Immigrant Women and Counseling: The Invisible Others

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The number of women immigrating to the United States is growing because of current global changes (A. J. Marsella & E. Ring, 2003). Understanding and serving the mental health needs of this population is a new challenge for American counselors and counseling scholars. In this article, an ecological model (U. Bronfenbrenner, 1979) is used to describe the mental health needs of immigrant women, outline various counseling strategies and interventions, and systematically explore the sociocultural variables influencing immigrant women's experiences in the U.S.

The U.S. Census Bureau reports that 10.4% of the U.S. population, or approximately 28 million individuals, are immigrants (Schmidley, 2001). Immigration is undoubtedly the strongest force that has shaped U.S. history, and current global changes account for unprecedented movements of individuals across the world in search of better life opportunities and conditions (Marsella & Ring, 2003). The amount of information on recent immigrants in psychological literature is sparse (Hovey, 2000; Pernice, 1994; Yoshihama & Horrucks, 2002), however, and there is even less information about the impact of immigration on women and their counseling needs and experiences (Hondagneu-Sotelo, 1999).

A few researchers have examined immigrant women's psychological distress (Rodriguez & DeWolfe, 1990), posttraumatic stress symptoms and victimization (Yoshihama & Horrucks, 2002), adaptation strategies (McIntyre & Augusto, 1999), and identity changes (Weeks, 2000). Cole, Espín, and Rothblum (1992) devoted a text to the mental health issues of refugee women. Books that address issues specific to Latina and Asian American women highlight difficulties faced by racial and ethnic minority immigrant women (Falicov, 1998; Uba, 1994). This research shows that immigrant women's migration and acculturation experiences may threaten their physical, emotional, and mental health. As a result, counselors in the United States are challenged to learn about the mental health needs of immigrant women to support their successful transition in the U.S.

Building on the existent literature, we first provide an overview of issues immigrant women face upon relocation to the U.S. Second, we use Bronfenbrenner's (1979) ecological model to outline mental health concerns and experiences of oppression for immigrant women and to identify counseling strategies for working with this population. Throughout the article, we focus on the experiences of Mexican immigrant women because Mexicans constitute the largest group of new U.S. immigrants and make up 64% of the total U.S. Latino population (Guarnaccia, 1997; Montgomery, 1994).

The Legal Aspects of Immigration

Immigration constitutes a wide array of relocation circumstances, which have a strong bearing on women's experiences in their host environments. The three broad categories of relocation that are officially recognized in the U.S. are (a) *legal immigration,* (b) *refugee relocation,* and (c) *undocumented or "illegal" immigration.* Legal immigration refers to relocation of noncitizens who are granted *legal permanent residence* by the U.S. federal government. Legal permanent residence provides the right to remain in the country indefinitely, to be gainfully employed, and to seek benefits of U.S. citizenship through naturalization (Mulder et al., 2001). This status does not give the right to vote or receive benefits, such as many federal subsidies reserved for U.S. citizens. A different type of immigration status is granted to individuals who are considered refugees. *Refugees* are defined by the 1967 United Nations Protocol on Refugees as those people outside their country of nationality who are unable or unwilling to return to that country because of persecution or well-founded fear of persecution (Mulder et al., 2001).

The third category of U.S. immigrants represents individuals who seek to relocate to the U.S. in search of employment and better living conditions. Often referred to as the "illegal" or "undocumented" population, the unauthorized migrant population consists primarily of two groups: (a) those who enter the U.S. without inspection and (b) those who enter the U.S. with legal temporary visas but stay beyond the time allotment of their visas (Mulder et al., 2001). The U.S. Census Bureau (Mulder et al., 2001) estimates that approximately 5 to 8 million individuals remain in the U.S. without legal documents, with Mexicans constituting 95% of undocumented immigrants who are detained in the U.S. (Portes & Rumbaut, 1996).

