Please read and sign this consent form.
- Commit to filling out this survey to the best of your knowledge and expertise observation. This study will consist of a one-time 24-question survey. You will be asked to give responses to 7 demographic questions and 17 survey questions concerning the research question of interest. The survey should take 40 minutes to complete.
- Please mail your signed consent form and completed survey back to the researcher with the pre-stamped envelope.
- If further information is needed, you would be open to be contacted, either by phone, mail, or email.

Risks and Benefits of Being in the Study:

The study has minimal risks. The survey questions will ask you to share your professional insights and experiences in your clinical work with SEA immigrant and refugee populations. If

you identify yourself with this target population, some questions may activate strong feelings, beliefs, or memory of experiences, it is possible that emotional discomfort may arise. The non face-to-face surveying process should minimize this risk and create an open forum to express thoughts and feelings.

There is no direct benefit for your participation in this study.

Confidentiality:

The information of this study will be kept confidential. Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified and only group data will be presented. The types of records I will create include excel data coding page, Minitab statistical charts and graphs, and record of major themes reported from the survey open-ended questions (qualitative section). I will keep the research results in a password protected computer and/or a locked file cabinet. Only I, and my research advisor, will have access to these records, for the purposes of a reliability check for the duration of the research project. We will finish analyzing the data by May 10th, 2012. The collected surveys and any identifying information that can be linked back to you will be destroyed after the study is completed.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with your clinic, social service agency, or St. Catherine University/University of St. Thomas in any way. If you decide to participate, you are free to withdraw up to two days after you submit your survey; and your withdrawal will not affect these relationships. Upon your request to be withdrawn from the study, your data will be removed and no further data will be collected.

Contacts and Questions

If you have any questions, please feel free to contact me, Diem Cao. If you have questions later, you could contact me at (651) 354-1372 or my Research Advisor (Committee Chair), Dr. Pa Der Vang, at (651) 690-8694. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739. You may make a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B: Research Cover Letter

Practitioners' Perspectives on the Impact of Migratory Separation on Attachment Among Southeast Asian Clients: An Exploratory Study

Dear Mr./ Ms.

You are invited to participate in an exploratory study examining the role of attachment and separation in the experience of Southeast Asian (SEA) immigrants and refugees. You were selected because you have been identified as a clinician with knowledge and experience working with Southeast Asian clients.

The purpose of this study is to explore the role of separation through the immigration process and attachment among Southeast Asian diaspora populations from clinicians' perspectives. Recent studies have indicated migration to be a trauma provoking process. Loss of family, community, and familiar physical environment are major factors contributing to grief, and development of mental health problems among immigrants and refugees. The intention behind this study is to examine clinicians' views on separation and how it impacts attachment among SEA adults as well as to identify compounding factors post-migration that may contribute to mental health problems and recommendations for effective services for working with this target population. This research hopes to gain insight into the experiences of SEA immigrants and refugees, thus providing mental health professionals an in-depth understanding of the immigration experience that may contribute to mental health issues among SEA clients; and to provide effective support and services for these individuals and families.

It is important to initiate this exploratory study among SEA populations, who are considered minority groups, because (1) there is an increased rate of refugees and immigrants coming from these areas into the U.S. and particularly in Minnesota; and (2) many SEA immigrants and refugees shared a common experience of great loss escaping their war-torn countries and yet (3) little is known about the effects of separation due to immigration on SEA adults through the attachment perspective.

Your contributions through this study can help professionals gain better understanding of the immigration process, separation and attachment in the experience of SEA populations; as well as to share with other clinicians on effective services to better serve these individuals and their families, who is a growing population in our metro area.

Thank you for the work that you do in our community and for your time and attention in committing to this study.

With Appreciation,

Diem Cao

dtcao@stthomas.edu

Primary Researcher

Master of Social Work at St. Catherine University/University of St. Thomas

Appendix C: Research Survey

Demographic Questions

To help better understand the general characteristics of clinicians who serves Southeast Asian (SEA) clients in the Twin Cities metro area, and to identify characteristics of the SEA populations being served, please complete the following survey questions. Providing this information is voluntary. You may skip any questions you prefer not to answer.

