

Como Una Flor:
**A Self-Reflexive Experience of Countertransference,
Enactments and Culture**

by

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Abstract

This clinical case study chronicles the complex engagements within a multi-contextual relationship between an undocumented Latina client and her therapist. Individuals who experience trauma are often left with unresolved wounds from previous experiences that create layers of suppressed emotions. If these suppressed emotions are not healed, they can lead to unhealthy relationships, and even harmful responses, consciously or unconsciously. It is a journey that therapists often guide their patients through with support, education, and enactments. Many clinicians make the mistake of bracketing themselves out of this journey, rather than bracketing their own life experiences, unresolved trauma, memories, and inevitably eliciting countertransferential reactions within this engagement. The value of the cultural influence is often reduced to language, geographic similarities, and blanketed cultural idioms. The therapeutic relationship specifically within this study, however, challenges the traditional practices of boundaries and enactments, and further complicates the parallel journey a young clinician embarks on with his internal thoughts and a client's evolution.

**Privacy Disclaimer: To protect the confidentiality of the client, identifying information has been disguised and certain details have been concealed.*

*No se si pueda volver a amar
Porque te di todo el amor que pude dar
Como la flor
I don't know if I can love again
Because I gave you all the love I could give
like a flower*

– Selena

She ignored his plea, “No mamá!” as she viciously pulled him by his soapy arms out of the tub. Seconds after she dried him off, he defecated on himself, his legs, and all over the floor. She became enraged because she had asked him several times if he wanted to go potty. She believed he deliberately waited for her to clean him off, then defecated out of spite. “Se cagó para insultarme!” she yelled. She grabbed the closest object, a cord from her hair dryer, and beat him. She kept beating until she saw blood dripping slowly down his legs. The blood left spots on the tile and against the porcelain tub. His skin was torn in six-inch-long linear strips, his legs were purplish blue, his back swollen and red, his feet stained with blood. Yet there he stood, her beloved child.

She was crying, sobbing uncontrollably. Her eyes were fiercely focused on me, and filled with sorrow. I sat stunned, four feet away, while she shared her graphic story. My eyes were slightly lowered, yet intently focused, listening keenly to her moment. Silence. How could this so-called mother violently brutalize her son, someone she gave life to, who she claims to love more than anything on earth? Would she receive sympathy from me? No! How about HELL NO! She sobbed profusely, with no intent of ceasing. Her tears caused her mascara to smear down her face like acid rain washing dirt from aluminum siding. I hate when my clients cry. It creates that awkward, internal, classic psychotherapeutic debate between handing them a box of tissues, or letting them sit in the moment and reach for the tissues on their own. I sat there, conflicted between setting aside my feelings of disgust and being empathetic to her needs. Suddenly, she reached into her purse, pulled out her flip-style cell phone, and began scrolling through images. Her hands were trembling as she slowly handed me the phone. At first, it was hard to focus on the low-resolution photo, but what I saw surprised me.

The photo showed a mother and two children – one Hispanic boy, with dark hair and light brown

skin, dressed humbly, hugging his older sister. His smile was worry-free, delighted, as if he met every day of his life with euphoria. *I saw me*. I saw my mother clinging to her only children, happy, yet unable to manage. I saw a single mother with a past. I saw my mother. My heart seized, my breath suspended. As I searched for words, I looked up at her and simply half-smiled. It was something about the duality of humility and happiness in the photo that triggered this connection. Something about the little boy's mischievous, gleeful smile resembled how I saw myself in my own family photos. Her photo captured a simpler life in a simpler time before she pursued the American dream. Before she crossed *la frontera*. Before the rape. Before the abuse.

Silence. My mind flashed a montage of scenes from my childhood to adulthood. Scenes of us walking with my mother across the Brooklyn Bridge in the cold, searching for shelter as we had no home to call our own. We were thrown out into the street by her so-called friends, and abandoned by our heroin addict father. My stomach began to cramp. Scenes of my mother holding back tears as we begged her for food, knowing she could not provide it. We found refuge in McDonalds, hoping someone would leave a half-eaten Big Mac on the table for us to devour like hyenas in the Serengeti. However, my mother's pride would not let her do the same. So she sat there with her pride, holding the newspaper upside down as she pretended to read it, yet still determined to pursue the migrant's dream. Three children and one mother, alone, living on only wishes and hopes.

I tried to stay grounded, calling on my social work training, while she wiped away her tears, and brushed back her greasy hair. I wanted to know more, and asked for details about her early family experiences. In a quiver of a voice, she began to talk about how her mother abandoned her without notice or explanation, leaving her with her grandmother. Her eyes suddenly opened as she stopped mid-sentence. Her face appeared stunned. She looked off to her left, mouth slightly ajar. Then she covered her face so quickly with both hands that it could have been mistaken for a slap. Her eyes were wide and she stared off as she tearfully realized that she beat her son in the same manner, and in the same response, as her grandmother had beaten her – in a bathtub, using an electrical cord. Until this session, Flor never made the correlation. She had just taken the first step to breaking the pattern of abuse.

Flor Tavarez is a 24-year-old Mexican single mother of three children: Gabriela, age six;

Raphael, lovingly called Rafi, age four; and one-year-old Sophia. She is an undocumented immigrant who recently arrived in the United States. Her English proficiency is minimal; she can only read simple street signs and one- or two-syllable words. She lives in a predominantly Mexican immigrant community, which bridges the language gap. Most of the houses in the community are rentals, and over-populated with two or three families sharing one- or two-bedroom apartments. It is a neighborhood where English is not the first language; Flor can buy groceries, ask for directions, and even find employment without speaking any English. Although she was far from Mexico, within that one-mile radius, she was home.

Flor grew up in Puebla, Mexico. When she was five years old, her mother left her in the care of her grandmother to pursue employment in the United States. Her father was murdered by the cartels, caught in crossfire near a local shopping center. She remembers the day her father was murdered, "*Mi corazón dejó de latir* (my heart stopped beating)." Her father was not a pious man, but his affection for Flor was evident. She recalled his dark eyes, and how he brought her toys every time he visited. She recounted these memories fondly and gently. Although her father did not physically live in the home, his presence was constant until his death.