An Ecological Model of Women's Immigration Experiences

We use Bronfenbrenner's (1979) ecological framework to examine the multiple sociocultural contexts in which immi-

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grant women are embedded and to identify the different levels of ecology in which counselors can implement interventions. The ecological model consists of five nested systems (see Figure 1 and Table 1). The *individual* is the core of the ecological model and consists of individual characteristics such as genetic makeup, sex, ability, and age. The second system is the *microsystem* and includes an individual's immediate environment, such as family members and neighbors as well as acculturation experiences and environmental or migration stressors. The third system, the *mesosystem*, refers to the quality of the relationships among women's different contexts, such as between her family and community, spouse and extended family, church and community. The fourth system, *the exosystem,* accounts for environmental contexts and processes that affect the immigrant woman but of which she is not directly a part. For example, an immigrant woman may be directly influenced by legislators' decisions about immigration policies, although she is not present in the immediate context when government officials are voting. In fact, immigrant women often have very little power to influence government policies and access legal representation because of their immigration status. The *macrosystem* consists of the overarching societal values that define gender roles, cultural values, social identity, and global resources (Bronfenbrenner, 1979).

A key concept of the ecological framework is *bidirectionality*. Bidirectionality represents the influence that each ecological context exerts on the individual's development as well as the individual's power to effect change in each ecological context (Bronfenbrenner, 1979; Chronister, McWhirter, & Kerewsky, 2004). It is important to note that many developmental processes and life experiences are not represented exclusively in one ecological system. In the following sec-
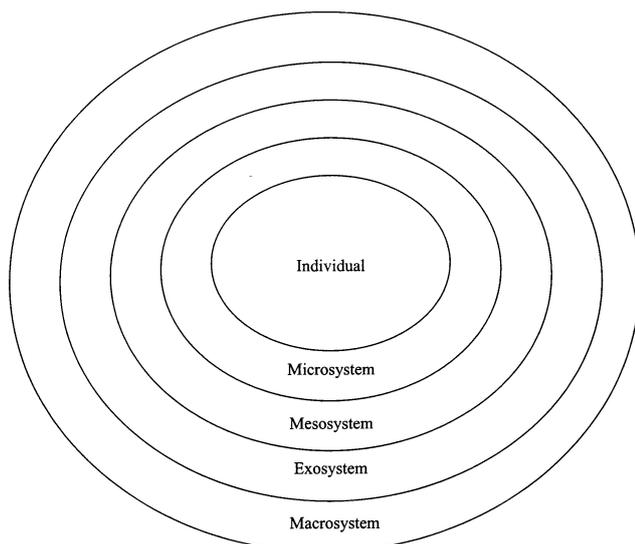

FIGURE 1

The Ecological Model (Bronfenbrenner, 1979)

TABLE 1

Ecological Factors That May Influence Mental Health of Immigrant Women

Ecological System	Specific Factors and Considerations
Individual	Age
	Sex
	Physical and cognitive abilities
	Personality traits
	Coping styles and resiliency
	Language proficiency
	Achievement motivation and expectations
Microsystem	Family composition
	Urban or rural home and host environments
	Family conditions of migration
	Occupational status and conditions in home and host environments
	Educational background
	Financial resources in home and host environments and financial resources for migration
	Social support in home and host environments (e.g., ethnic and religious communities, immigrant groups, family and friends, and social services)
	Racial and ethnic composition of home and host environments
	Acculturation and length of time in host culture
Mesosystem	Relations among immigrant's social support networks in microsystem
Exosystem	Political and economic climate of home and host environments
	Relations between home and host countries
	Legal immigration status (e.g., refugee, undocumented immigrant, or legal immigrant)
	Availability of legal, financial, and social benefits
Macrosystem	Cultural values of home and host environments
	Religious values and beliefs
	Gender and sexual identity
	Racial and ethnic compositions of home and host countries
	Social status of immigrant in home and host environments
	Political and economic values of home and host countries

Note. This table represents the authors' application of Bronfenbrenner's (1979) ecological theory to immigration processes. Although each factor may exert influence on the immigrants' development at multiple levels of the ecology, they are listed under only one ecological system for organizational purposes.

tions, we have categorized different environmental factors and developmental processes into ecological subsections for organizational purposes. Each ecological factor, however, has an impact on immigrants' mental health across multiple levels of the ecology.

