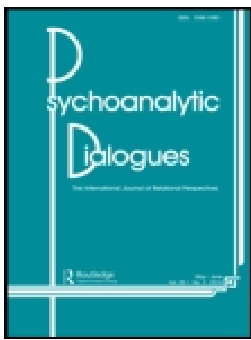

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From No Name Woman to Birth of Integrated Identity: Trauma-Based Cultural Dissociation in Immigrant Women and Creative Integration

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This paper explores the challenges in integration of ethnic identity among a certain segment of immigrant women who have experienced sexism related traumas in their culture of origin. Unlike other immigrant women who may come from a nontraumatic, average expectable environment of their culture of origin into American culture, these women's assimilative experiences and integration of identity are more complicated by the fact that their ethnic identity is tied to trauma. These women may find a refuge in the American culture, while defensively dissociating from their culture of origin, disavowing ethnic ties, severing contact with family, or avoiding contact with people from the same ethnic group. Their avoidance of their culture of origin amounts to cultural dissociation. Cultural dissociation is hard to detect and work with because cultural phenomenon in general is a blind spot for most American psychoanalysts. I contend that in order to successfully engage dissociated cultural states, a therapist's ability to self reflect on her cultural situatedness is crucial. The creative challenge of the analyst-patient dyad is to disentangle the patient's particular traumatic experiences from nontraumatizing normative aspects of the culture of origin in order to promote a viable ethnic identity.

CULTURAL DISSOCIATION: A CLINICAL EXAMPLE

K., a new patient in her thirties of Korean descent, fidgeted nervously and talked in rapid-fire English. I found it difficult to get a word in edgewise. She was saying a lot of words, but they conveyed very little. I felt frustrated and disconnected from her. Although it is not my style to address therapy relationship early on (I prefer to spend some time observing before going there), her defensiveness seemed so strong that I tried to inquire about it.

"How do you feel about coming here?"

This question apparently hit a chord, as she stopped for a few seconds before answering. "I was really very nervous because you were Korean. I had names of three therapists. The other ones had American last names so I called them first."

I was stunned. I had no idea that she would respond so strongly to my ethnicity. "So then how did you end up coming to see me?"

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"I had no choice because neither of the other therapists' schedule worked with mine and my panic attacks were getting out of hand."

K. said she feared that a Korean therapist would judge her for many things, including her having married an "American." I said, without missing a beat, that I too had married an "American."

K.'s widened eyes peered into my own, as if to make sure that I was not lying.

While this exchange took only a second, it was a loaded exchange, containing an engagement of our respectively dissociated cultural selves. K. went there first and I met her there and showed her that I knew a lot about that territory: From our Korean selves, we knew exactly what we meant by marrying an "American." I was implicitly telling her, "I know what those judgments are. I have known them myself."

That was how my relationship with K. began three years ago.

K. was born in Korea to a poor family. Her father could not find work and the family made do with the meager income her mother made by selling fruits. Her father drank heavily and beat her mercilessly in front of the children. K.'s mother was in turn abusive towards K., accusing her of being an ugly and useless child. Then, when K. was in her teens, her mother suddenly died, leaving her with an older brother, two younger brothers, and the drunken father. Being the oldest female child, she was expected to drop out of school to allow her older brother to continue school and to support her younger siblings.

The next few years of her life were harrowing: She worked menial jobs at small factories where she would also sleep. She contracted a major communicable disease, which she combated in secret. It was while recovering from her illness that she met an American in Seoul. She fell for his gentle love for her and followed him to America.

In the States, K. severed contact with her family and friends in Korea. In fact, she avoided all things Korean. She did not cook Korean food, refused to work for Korean employers, lived away from ethnic enclaves, spoke only English, and generally avoided associating with other Koreans.

"I CAN'T FEEL AT HOME WITH MY OWN PEOPLE"

Over the years, I have met immigrant women who are much like K., from Asian or Latin cultures where they experienced sexism-related trauma. Unlike other immigrant women who may come from a nontraumatic, average expectable environment of their culture of origin, these women's assimilative experiences and integration of identify are more complicated by the fact that their ethnic identity is tied to trauma.

Understandably, most have a complex and ambivalent relationship with their culture, and some experience a complete cultural dissociation. In their traumatized emotional worlds, no distinction exists between their suffering and the ethnic culture. They cannot separate their culture from its sexist practices and therefore may shun it all together. They may sever contact with family and friends back home, forget their mother tongue, marry people from outside their culture, and demonize their culture. They may eagerly adopt American customs and the English language, and may excel in schools and careers in mainstream culture. They may do well academically and/or professionally, demonstrating seeming independence and achievement. Meanwhile their seeming rejection of their culture invites disdain and contempt from others. K.'s family bitterly denounced

her marriage to her non-Korean husband. “What, you can’t feel proud of your own culture? Why don’t you marry your own kind?”