Flor has two brothers and one sister, who all currently live in Puebla, a town she remembers as economically polarized; some residents were wealthy, while many who looked like her, with indigenous features, were very poor. She remembered running through the streets with her friends as a child, looking for ways to earn a few cents. Flor described her childhood as filled with hard work and because of this, she did not have what most would perceive as a "normal" childhood. She had to stop attending school after fifth grade because she was responsible for feeding her younger cousins and helping around the house. She worked as a street vendor, selling handmade knick-knacks to tourists, "*basura*," as she described it. Her daily routine consisted of begging for money and fighting competitors in order to obtain business. This taught her negotiation skills, and how to capably meet her immediate needs. Flor realized very early that if she wanted something better, she needed to do whatever it takes.

In search of that better life, Flor migrated to the United States during her late teens with her two children. She paid *coyotes* – immigrant

smugglers who can often be very dangerous – to transport her and her children across the border. Flor described the journey as “horrible.” She recalled one night of her voyage when a man forced himself on her, only steps away from where her children slept. She stifled her screams to keep from waking them. She also recalled how an elderly man was left behind during the desert trek when he was no longer able to stand without water. She mentioned how sad it was to see his lifeless body, plopped down along a half-blazed trail next to a cactus with only a few shrubs to cover him. It was a heartless, cruel act, “*no puedo imaginar si era mi abuelita*,” she tearfully said. Everyone was treated carelessly and thoughtlessly. Sharing was not an option. No one wanted to spare the little they had; no one wanted to be left next to a cactus. The man could have been her father’s age, but she pressed forward. During the journey, she often denied herself food and water so her children could eat and drink. At times, she felt she was going to faint in the sun, and sweat was her only moisture. She carried her children close while her knees buckled, yet she kept going.

She eventually entered the Texas territory, and made it to a safe house. Days later, she made her way north on a quest to find her mother, who was rumored to be living in New Jersey. Flor knew only a few people in New Jersey when she arrived, and even fewer were willing to give her a place to stay until she found her mother.

Six years earlier, Flor lost contact with her mother for reasons unknown. The little information she did receive came sporadically from her uncle. She felt that her mother left her when she needed her most, as a lost young girl who eventually would become a lost woman. Her anger toward her mother grew from her feelings of loneliness. As Flor began to physically develop, so did the interest of predatory men in her community. Their attention was gratifying; as a result, she began sexual relationships with them during her early teens. She learned to fill the emptiness of loneliness by temporarily finding false comfort in their beds.

Flor became pregnant at seventeen by a married man who did not want any parental rights to her firstborn, Gabriela. Flor naively believed he was going to help her out of poverty, and save her from loneliness. He did not. She became pregnant again at nineteen by a man she knew little about. She lost contact with him when he attempted to migrate to the United States. He promised to take her with him to *El Norte*. He did not. To date, she does not know if he is dead or alive. At twenty-

three, she bore her third child, Sophia, to a man who immediately denounced his paternity at the hospital. She met him in the United States, and thought he was hard working, respectful, and kind; he was supposed to be different. She knew him; he was the brother of an old friend back home in Puebla. She trusted him. She believed this one would definitely stick around and whisk her away to a new life together. He did not. She believed his sweet words of trust, and rhetoric language such as *para siempre* (forever), was true. She was wrong.

Flor finally reunited with her mother a few weeks after arriving in New Jersey. The reunion was bittersweet, and she was met with unexpected news. To her bewilderment, her mother had remarried, and had another daughter just five years old, 20 years younger than Flor.

Flor and her children lived with her mother and stepfather for about six months, but were ordered to leave the house due to *hablando mucha mierda*. At times her temper would get the best of her, and she could not hold back her resentment toward her mother. This caused constant turmoil in the household. A battle for authority consumed their interactions. When confronted, Flor’s mother met her resentment with indifference, even rage. Without warning, her mother would burst into Flor’s room in the middle of the night *como una diabla* with fury in her eyes, and call her names: *puta, mujer de la calle, idiota*. When she could no longer take this strife, Flor moved to a small apartment. She worked off the books as a nanny, while accepting any odd job she could find to make ends meet. When she left her home, she also left behind the relationship she dreamed about having with her mother.

Flor could never take back what occurred on the evening she bathed her child Raphael, and it changed her life forever. She described her temperament that night as “completely out of my mind.” She does not remember the actual beating, which is commonly described as a “black-out moment.” Some experiences of acute suffering can dramatically alter the temporal microstructure of experience to the extent that personal lived time becomes disordered, losing sense of time, space, and even being (Wylie, 2006, p. 121). Flor lost sense of lived time and began to function on autopilot – a mere shell, walking and breathing, but not coherently aware of her actions. She does not remember putting on her shoes, calling a cab, taking Raphael to the emergency room, or talking to the Division of Child Protection and Permanency investigator. She did not become fully

grounded again until the state took her children into custody later that night. Shortly after, Gabriela and Raphael were placed into foster care; Flor was pregnant with her youngest child Sophia at the time. She was triggered by her son; she said he was “*burlándose de mi.*” In her eyes, Raphael showed her the ultimate disrespect. Just like his father. Just like all the men in her life. Mocking her, playing with her mind, hurting her. She was left alone again, cleaning up their mess only to be shit on.

Once evidence of abuse is substantiated, the Division of Child Protection and Permanency (DCPP) determines if the level of risk is high enough for the child(ren) to be removed from their parents’ care. When DCPP investigates an allegation of child abuse or neglect, and uncovers what it believes to be “imminent risk of harm,” it may remove the children from the home or care of their guardian immediately without a court order, according to N.J.S.A. 9:6-8.28. This is referred to as a Dodd removal, named after the legislator who sponsored the legislation giving the Division this right.