The Individual System, Microsystem, and Mesosystem

Acculturation. Acculturation, or the process of adopting the values and behaviors of a new culture, is the most common factor used to discuss immigrants' mental health needs (Flannery, Reise, & Yu, 2001; Hays, 2001; Ortega, Rosenheck, Alegria, & Desai, 2000; Salgado de Snyder, 1994). The effects of acculturation extend across all eco-

logical systems, and such complexity has led to inconsistent findings concerning which acculturation levels, for which immigrant individuals and groups, and in which countries may lead to positive mental health outcomes. For example, a review of five large-scale studies examining the prevalence of mental disorders among Mexican-born and U.S.-born Mexican Americans living in the U.S. shows that Mexican-born immigrants have better mental health profiles than U.S.-born Mexican Americans (Escobar, Nervi, & Gara, 2000). Mexican-born immigrant women, in particular, had lower prevalence of serious mental disorders and substance abuse. These data indicate that greater acculturation to U.S. culture was directly related to more negative mental health outcomes for Mexican Americans. On the other hand, Hovey (2000) demonstrated that newly arrived immigrants from Mexico were at high risk for depression and suicide. Further research is needed on the following: Which individual and microsystemic factors (e.g., migration and acculturation processes) influence immigrant women's mental health outcomes, in what direction, and under which circumstances.

Immigration stress. Migration is a highly stressful experience that influences immigrant women's well-being. Rumbaut (1991) stated that "migration can produce profound psychological distress among the most motivated and well prepared individuals, and even in most receptive circumstances" (p. 56). Immigrant women experience posttraumatic stress, mourning and grieving of multiple losses, acculturative stress, loneliness, loss of self-esteem, strain and fatigue from cognitive overload, uprootedness, and perceptions that they are unable to function competently in the new culture (Espín, 1997, 1999; Garza-Guerrero, 1974). Hovey (2000) documented that adult Mexican immigrants may be at risk of experiencing critical levels of depression and suicidal ideation immediately after migration. Refugee women undergo severe psychological duress as a result of their traumatization history and forced relocation (Cole et al., 1992).

Additional individual and microsystemic factors that influence women's immigration experiences include premigration mental health issues that may account for differences in how women cope with migration stress (Ben-Sira, 1997). Voluntary migration, optimistic expectations, language skills, and availability of support are associated with more positive mental health outcomes for immigrants. Women's personality factors, such as cognitive flexibility and positive coping styles also contribute to less problematic relocation experiences (Escobar et al., 2000; Espín, 1999; Hondagneu-Sotelo, 1994; Salgado de Snyder, 1994).

Relations with nuclear and extended family. Microsystemic factors include experiences that occur in nuclear and extended families due to relocation and may profoundly affect immigrant women's mental health. Women are viewed in many traditional patriarchal societies as keepers and transmitters of cultural values and, consequently, experience increased pressure to focus on their families after relocation, often at the expense of their own well-being (Espín, 1999; Narayan, 1997; Simons, 1999). Immigrant women frequently encounter intergenerational conflict with their children and older family members, who adhere to traditional gender roles and cultural values to a far lesser or far greater degree (Darvishpour, 2002; Perilla, 1999). Evolving family power dynamics that occur after relocation also may result in increased incidences of domestic violence. The National Council for Research on Women (1995) documented that nearly half of immigrant women surveyed experienced domestic violence and that this violence intensified after their relocation.

Adopting new gender roles. Immigration can be an impetus for women to challenge traditional gender role stereotypes. Women may view immigration as a chance to leave unsatisfying partnerships or improve their gender role status by increasing control over household decisions and building personal autonomy (Foner, 1986, 2001; Hondagneu-Sotelo, 1994; Pedraza, 1991; Simon, 1992). In particular, Mexican immigrant women's employment changes women's identity and family dynamics in considerable ways, including increasing women's economic contributions and bargaining power (McCloskey, Southwick, Fernandez-Esquer, & Locke, 1995; Perilla, 1999; Salgado de Snyder, 1994). A number of immigrant women perceive migration as "a space and permission to cross boundaries and transform their sexuality and sex roles" to embrace a nonheterosexual identity (Espín, 1999, p. 5). Successfully negotiating these new identities and relationships occurs at the micro- and mesosystemic levels and depends on a variety of contextual factors, such as the quality of women's premigration relationships and current social support network.