Please indicate your gender:

- a. Male b. Female

Please indicate your age

- a. 20-30 yrs old b. 31-41yrs old c. 42-52 yrs old d. 53+ yrs old

Please indicate your race (check all that apply):

- a. American Indian or Alaska Native b. Asian c. Black or African American
 c. Native Hawaiian or Other Pacific Islander d. Hispanic or Latino e. White
 f. Other _____

Please indicate the highest level of education you have completed.

- a. Some college b. 2-Year College Degree (Associate)
 c. 4-Year College Degree (B.A, B.S) d. Master's Degree e. Doctoral Degree

5. Please indicate your professional licensure:

- a. LSW b. LGSW c. LCSW d. LICSW e. LP
 f. LMFT g. other _____

Demographics Questions about your clients

6. Please indicate the ethnic background(s) of your past or current SEA clients. Circle all that apply.

- a. Hmong b. Cambodian c. Indonesian d. Laotian e. Malaysian
 f. Myanmarian

g. Filipinos h. Singaporean i. Burmese j. Vietnamese k. Thai l. Other

7. The majority of your SEA immigrant/refugee clients arrived here in the United States:

- a. Newly arrival (a few days to few months) b. 1-3 years c. 4-6 years
d. 7-10 years e. 10+years f. Unknown

Mental Health Survey Questions

8. How many years of experience do you have in providing clinical services to SEA immigrants and refugees?

- a. 1-3 years b. 4-6 years c. 7-10 years d. 10+years

9. Have you heard of Attachment theory?

- a. yes b. no

10. Have you applied Attachment theory concept(s) in your work with SEA clients?

- a. yes b. no

11. From your perspective, is there a relationship between culture and attachment?

- a. Yes b. No c. Uncertain

12. Have you observed some attachment difficulties among SEA immigrant/refugee clients with their parents?

- a. no b. Yes c. Not observed

13. If yes, how would you rate the level of difficulty?

| no difficulty | | | some difficulty | | | | strong difficulty | | | |
|---------------|---|---|-----------------|---|---|---|-------------------|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

14. Have you observed some attachment difficulties among SEA immigrant/refugee clients with their children?

- a. no b. Yes c. Not observed

15. If yes, how would you rate the level of difficulty?

Appendix D: Initial Recruitment E-mail Letter

(Subject Line): Role of Separation and Attachment Among SEA Diaspora Populations Research

Hello Clinicians:

I am a graduate student in the Master's of Social Work Program at St. Catherine University/University of St. Thomas. I am conducting an exploratory research study to examine the role of separation during the immigration process and how it impacts attachment among Southeast Asian (SEA) adults. If you have 2 or more years of experience working with this population in a clinical setting and are willing to share your experiences working with this population, I would like to invite you to participate in this study. If you agree to participate in this survey, you will be asked to answer a 24-question survey. Your contribution would be anonymous. Your input could provide professionals everywhere with an in-depth understanding of the immigration experience among SEA clients and any indication of mental health issues that may develop due to separation and difficulty with attachment. Further, your contribution would help other clinicians develop knowledge in how to provide effective support and services to better serve these individuals and families, who is a growing population in our metro area.

If you are interested in participating or know other mental health professionals who would be interested, please reply to this email stating your interest or forward this email to interested clinicians. I will ask you for your contact number for a brief phone screening. If you are a likely participant, the researcher will ask for your address and you will be mailed a cover letter about the study, consent form, and the survey with a pre-stamped return envelope.

Please feel free to contact me with any questions you may have regarding the study. Thank you for your attention and for the work that you do in our community!

Sincerely,
Diem Cao
Master of Social Work (MSW) Student Researcher
St. Catherine University/University of St. Thomas
dtcao@stthomas.edu

Appendix E: Phone Screening Script

Hello (Name of Clinician), how are you?

Thank you for your interest in the study. I wanted to contact you to share with you a brief background about my research study and to ask you a few questions to see if you could be a potential participant in my study, do you have some time for this conversation?

- Here are the questions I have for you:

- How long have you been working with SEA clients in the clinical setting?
 - Do you work with SEA immigrants and refugees populations?
 - Are you familiar with Attachment theory?
 - Do/Have you applied some attachment theory concepts into your work with these clients?
- Do/have you observe some problems that arise in attachment when separation is due to immigration?