The children can be placed with relatives who are viable, meet all the Division’s requirements as set by policy, and have no criminal history. If the children do not have relatives or resources that meet these qualifications, they are placed into foster care, which is the most common placement option. Because Flor’s family did not meet the policy requirements due to their immigration status and lack of space, the Tavarez children were placed into foster care. Gabriela and Raphael were initially placed in an unrelated foster home that did not speak Spanish. Because the children’s primary language was Spanish, this caused various communication issues. The children were in this home for only one week until they were replaced into a Spanish-speaking home that was a better cultural match. The multiple removals came with a price. They created more attachment instability in Raphael’s life. The placement and replacement confused him, which was later observable during his visitations with his mother.

In family court cases such as these, where the parent who is the abuser wants to reunite with the children, the court can order parents to attend therapeutic, supervised visitation programs. These types of visitation programs provide a therapeutic component that utilizes a multi-systemic approach to treating the family as a unit in order to break the cycle of abuse. These programs focus not only on enriching the engagement between parent and child, but also on

addressing the parent’s underlying therapeutic needs by providing individualized therapeutic support and trauma-focused treatment for the family. Flor was separated from her biological children due to the severe beating she inflicted on her son. She had to rebuild not only her attachment to her children, but also her personal resiliency. As much as she tried to suppress them, and felt they were benign, the experiences she faced inevitably surfaced when she was under severe stress. They contributed to her entering a fugue state and excessively beating her son.

Flor was provided therapeutic supervised visitations with her children in order to increase the degree of attachment. She also received family therapy to repair their severed relationship. Raphael and Gabriela received separate, individual play therapy outside the agency. This case presented multiple issues that needed to be addressed to best treat the family. Flor’s traumatic childhood – filled with loss, abuse, separation, lack of emotional support, and hardship – birthed a form of secondary trauma toward her children. She displaced her anger at being abandoned by the children’s fathers, in particular Raphael’s father, who filled her with false hope and promises about migrating together to start a new family in the United States, a land filled with opportunity. She was hurt and disappointed, left behind yet again. As usual, she suppressed her disappointment and continued to pursue the hope of a better life with her children, but without addressing or integrating her own history of trauma, which created a form of secondary trauma. Flor became hyper-vigilant about her children’s behavior, projecting her own history of pain onto them as a means of protecting herself. It did not help that Raphael looked like his father. The way he smirked and curled his lips, and his dark, almond-shaped eyes were identical to the paternal figure who hurt Flor so deeply.

It is common for parents who have suffered from a form of trauma to react in situations that elicit an extreme or unrealistic belief. Flor believed that her son was “mocking” her, thus enacting the role of the men who hurt her. This awakened the inner fear of abandonment that began in her childhood. This belief, in turn, causes behaviors that may not be conducive to the actual event, and creates a harmful response. Children are witnesses to these behaviors, and can become conditioned by or victims of them. This type of trauma is considered to be secondary. Secondary or vicarious trauma is defined as a process through which the caregiving individual’s own

internal experience becomes transformed through engagement with the child's traumatic material (McCann & Pearlman, 1990).

Flor's response to Raphael was a reaction to her own negative experiencing, thus reverting her back to a place where the unaddressed pain was still visceral. As an adult, Flor was re-traumatized by her experience crossing the border, which placed her life, as well as the lives of her children, at risk. The immigrant is consciously ashamed to recount the horrors of subjugation and vulnerability to a clinician who is an ethnic stranger (Perez Foster, 2001). Flor was violated sexually by one of the *coyotes*, and later faced a near-death experience while hiding from the border patrol. Flor had issues with attachment, which were evident by her relationship with her mother, the various men in her life, and eventually, with her children. She believed that once she arrived in the United States, all her problems would vanish and a new life with her children in the land of the free would emerge. She was mistaken. Flor was able to only momentarily hold back the pain until the precipitating event occurred that caused her children to be removed. She lacked full awareness, living from one event to the next without recognizing how these traumatic life circumstances altered her perception of reality. "An understanding of the coherent self includes an awareness for the ways that experiences (emotional, behavioral, relational) relate to one another" (Blaustein, 2010, p. 199). The coherent self is the perception one has constructed based upon experiences, memories, and awareness, or access to these experiences and/or memories. It was important to Flor's progress toward reuniting with her children that she understood how her history of trauma affected her unconscious views of the world.

We began Flor's treatment by creating her personal narrative – a timeline of trauma, if you will. This timeline was a visual activity that defined specific moments that she felt changed her life or greatly influenced her in some way. This was the first step to uncovering the multiple layers of her complex trauma. Flor began to question why she responded so acutely to some events than to others. She noticed how her heart rate increased when she thought of Raphael giving her a specific look – the same look his father gave her when he told her he was leaving without her. It was her inner realization that something was "not right" within her. She verbally expressed regret over her actions and the long journey toward the recovery of this family began.

Flor's children also presented with issues, which were evident in treatment. Raphael experienced difficulty transitioning from one environment to another. He did not want his mother to hug him, and initially pushed away anyone who tried to show any form of physical affection. He constantly cried whenever he did not get exactly what he wanted, when he wanted it. Raphael cried leaving his visits with his mother, he cried arriving to see her, he cried leaving after-school care, he cried leaving school, he cried leaving the foster home, he cried leaving the playground, he cried leaving the grocery store. This behavior possibly spawned from the instability in his life, including parental figures, environmental changes, and removal from his mother's care, combined with the trauma of the abuse. The dichotomy of being abused by a person you love is a confusing concept to any child, but more so for one who has severe difficulty building attachments. These issues grew from the trauma he witnessed crossing the border, his mother's beatings, the multiple losses in their lives, and being removed from his mother's care and into multiple placements.