The Exosystem and Macrosystem and Oppression

Immigrant women in the U.S. experience multiple sources of social oppression at the exosystemic and macrosystemic levels. These forces include, but are not limited to, xenophobia, racism, sexism, and discrimination based on poverty and employment (Marsella & Ring, 2003). For instance, societal prejudices against Mexican immigrants advance the idea that Mexicans are poor, uneducated, and desperate to live in the U.S. (Portes & Rumbaut, 1996). Contrary to stereotypes, research shows that Mexicans immigrating to the U.S have higher education levels than the Mexican national average and often desire to return home (Guarnaccia, 1997; Portes & Rumbaut, 1996). In addition, undocumented immigrants have no legal rights and are often emotionally (e.g., harassment), physically (e.g., poor working conditions), and economically (e.g., no consistent pay or health benefits) abused or neglected by U.S. employers, government, or social service systems. Without the right to vote and stay in the U.S. legally, immigrant women have little power to change oppressive social structures.

Cultural values and prejudices also influence how immigrant women are represented in psychological science. Societal intolerance has led many social scientists to narrowly conceptualize immigrant women as oppressed and helpless (Darvishpour, 2002) and to disregard women's strengths, resilience, resourcefulness, and community networks (Cole et al., 1992). Such systemic forces of oppression and discrimination play a powerful role in shaping immigrant women's mental health and their access to counseling resources.

■Counseling Immigrant Women

One of the key areas for addressing immigrant women's needs in the U.S. involves providing culturally relevant mental health services. Bronfenbrenner's (1979) ecological model is a useful guide for creating and implementing culturally sensitive prevention and intervention efforts across contexts (e.g., consultation, outreach, education, policy development, and community advocacy). An ecological model of development also increases counselors' understanding of the impact of multiple contexts on immigrant women's lives (see Table 1) and can reduce the risk that counselors might pathologize women's cultural beliefs and experiences. In the following sections, we include recommendations that are based on existing literature about counseling immigrant women and on our own clinical experiences with this population.

Individual Level Interventions

At the individual level, working with immigrant women begins with establishing rapport. Counselors must create a safe atmosphere where women's cultural experiences are valued and infused in all aspects of counseling work (McWhirter, 1994). Counselors, for example, can keep an atlas or globe in their offices and ask immigrant women clients to describe where they came from or tell their stories of migration. Counselors' behavior must exhibit a deep respect and curiosity for women's culture and their individual characteristics, goals, and needs.

Accurate assessment of immigrant women's mental health concerns is critical. We recommend that counselors ask about women's premigration, migration, and postmigration experiences to gather a thorough life history that can help counselors determine the origins and developmental course of their difficulties. To avoid appearing intrusive or disrespectful, counselors should follow the immigrant woman's lead in the etiquette of communication and identification of what experiences are open for further exploration (Hays, 2001). Counselors can use the initial stages of therapy to test the effectiveness of minor interventions (e.g., providing helpful advice) by observing how the immigrant woman client responds (van der Veer, 1992). This iterative process is helpful in assessing the woman's acculturation level, comfort with various therapeutic techniques and interventions, and expectations for therapy. We also recommend that counselors

balance their attention to immigrant women's short-term and long-term mental health needs. For example, counselors should assist women with finding housing, employment, and other community resources if such factors are directly linked to women's experiences of stress, anxiety, or depression.

Equally important to building rapport and working effectively with immigrant women clients is the counselor's attention to confidentiality and clear explanation of confidentiality limits. Many immigrant women fear that counselors will report them to immigration services if they reveal certain information about themselves or report specific mental health concerns. Confidentiality is especially important when working with interpreters because immigrant women often fear that their anonymity is at risk dependent on the interpreter's relationship with an immigrant woman's family and community (Pernice, 1994; van der Veer, 1992). We recommend that counselors provide immigrant women with verbal and written information regarding the counseling process and confidentiality limits and provide this information multiple times during the course of therapy.

Microsystemic Level Interventions

At the microsystemic level, which includes women's immediate environments, prevention and intervention efforts are a first step to providing effective services to immigrant women. Prevention efforts include distribution of information about the parameters of mental health services and the ways in which these services benefit immigrant women and their families. For example, individuals from many countries are not familiar with Western counseling processes. Creation and distribution of pamphlets as well as community outreach presentations can describe how the counseling process may become an important resource for immigrant women and their families.