Depending on the clinicians responses to these questions, if the clinician have some insights to these questions and fits the selection criteria, then ask. . .

Would you be interested in participating in this study and I can explain further of what is required of participants in this research.

Do you know of other colleagues or professionals who would be a fitting candidate to participate in this study?

[If yes] thanks for your referral(s), I will contact this/these referral(s) by the contact information you've given me (depending on what was given, the researcher will call or email using phone script or email recruitment letter).

Thank you so much for your time, and before we end our call, do you have other questions for me?

Thank you for your time!

Goodbye.

If a clinician does not qualified for the study:

I appreciate your time and attention; however I see that your experience is not in the area of this research topic.

Thank you for your time and the work that you do for our community.

Have a good day.

Appendix F: Themes

Chart 1 Subject's Statements Suggesting a Dominant Theme of The Multifaceted Impact of Separation and Immigration on SEA's Wellness

| Common Coded words/Subject Statements | |
|--|---|
| | <ul style="list-style-type: none"> - "they come to a foreign land, can't speak/read/write in that land's native tongue, can't work. . .this brings major depression, adjustment issues, acculturation issues, loss of identity, and more" - "Identity/ role confusion" - "Depression over separation from relatives-both physical separation and loss by death" - "separation from family adds to the deep grief and loss and reduces available support systems to help in healing and adjustment" - "Traditions and values from the homeland are often lost and the family structure may be threatened. The previous 'home' environment involved a more simplified life and refugees and new immigrants are overwhelmed by life in the U.S." - "trust issues even with people in their inner circle." - "There is a protective value within family, clan, village despite the challenges. Take this away and people lose the protective security and coping skills which can lead to the manifestation of depression, anxiety or trauma symptoms." - "There is difficulty in developing identity (or loss of identity) due to loss of home/country" - "separation from family adds to the deep grief and loss and reduces available support systems to help in healing and adjustment" - "I believe that our homes and families create a sense of physical, mental, emotional, and spiritual 'reality' - a 'glue' that allows us to feel a sense of wholeness about life that seems true and natural. . .separating people from their 'home' forces an instinctual uprooting that creates symptoms of deep emotional distress, repression and suppression of thoughts and feelings, fear, anger, constant anxiety, and lowered self-esteem." |

Chart 2 Subject's Statements Suggesting a Sub-themes: Grief & Loss

| Sub-themes | Coded Words/Statements Indicating Grief & Loss |
|-------------------|--|
| Grief and Loss | <ul style="list-style-type: none"> - "I have seen issue of grief and loss, from loss of their homeland, native language, separation from family, loss of properties to loss of their whole support system." - ". . .lost important attachment figures they once had they do not grieve as we understand it through Western cultural worldview." - "grief and loss" - "ambiguous loss" - "immense grief all around that extends to generations" - "loss of connection to family of origin" - "loss of purpose in life" |

| | |
|---|---|
| <p>Interpersonal and resettlement struggles</p> | <ul style="list-style-type: none"> - “Not knowing who they are anymore... a belief that they are unworthy.” [self-perception]. - “family stress-children are unruly, out of control, ‘too busy’ or disrespectful to parents.” - “. . .there’s certain degree of access problems.” - “lack of security, isolation (especially or divorce women & elderly) - “isolation due to transportation, acculturation, and other environmental barriers in the new country.” - “sense of role reversal [between parents and children] - “sense of guilt (akin to survivor’s guilt)” |
|---|---|

Chart 3 Subject Statements Suggesting a Dominant Theme of Common Mental Health

| Coded words/Subject Statements |
|--|
| <p>“Elevated anxiety due to ongoing stress of separation”</p> <p>“The primary sources of mental health problems are a combination of the trauma of the refugee experience and war overseas and the resettlement and adjustment stressors upon arrival in U.S.”</p> <p>“There is a protective value within family, clan, village despite the challenges. Take this away and people lose the protective security and coping skills which can lead to the manifestation of depression, anxiety or trauma symptoms.”</p> <p>“Most clients have multiple traumas-war, death of loved ones, domestic abuse or abuse as child. . .domestic and resettlement issues compound issues due to war trauma.”</p> <p>“depression (sometimes major depressive disorder, anxiety, adjustment disorder usually with depressive features. . .in war survivors worsening of symptoms of posttraumatic stress disorder.”</p> <p>“depression, trauma, anxiety. . .illness recognizes physical pain more than emotional pain.”</p> <p>“Individuals experience chronic depression, anxiety in various forms. . .”</p> <p>Some individuals may experience depression and anxiety in adjusting to new life in this country without the support of family system.”</p> |