Experiences that validate the inner belief that one is not lovable and, therefore, should push others away before trust is broken or a relationship severed, further distance the nurturer from the nurtured. The attachment is harder to mend because continuous circumstances deter attachments from forming due to instability, thus causing vulnerabilities. Instead of working from the *here* with Flor, I began by spending extensive time learning about her history and her culture. We also discussed how politics and prejudice in Mexico affected her family; the same prejudice that Latinos deny we have against those who look too *tira flecha*, or whose noses are too indigenous, or whose skin gets darker than a tan after a day's work on the farm.

I nodded my head intently as she detailed her experiences, while slyly glancing at the wall clock to ensure we had time before her children arrived to the session. As she spoke, I disappeared into my thoughts, reliving a moment where discrimination was very real in my own Latino subculture. As a child, if your skin was too dark, or your hair a different texture, it was about preserving *La Madre Patria*, our Spaniard roots. It was like being lost in a culture within a culture, not finding a place in the community. Although language bound us, differences in facial features and skin tones divided us, a nomad in a free land. My ideas of identity and self were conflicted based on my

personal story of migration and acculturation. I listened to Flor's ideas of self, and what it means to be undocumented in America, reconfigured her trauma with her desire to acculturate in a free land without papers. We spent sessions learning about and exploring her self-concept. This process extended beyond the typical two sessions of gathering data. This interaction provided a forum for her views of parenting and its relation to how culture formulated her schema. We discussed how she felt about the beatings with the *chancleta*. We shared ideas of what she thought living in the United States would be like – she detailed her dreams, how much money she would earn, and how she would find a man who owned a business and could care for her. I was listening, truly listening. Not sitting there ready to diagnose her, but rather sharing a bit of myself, listening to her story of shame and vulnerability over a cup of *café con leche*. This encounter created an informal moment in her environment rather than in the traditional office. Spending time in her world, changing the dyads, allowed for a shift in the therapeutic engagement.

Sharing these moments enabled us to create a baseline, where we established not only trust, but also something richer, an unspoken, unwritten understanding that I was credible. Her expressions were visibly different by the subsequent sessions. She was not afraid to parent, and she knew how to parent, even if it meant losing control from time to time during visitations. I introduced Flor to what Blaustein (2012) describes as building the caregiver's management of affect. This concept outlines strategies the caregiver can learn to recognize warning signs prior to losing control. For Flor, these strategies included breathing techniques, guided imagery, safe place visual imagery, and other means of controlling her emotions in order to be present for her children.

Flor did not have much emotional support as a child. Her grandmother, who she described as "painfully strict," raised her. Flor worked as a child, was left in the street unsupervised, and encountered many violent incidents during which she had to, at a young age, learn to build resiliency and adapt quickly in order to survive. Although her survival instincts enabled her to "fight" rather than grow helpless, she continuously reverted back to this primal state of modulation to protect herself and respond with what she called "uncontrolled" violence. When provoked, Flor had no control over her rational mind, and thus was unable to provide a consistent response to her

children's behavior. No one knew which Flor would react when triggered. How was she able to comfort her son when she could not control her own mental state? According to Blaustein (2010), before caregivers can help a child tolerate and modulate affect, they must also be able to tolerate and cope with their own emotional responses. Flor and I worked together on placing her pain into an objective, external box, and stepping away from the events.

During one of our sessions, prior to the arrival of her son, we processed her migration and discussed how we can look at the trauma she experienced differently:

Me: As you tell me about your migration, do you feel tension or pain anywhere in your body?

Flor: Yes, it feels like a sharp needle is going through my heart, and my shoulders are tight.

Me: If you could give the pain a color, what color would it be?

Flor: Red – bloody red and black.

Me: Keep breathing. You are doing fine, take deep breaths. Now, I want you to imagine a box that could hold all this red black pain, and I want you to place it all into that box, right there next to you.

Flor: I don't understand. *(She appeared puzzled, yet focused.)*

Me: I would like you to take a deep breath. When you exhale, I want you to place the pain in that imaginary box *(I pointed to the chair on her left)* and leave it there

She paused, looked at me, and slowly closed her eyes. She took one deep breath, then exhaled as if her lungs were depleted like a deflated balloon. She took another deep breath as if she was going to suck the air out of the entire room through her nostrils, then she blew out through her mouth as if she was releasing arctic winds to Norwegian seas. She opened her eyes. Silence.

Me: What was that like?

Flor: I feel very light, peaceful. Can we do more of that?

The technique was one that I normally introduce to younger children. This was the first time I tried it with an adult. The results were similar. Flor appeared euphoric, which reflected the physiological effects of metaphorically releasing the trauma. Even during such a brief – yet effective – exercise, she was visibly different and her mood was elevated prior to visiting with her children. This enabled her to look at the problems outside herself, and identify the correlations between her behavior and the events she experienced. She was able to then identify the patterns between how her grandmother and mother parented, and how she was parenting Raphael. The externalization of these events created a scene for her, as if she was watching a movie and allowing the moments to play out from the theater. She was able to be objective, and to realize sometimes patterns are traceless thumbprints touching our souls forever, and affecting our beings, without leaving a smudge.

Flor's older child, Gabriela, was still very much connected and bonded with her mother. Gabriela would arrive to session with bright eyes, and display many signs of affection such as hugging, kissing, and sitting on her mother's lap. Raphael, however, was detached emotionally from his mother. He was aggressive when consoled, and frequently threw tantrums before and after arriving for sessions. At times, he even bit and spit at his mother if he did not get what he wanted. Raphael was aloof and distant. It was as if he wanted to disappear behind the toys displayed on the left side of the office. At play, Raphael sat in a corner, seldom inviting others to join, and showed little affection toward his mother. These distressing behaviors and symptoms can be understood as the child's attempt to cope (Blaustein, 2010). Although Raphael's distressing behavior included isolation, excessive tantrums, and aggression, these were his learned responses to adjusting to trauma. For instance, oppositional behavior may be a preemptive strike to cope with anticipated rejection. Raphael's defense mechanism was to reject his mother before she could reject him. During the sessions, Flor would reach out to hug Raphael, but he would shy away from her to protect himself from being hurt.