Microsystemic-level interventions also include assessment of changes in women's family structures. Counselors can inquire about which family members have come to the U.S. and which family members stayed behind, and for what reasons. This information allows counselors to assess women's feelings of guilt about leaving family members behind ("survivor's guilt"), intergenerational conflict, and family and cultural loyalties (Kanuha, 1994). Counselors can assess the reasons for women's immigration to the U.S. (e.g., financial, political, and forced or voluntary) and the conditions under which they migrated (e.g., experiences crossing the border). This information provides counselors with a better understanding of women's optimism, motivation, and expectations about living in the U.S. In addition, providing family or couples counseling for immigrant women integrates their most significant relationships in the counseling process.

Mesosystemic and Exosystemic Level Interventions

The mesosystemic and exosystemic levels of the ecological framework account for the quality of the relationships among

women's different contexts (e.g., quality of relationship between family and the children's school) and the influence of environments in which women are not directly a part (e.g., government). Mesosystemic interventions that strengthen women's existing support networks are critical (Schnittker, 2002). For instance, immigrant women may rely greatly on their ethnic communities in the U.S. and be dependent on contact with families and friends in their homelands. Mexican immigrant women, in particular, are skilled at creating informal support networks and using extended kin (Falicov, 1998; Niemann, 2001; Salgado de Snyder, 1994). Counselors can help women use multiple sources of social support as resources in their adjustment to a new culture by working collaboratively with women to set concrete behavioral goals, conduct home visits, and provide outreach in women's communities (World Health Organization, 1996). Indigenous cultural supports, such as cultural clubs and spiritual communities, are places where women can network, gain new perspectives, receive encouragement, and learn about important resources such as jobs or language classes (Guarnaccia, 1997). Strengthening the relationships among immigrant women's various communities is important for increasing women's access to power and agency. For example, strengthening the connections among immigrant communities and U.S. labor advocates is essential for enacting political change that improves immigrants' labor conditions and work environments.

Macrosystemic Level Interventions

At the macrosystemic level, which includes culturally defined constructs such as gender, cultural values, and social identity, we encourage counselors to increase their critical awareness of the discrimination and prejudice that many immigrants experience. Practitioners can help immigrant women transition into the U.S. by providing information and skills for dealing with discrimination based on nationality, religion, gender, race, sexual orientation, or language abilities. For example, many immigrant women are not familiar with laws that prohibit discrimination based on women's national origin or gender. Counselors can share with women about national organizations that work for immigrant rights, such as the National Network for Immigrant and Refugee Rights and the National Council of La Raza. Counseling and therapy that is empowering for women means supporting women's development of skills that will allow them to effect change across ecological contexts.

Immigrant adaptation to U.S. culture also may resemble American minority group identity development (e.g., ethnic or gender identity). Consequently, immigrant women may initially be at great risk for internalizing the U.S.-based racist and sexist values and for negatively evaluating their self-worth, appearance, and cultural traditions

(Escobar et al., 2000; Helms, 1995). Counselors must also pay attention to whether immigrant clients have internalized notions that foreigners in the U.S. deserve lower status or that "becoming an American" and losing one's cultural identity is the ultimate goal.

Counseling for the empowerment of immigrant women must be rooted in critical self-reflection on the part of the counselor (McWhirter, 1994). Critical self-reflection involves increasing awareness of one's privilege, power, strengths, weaknesses, cultures, values, biases, assumptions, and worldviews (McWhirter, 1994). This process is particularly important because psychological theories are culturally based and are typically grounded in Western individualistic values (Sue & Sue, 2003). These values influence counselors' assessment, diagnosis, and treatment of immigrant women. We encourage counselors to critically examine their values and biases about immigrants and the power counselors hold within and outside the therapeutic relationship. Counselors who engage in critical self-reflection are better able to discern in what ways they may reinforce the status quo or advance social change (Prilleltensky, 1997).

Conclusion

Understanding and serving the mental health needs of immigrant women is a new frontier for American counselors and research scholars. The ecological model (Bronfenbrenner, 1979) is a useful guide for counselors working with immigrant women because it highlights the influence of both individual factors and larger social contexts on immigrant women's lives. We hope that our commitment to social justice for all people, including immigrants, may help make this often invisible group of women become more visible in the counseling literature.

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