**Chart 4 Subject Statements Suggesting a Dominant Theme of Recommendations
of Effective Practices**

| Coded words/Subject Statements |
|---|
| <p>“Developing a relationship of trust and caring with therapist is crucial.”</p> <p>“The relationship is key to reaching families.”</p> <p>“Establish rapport . . . empathy, emotional support,”</p> <p>“kindness and respect [in the client-therapist relationship] works.”</p> <p>“[Start with] group work so people don’t feel alone or ‘crazy.’”</p> <p>“Working in groups (specifically, women support groups) gives women an opportunity to express many thoughts and feelings they thought and believed were their own isolated ‘problem’ . . . meeting together, sharing a traditional meal, having some social time to connect, laugh, and develop friendships is very important”</p> <p>“Start with client-centered techniques-like building healthy attachment/trust/unconditional positive regard/modeling of healthy relationships and emotions.”</p> <p>“Start where the client is at; most [SEA clients] are unfamiliar with and suspicious of therapy, often this means dealing with somatic complaints. . .[start with] relaxation exercises, guided imagery, tai chi, or yoga movement. . .”</p> |

**Chart 5 Subject Statements Suggesting a Latent Theme of The Importance of Culture:
Attachment, Homeland and Family**

| Coded word/Subject Statements |
|---|
| <p>“Issues of attachment may be more common among SEA clients. . . attachment issues for SEA are often the result of disruption in attachment, rather than the absence of the opportunity to have had or formed attachment.” Another respondent commented.”</p> <p>“Attachment is one of many factors that influence the mental health and well-being of immigrants. It’s also very culturally-imbedded even before it becomes disrupted”</p> <p>“I think the places in which all people are born and raised in become part of them in deep ways. Our bodies, senses, minds, and hearts identify with weather cycles, plants, animals. . . removing persons from their physical, emotional, and spiritual ‘home,’ I have observed, produces a deep sadness and grief. . .”</p> <p>“Separation from home as a place, not just people also deeply affects [SEA clients]. Familiar landscapes and vegetation are gone; self-soothing and self-regulation are more difficult in an unfamiliar environment. Taking our Karen women depression treatment group to the conservatory was revealing. The women were more relaxed and happy. . . they spoke repeatedly of the comfort of seeing familiar plants, the feel of jungle, and were reminded of happier times in their villages.”</p> <p>“The strongest expression of distress are children missing aging parents or parents missing adult children left behind due to having different immigration applications.”</p> <p>“language barriers, lost leaders or clan, new environment [provoke culture shock].”</p> <p>“Traditions and values from the homeland are often lost, the family structure may be threatened. The previous ‘home’ environment involved a more simplified life. . .”</p> <p>“There are all sorts of cultural ramifications.”</p> |

Chart 6 Subject Statements Suggesting a Latent Theme of The Intergenerational effect of separation and loss

| Coded words/subject statement |
|---|
| <p>“Grieving parents are not emotionally available to children-they develop attachment issues-also parents [are] not able to model presence, attachment, healthy relationships, healthy emotional regulation, acknowledgment.”</p> <p>“sense of loss of role/control, especially or parents when their children became more acculturated and can maneuver around the community [easier] than the parents.”</p> <p>“Children learn the language faster and reverse role with parents-at times some children go with teen culture or gangs and are estranged from family.”</p> <p>“Some of our women are so severely depressed they show significantly reduced ability to emotionally bond. Majority of women treated rely on children to take care of them emotionally as well as do most of household chores.”</p> <p>“ . . .other less traumatic separations still create a problem with trust in the future.”</p> <p>“ ‘orphans’ never seemed to recover from the loss of parents.”</p> <p>“Grief is longstanding and they lose confidence in their security in the world and hopelessness about recovery in the future.”</p> |