Raphael and his sister arrive for the visit. He hides behind Gabriela as they walk through the door. His head is buried behind her back, and both hands grip the sides of her puffy winter coat. Gabriela is all

smiles, wearing Hello Kitty mittens and a wool hat. She walks quickly toward her mother. Flor meets her children at the door with two plastic shopping bags filled with gifts from The Dollar Store.

Flor: My beautiful children! *(She drops the bags and opens her arms.)*

Gabriela: D'cion Mama!

Gabriela and Flor hug immediately, while Rafi covers his face with both hands and runs into the playroom without a word or glance at his mother.

Flor: Rafi! Stop! Come here! *(Angrily, she looks right at me, and tightly presses her lips together.)* I said, COME HERE! *(She walks closer.)*

Raphael: I DON'T WANT TO!

Me: Flor, remember what we discussed. Allow him time to work his way into the visit on his own. The more you scream and force him, the more he will resist. Go into the playroom, invite him to play, and allow him to join in on his own.

Flor nods her head and continues to engage with Gabriela. She did not enter the playroom.

Flor proceeded to engage with Gabriela, who showed a great deal of affection toward her. As a result, she did not engage with Raphael. Rather than go to him with love and affection, she felt that, as the child, he should come to her with affection. Her approach was also a cultural value in her own parenting lens, in which *bendición* (blessing) should be given at the beginning of an interaction. The younger family member initiates the request to be "blessed." If the younger member does not approach the older authority, it can be viewed as a sign of disrespect.

Caregivers play a crucial role in child development. "The majority of maltreated children have insecure attachment patterns. This may be as a result of factors extending from caregiver abuse" (Kinniburgh, 2005, p. 246). Furthermore, the ability of caregivers to support their children in the face of stressors is a key predictor of child outcome. In this case, the supporter and the abuser were the same individual. I had to build resilience in Raphael, and create attachment between Raphael and Flor. I did

this primarily by encouraging Flor to model empathy and resilience. It was up to her to never give up, to reach out and show Raphael affection, and to be consistent in her routine during sessions – for example, creating a structure for greeting him upon arrival, and reading together before saying goodbye. Establishing consistency in Raphael's life was important to formulate his conceptualization of the world. According to Blaustein (2010), the ultimate goal of treatment for children who have been exposed to chronic, complex early traumatic experiences is to build their capacity to harness internal and external resources.

The inner struggle for Gabriela and Raphael was difficult to uncover. I educated Flor on how to encourage Raphael to identify his feelings rather than use aggression to express his anger. We used colors to identify how he felt upon entering the sessions: red if he was angry, blue if he was sad, or yellow if he was happy. We created an art activity in every session, where Raphael picked the color of his feelings to draw with his mother, and together they identified why he felt that way. This enabled Flor to determine a baseline of his emotions early in the session.

Although they loved their mother, the children displayed contrasting coping mechanisms. Flor identified these coping strategies as the same ones she utilized with her own family when she felt abandoned. Building competency with children who have experienced trauma requires a deeper look into the historicity of that system. Acknowledging historical experiences, and how the child adapts to those experiences, are key overarching frames (Blaustein, 2010). It is equally important to acknowledge the caregiver's history and adaptation in order to provide the appropriate regulatory responses that minimize the continuance of vicarious traumatization. If the work is not conducted dually with the caregiver and the child, then long-term success will be unavailing.

I addressed Flor's issues of insecurity. This area was difficult for her to engage in and openly discuss, due to many cultural factors. In her country, therapy is looked down upon, as Flor stated during treatment. You do not speak of it and you do not see a therapist unless you are *fuera de la mente* (out of your mind), or *sheer loca* (crazy). The family should be able to resolve all conflicts, and only the weak-minded seek a mental health professional. Within the multicultural mosaic, cultures shape the conception of and response to mental illness. Concurrently, mental

illness affects the cultural performance of affected individuals and their social support networks (Guarnaccia, 1996). Therapy was an aspect of Flor's life that affected her children, but could also impact her status within her community and her family's perception of her as a capable mother.

It was then that Flor and I faced the complexities of our cultural clash. Our socio-economic differences, educational differences, and views of support within culture were opposed. This insight into the intricacies of the lived self in session was eye opening. I sat as the foreign born, American raised Latino who spoke Spanish with an English accent. I could not roll my *R*'s well, so I called upon an old Puerto Rican Spanglish trick of using the back of my throat to pronounce the *R* words – a sort of "hock-spitting" sound to substitute the roll of the tongue and pass the pronunciation test. Flor's proficiency in Spanish was excellent; her dialect had a slight indigenous twang. Yet somehow we met in the middle and understood each other, but not all the time. For example, two weeks into our sessions, Flor called my office to confirm the time of her next visit. I told her it was scheduled for two days later. I ended the call by saying, "*Te veo ahorita*," which to me meant "I will see you later." However, that phrase is more popularly translated throughout Latin American communities as, "I will see you right now." Flor responded with a confused, "*Ahorita?*" I replied, "*Si, ahorita*." This discussion continued for about five minutes as she struggled to determine whether she was coming to the office at that moment or in two days.

Although we shared the same ethnic background, these types of subtle differences, and our diversity, were apparent. Socio-economically, I was a college graduate; Flor did not attend high school. I owned a home in a diverse community; she rented a room in a shared apartment in a primarily Mexican subsector of the inner city. I drove a car; she walked or caught city buses. I ate gluten-free bagels for breakfast and listened to hip-hop music on my way to work; Flor ate what she had and loved *ranchero* music. We were bound by ethnic similarities, and not necessarily cultural identification. Many community agencies share the misconception that cultural competence is based on the category you check off in the census application. The clinician and the client must process and take many other considerations and factors into account to move beyond language commonalities and create trust through awareness.

In session, the role of the clinician is complex and full of intricate dynamics. Multiple factors simultaneously occur within those four walls that affect the outcome of treatment. Clinicians, depending on their therapeutic tutelage, are coached to stay attuned to their psychodynamic history in order to check the countertransference they bring into sessions. To some, countertransference is a dirty word in psychotherapy. Psychoanalytic therapists are expected to acknowledge and react to their patients' everyday realities (Holmes, 1993). During the session, therapists obviously have many feelings toward or about their patients. These responses have been called countertransference, and are considered to be an essential component of modern psychoanalysis (Greenson, 1967; Sandler, Dare, & Holder, 1973). Some reactions are reality (or tele) based, while others are the result of the therapist's own unconscious inner world and neurotic conflicts (Holmes, 1992; Racker, 1968). Some view countertransference as allowing your own self to contaminate the outcome of the client's journey into awareness. Alternatively, some argue that awareness of self within a cultural context can be the catalyst of the therapeutic alliance between patient and therapist. The therapist's attunement into self can be a useful clinical tool for building trust. This ability to understand the clinician's true self involves arduous introspection and continual self-analysis to identify the essence of meaning.

Often, we separate clients and practitioners into "them" and "we" when, in fact, the experiences of trauma are universal and do not discriminate. Practitioners in the field who do not respond or introspectively analyze their past experiences of trauma risk contaminating the therapeutic process. Research by Pope and Feldman-Summers (1992) has shown that approximately 30 percent of practicing psychologists admit to a history of childhood abuse. If therapists treating others have experienced abuse, then it is essential that they move toward constant self-awareness to bracket in their own experiences while treating others who were abused. It is common for many therapists to suppress their experiences, and attempt to respond to clients in scripted, textbook ways, rather than embracing their history and diversity. Individuals are diverse and possess multiple identities (Brown, 2007). These multiple identities can formulate false selves that produce an identity inauthentic of self to appear socially acceptable and undamaged. The true self-concept

may be defined as a cognitive schema representing those aspects of the self that the person considers to be most emblematic of his or her true nature (Schlegel & King, 2009). During sessions, to separate from self, cease connectivity, and suppress cultural influences is to deny being fully and completely *present* in that moment.

As a Latino immigrant, I understood the taboo against therapy in my own subculture. I could identify with the negative perception of engaging in therapy, and discussing one's vulnerability to someone outside the family. Therapy causes one to be fully exposed to an outside party, and to accept that control is lost. It may seem to some that engaging in therapy means you are no longer competent. Suddenly, your cousin stops asking you to babysit for her children, you are not allowed to have a glass of wine during family functions, and your father is afraid to let you drive alone. Peter Guarnaccia studied the cultural anthropological factors, and the perception of mental health, within Latino communities. According to Guarnaccia (1991), cultures vary in the ways they understand mental illness in terms of cause and consequence, their attitudes toward caretaking in general, caring for mentally ill individuals specifically, and their response to the ill individual. At times, a community rejects and ostracizes those who they perceive as ill. Because, as a professional, I recognized how communities (specifically Latinos) react to mental illness, I was able to empathize with Flor. I understood her feelings, and refocused the treatment on reunifying with her children and breaking the cycle of abuse. It was then that I was forced to face my own history of trauma and migration. It was a raw moment in which my investment in Flor's treatment became a journey into my suppression of the experiences I faced acculturating into a new society.

I could empathize with the idea that life in *El Norte* would be better. Similar discussions about the pursuit of happiness, and having the opportunity to become anything you wanted, rang deep within my mind from when I also struggled to assimilate in a socio-economically disparaged community. I struggled when, as a boy, I watched my mother clean offices. As we helped by spraying Windex on the glass, and wiping down desktops, she told us that if we wanted to, we could one day have an office like the one we were cleaning. Yet, my mother's heavy Spanish accent and black skin often were marginalized factors in a discriminating society. Among Latinos, these factors can involve acculturative stress, defined as

the reactions to intercultural contact or the cultural adaptation process (Berry, 2006). However, these similarities also provided perspective. It was about being human and personable, and it was about utilizing enactments in therapeutic moments to achieve enriching insights and progress. In psychoanalysis, the relationship between patient and therapist involves both participants in thoughts and feelings, and sometimes in actions. To this extent, it is a horizontal relationship in the here-and-now (Holmes, 1993). In this case, the dance of culture and transference between Flor and I influenced her ability to heal from her trauma. This relationship, however, is not symmetrical because the emphasis is placed on the patient's reactions and feelings toward the therapist as if he or she were an important figure from childhood. These feelings are experienced in the present. Roles are involved, for example, those of father, mother, or son. Together, the therapist and patient are involved in the drama (Greenson, 1967; Sandler, Dare, & Holder, 1973).

This drama would occur within our individual sessions, and during the visitation with her children, which I supervised. Flor would arrive to my office before her children. Rather than begin with a litany of directives regarding the daily, expected goals, I met her at the door, helped her with her bags, and offered her a cup of coffee. The first time I did this, Flor did not want to let go of the bags. It was as if the bags represented her burden, and it was hers – not mine – to bear. At that moment, I looked into her eyes empathetically, as if granting her permission to trust again. Without any words, she slowly loosened her grip on the bags, and smiled. The dance Flor and I shared had multiple complexities. It was possible to challenge her viewpoints by lowering her defenses, and joining with her. In such instances, the strong Latino cultural value of *Personalismo* – which emphasizes the importance of open, personal relations (Gaw, 1993) – is operating. To be truly open with a client does not necessarily denote having to fully disclose your life in sessions. Rather, it means be true to yourself and attuned to what is happening within you and the client in the moment. According to Brown (2007), research on common factors in psychotherapy has shown that for any intervention, the therapeutic alliance accounts for a large percentage of the outcome variance (Norcross & Lambert, 2006). Cultural competence enhances a psychotherapist's capacity to build alliances and enact the common factors of good

psychotherapy, even with clients who appear to resemble their therapists in every way (Brown, 2007). Therefore, meta-communication is essential to bracketing the dialogue between client and therapist. This psychodynamic awareness does not limit our ability to connect, rather it is a useful tool to bridge connectivity in session.

During one visitation session about six months into working with Flor and her children, Raphael was on his way out the door after the session. He turned around, and sprinted toward me, almost tackling me, and hugged me goodbye. I froze, wide-eyed and looked over at Flor, who grinned shyly. In my mind, I ran through a directory of therapeutic approaches, questioning every next move. I understood that however I responded next could change the progress of treatment forever. I could hear my Practicum Professor's sharp-tongued directive about "setting boundaries." *Breathe*. So, I stopped analyzing. I patted Rafael's back, and said in my Euro/Anglo-saturated Spanish, "*Hasta luego, Rafi*" (see you later). After the children left, Flor and I had the opportunity to process how she felt about Raphael hugging me at the end of the visit. What she said next stunned me: "He has known you more than his own father." What was I to say? So many thoughts crossed my mind at this moment. Was I not supposed to be empathetic? Am I taking on the psychological role of parent? This moment challenged whether my response, and the role I played in the family dynamic, was evolving. I questioned if my emotional response to such an intense moment in Rafi's progression was appropriate. It was a moment in which being vulnerable was a normal and healthy reaction. According to Gelso and Hayes' work (2007), *Countertransference and the Therapist's Inner Experience: Perils and Possibilities*:

Each of us has experienced intense feelings in therapy that are not connected to unresolved issues, but instead are natural (at times helpful) responses to the patient's material and personhood. Feeling deeply moved or saddened by the patient's experience may not represent countertransference, but instead may represent a deeply human reaction to the emotional experience of someone who is cared about...Countertransference is also not a state or reaction in the therapist that is simply created by the patient's state or behavior, despite the fact that patients certainly do provoke states in their therapist

and that such states are very important to the process, often vitally so. (p. 31)

My automatic reaction to reciprocate his affection built new neural pathways in Rafi, and helped him realize that building healthy relationships with male figures is possible. This further enabled an opportunity to discuss with Flor her own perceptions of the flourishing relationships the healing process was creating. This parallel process can be misinterpreted if the discussion is avoided. It is a delicate balance in which taking the road of either extreme – for the clinician to entirely avoid or to fully take on the role of caretaker – may strain and taint the therapeutic bond. Openly discussing the transference was important and essential to the progress of our sessions, just as my response to Flor’s statement was important in identifying the direction of the approach. The ideal therapist can insightfully analyze and recognize his or her own responses to the external world (Bugental 1978). It was the ability to insightfully react humanly, rather than formulate analytical responses, that catapulted Rafi’s healing process with a reciprocal gesture as simple as a hug. But, it was more than that. It was a hug from a male therapist; it was a symbol that male relationships can be forged in a healthy manner. It was the immeasurable inactions that were breaking the barrier of protection Flor and Raphael had built against being left vulnerable. A male therapist, who was *present* in the sessions and countered all of their previous experiences, helped reshape their ability to express their emotions in a healthy manner.

Flor began to open up slowly, and discuss her feelings of abandonment and loss stemming back to her first male figure, her father. She disclosed that he might have been involved in illegal drug activities, a thought she suppressed for many years. Subconsciously, she chose men whose lifestyle was a means to connect with her father. In treatment, she disclosed that the men she engaged with all had some connection to illegal activities, although she was never involved in those activities. This was a major breakthrough in treatment. Flor never consciously admitted how her actions (choice in men) connected to the abuse of her son. “Cultural encounters can serve to be expansive, serving to dissolve dissociations, or traumatic, producing dissociation or alienation” (Prince, 2007). We were able to connect much of her decision-making to her past experiences and attachment relationships. This included a lack of empathy from her grandmother, abandonment by

her mother, abuse by the *coyotes*, and re-traumatization of abandonment by her mother again after reunified as an adult.

Poverty, unemployment, lack of health care, language barriers, acculturation, discrimination, and undocumented legal status are just a few hardships Latina immigrants may face (Hooton & Henriquez, 2006). In addition, a history of oppression and political persecution may add to these hardships (Meyer & Sherman, 1991). Though these factors affect Latino male immigrants as well, many Latina immigrants experience these difficulties within the context of traditional gender-based dynamics that place males in a position of power over females. This position of power further begs the question of whether I, a Latino male, influenced Flor’s ability to grow by her subconscious deference toward my clinical skill sets because I am a power figure. However, according to Ruiz (2011), therapists need to be careful about assuming the role that cultural and sociopolitical factors have played in the client’s experience. Because a wide range of educational, socioeconomic, political, and sexual identity backgrounds represent the Latina immigrant experience, therapists need to assess the role each factor plays for an individual client. Issues of culture, privilege, and representation can only aggravate unexplored, unconscious dynamics on the part of the therapist working with trauma survivors. Mindful awareness of all aspects of psychotherapists’ responses to their clients enhances cultural competence and therapeutic effectiveness (Brown, 2007). The power differentiation may have factored into the work within sessions, nonetheless, just as experiences cannot be bracketed out of memory during triggering dialogue exchanges, the awareness of identity is equally vital to explore and extrapolate during therapeutic exchanges. Identity, experiences, and culture are parts that bring wholeness to the self. Each compartmentalized aspect bears truth to the healer, and forges genuineness within the therapeutic relationship, thus enabling pathways through the journey of actualization. Flor never consciously admitted how her actions (choice in men) connected to the abuse of her son. We were able to connect much of her decision-making with her past experiences and attachment relationships.

After recognizing the factors from her past that impacted her, it was time to teach Flor how to manage her own affect, become empathetic to her child’s needs, accept responsibility for the abuse, depersonalize her child’s behaviors, and reconnect

with her children emotionally. “A consistent theme in the immigrant mental health literature has to do with the role of the maternal anxiety, and the mother’s own psychological reaction to pre-migration stressors as a predictor of the mental state of the child” (Perez-Foster, 2001). It was important to distinguish the cognitions of both parent and child. For example, Raphael would at times sob, “*Soy malo, nadie me quiere* (I am bad, nobody loves me).” It was also important to dissect his emotions of shame, anger, fear, and hopelessness. The behaviors he exhibited, such as avoidance, aggression, and preemptive rejection, were all a part of breaking the cycle – *She is going to reject me anyway. I’d better not connect.*

It was crucial for Flor to understand Rafi’s cognition in order to meet his emotional needs. In treatment, we addressed this task concurrently with her life story. She began to open up about her pattern of abuse, not being heard, being silenced and abandoned, and feeling rejected. I asked her to write down these expressions, and where (physiologically) she feels those emotions. She identified that when she felt rejected, the pain was in her heart; when she was not being heard, the pain was in her throat. It was an eye-opening experience for Flor to realize that her body reflected what her pain experiences produced. She then understood that her son needed to be heard. She connected that Rafael projected his need to be heard in his screams during his tantrums. He needed a consistent, non-violent approach to love; he needed a nurturer. He needed his mother. Focusing on these areas and building self-monitoring skills were new to Flor. She identified the areas that were hard for her to deal with, and the triggers that exasperated her. For instance, when redirected, Raphael cried profusely. He threw excessive tantrums – hurling to the floor, kicking, spitting, and biting for an extended time. We discovered how to identify the triggers and what was physiologically happening inside her, and how to establish a consistent response. Flor identified that one of Raphael’s antecedent behavioral challenges was simply sharing toys with his siblings. Raphael and Gabriela would squabble over the same stuffed bear, and Flor would instantaneously lose control and yell at them for not sharing. Modeled for the children, this behavior said: If you scream loud enough and long enough, someone will listen to you. Flor’s behavior unconsciously negatively reinforced Raphael’s reactions to interactions and redirection. I asked Flor to establish a baseline tone, which was difficult culturally due to the inflection in her

Spanish expressions that, at times, caused her to raise her voice even though she was not angry. She felt this was part of how she spoke naturally, and it was culturally acceptable. But, she practiced modifying her tone, and staying consistent on the responsive tones and actions that followed. As a result, the children changed their reactions toward her redirections, and slowly began to modify their own inflections when making requests. Modifying something as simple as her tone of voice changed not only the engagement, but also the identity associated with the tone of voice. The memory of Flor constantly screaming and yelling at her children seared an identity of fear in Rafi – the memory of his mother losing control and viciously beating him. Flor remembered this was the same response her own caregivers gave to her.

I had never before witnessed the ability to break through repressed memory. Flor’s anxiety over losing control revolved around bath time, the inability to empathize with her child, and the inability to regulate her own affect, which caused a blackout that triggered an abusive reaction. After this moment, she was able to learn not to personalize her children’s behavior as being spiteful or deliberate, but rather to normalize and address their behavior.

The success of treatment relied on the pivotal moment of not being judgmental against the client regarding the abuse, and allowing her to process the experience at her own pace. The cultural factor is not solely connected to skin color or racial identification, it is a multi-contextual dynamic that is ever-changing. The therapist’s continual self-reflection enables his or her own growth, thus allowing insight into the meta-analytical nuances that occur within treatment. According to Brown (2007), if a psychotherapist does not understand her or his own diverse identities, and the ways in which those identities include experiences of trauma, then no training in the application of eye-movement desensitization and reprocessing, or prolonged exposure therapy, or cognitive reprocessing, will allow that psychotherapist to be culturally competent. Trauma work often focuses solely on the ability to cope through the traumatic event; however, the dynamics between the therapist and client in a multi-cultural context are rarely taken into consideration. In order for trauma-focused therapy to be successful, the communication of culture and its relativity must be considered in the patient’s treatment. Traumatic experiences are not the cause of trauma. The events are co-

constructed from experiences that are shaped through our culture, identity, and relation to self. Physiological reactions to these events petrify memories in the brain, and alter future behavioral responses. Isolating an event and concentrating only on the precipitating triggers as the touchstone of treatment does not relatively address the phenomenological relation to the trauma itself. It is essential for a therapist to not take self out of the sessions, but rather to unpack the possibilities of culture and identity into the progress of treatment. Responding to trauma in a culturally competent manner requires the psychotherapist to understand those added meanings that derive from context. It requires the psychotherapist's awareness of his or her own identities, as well as personal experiences of trauma (Brown, 2007). At times, throwing out the classic textbook, westernized approach to building an alliance may increase the connection between client and therapist. Sharing a meal or a cup of coffee, hugging a child, discussing world views on religion and prejudice, and allowing *Personalismo* to naturally guide the therapeutic trust are all strategies that, when used properly, can enhance clinical growth and increase the client's locus for success. A random paragraph about cultural consideration in training manuals is not sufficient enough to excogitate the multiple factors in successful trauma-based treatment.

The ability to weave the threads of one's personal story through the client's narrative creates a joint narrative-therapeutic alliance. This co-constructed narrative knits an afghan of the idealized self. This beautiful photosynthesis of self-actualization is one that is nurtured not by bracketing out your own history, trauma, or experience, but rather by recognizing (bracketing in) it as the soil – with the client as the seed, cultural consideration as the root, a healthy balance of interventions as the light, and the relationship as nourishment. In Flor's case, this formula for growth has been a quintessential process that helped a budding clinician to blossom, and a mother to heal by learning to trust and inevitably love. Flor was able to realize the root of her pain and the trigger of the abuse. Her awareness enabled her to change her patterns, and not project these unresolved aggressive behaviors to her son. The therapeutic engagement is complicated and complex. It not only affects the process of change for the client, but it also affects the process of growth for the therapist.

Case Update

After almost two years in treatment, Flor was reunited with her children. I continued sessions with Flor at her home. She rented her own apartment, began English classes, and eventually became employed at a profitable multi-level marketing company, which stabilized her financially. Her relationship with Rafi was never better. He was visibly happier, his grades improved, and his tantrums decreased. She is currently in a committed relationship, and engaged to be married to a man she met at church. During our last session, Flor tearfully disclosed that she was diagnosed with lung cancer and will immediately begin chemotherapy.

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