These women’s cultural dissociation is also misunderstood by the popular ethnic identity models provided by the discipline of American multicultural psychology. These models, as they were conceived at the heel of the American civil rights movement, tend to focus on American racism and its impact on the psyches of American ethnic minorities. In this model, ethnic pride is equated with mental health. As such they tend to regard minority individuals lacking ethnic pride as “marginal” people who have internalized racism (Ruiz, 1990; Sue & Sue, 1971, 2008; Yi, 1998).

I believe this is a misapplication of a context, resulting in misunderstanding of the experiential worlds of women like K. K.’s avoidance of her ethnic culture is born out of traumatic experiences in that culture, not so much internalization of American racism. Idealization of the American culture exists, certainly, but it is a function of the same defensive flight from the source of trauma. They believe by doing so they do not have to process painful affect associated with their culture of origin. They think, “If I flee to American culture, all will be okay.”

The women’s behavior towards their ethnic culture can be characterized as a conscious decision to avoid painful traumatic affects associated with their culture; however, any such conscious avoiding is done in the service of maintaining an underlying, *unconsciously* motivated dissociation. They run from external ghosts, under the illusory belief that doing so could keep them safe. This is no use, of course, as the real ghosts live and hide in their interior mind, revealing their presence, forcing terrifying encounters. This is what happened to K. too: She tried, with all her might, to hermetically seal herself from Korean culture. Yet, in the wake of giving birth to her daughter, she began having hallucinations of her dead Korean mother, leaving her haunted, half mad.

THE RETURN OF THE DISSOCIATED, WITH VENGEANCE

Can such assiduous avoidance of one’s ethnic past be successful? I contend that such cultural dissociations are untenable. One’s psychic energy is expended to shutting out one’s ethnic self, leaving one inflexible, overcontrolled, and/or overcontrolling. The most troubling aspect of such dissociation is that trauma-related experiences may not see the light of the day in a proper way. Maxine Hong Kingston opens her famous novel *A Woman Warrior* with a description of the protagonist’s Chinese aunt whose unwed pregnancy led her male relatives to drown her in a family well. The family never refers to the aunt by her name, out of shame, and yet the ghost of this “no name woman” haunts the family. The culturally dissociated is like this unnamed aunt.

When K. gave birth to her first child, a daughter, she fell into terrifying panic. It began with an administration of pain medications following her delivery, which made her feel heavily drowsy, anxious, and out of control of her body. She then felt she could not breathe, could not feel her baby in her arms, and would see her mother’s ghost, hanging around in silence at the edge of her room. K. never told anyone about this experience, afraid of being perceived crazy. These feelings would intensify over the next few months, and, no longer able to bear them, she sought psychotherapy.

For K., what was dissociated returned with vengeance, concretized in the ghost image of her dead mother. The way she and I have understood it subsequently was that the initial reactions to the pain medications made her feel unable to care for her baby daughter competently, sending

her into a psychic tailspin. At the center of her panic was that she'd become like her mother who did not care or protect her, and abandoned her (through her death) to fend for herself alone in the world.

INTEGRATION[1] OF MULTIPLE CULTURAL WORLDS

What does the work of integrating dissociated cultural worlds look like? Here a contemporary psychoanalytic model of mind as offered by Phillip Bromberg (1996, 2003, 2006) and others provide an excellent conceptual lens. For Bromberg, a viable self is not a unitary, monolithic static state, but an amalgam of flexible multiple self-states (emotional worlds) with permeable open borders. A pathologic situation arises when rigid separation between self-states is in place due to one or more of them containing trauma related experiences. Here, dissociation is employed to maintain self-organization and to keep the trauma related self-states at bay. Needless to say, self-organization depends on leaving out or walling off unstabilizing states. Bromberg's vision of turning this pathologic dissociation to ordinary dissociation involves a promotion of a capacity, to "stand in the spaces between" multiple, dissociated self-states or emotional worlds.

Similarly, a vision of a culturally viable self would involve more or less seamless shifting between multiple cultural emotional worlds. Here, to borrow Bromberg, one is able to stand in the spaces between cultural emotional worlds instead of existing only in one cultural world. The immigrant women under consideration want to only live in the American cultural life. Conversely immigrants traumatized by racism, economic difficulties, and alienation in America may wall off the cultural world of American life.

What would facilitate one's ability to make room for cultural worlds that have been rigidly walled off? How does a therapist call out and engage with the walled off traumatized state?

CULTURAL BLIND SPOTS

I contend that a therapist's ability to maintain a reflective stance towards her potential cultural biases is a crucial first step. Cultural dissociation is hard to detect and work with because cultural phenomenon in general is a blind spot for most American psychoanalysts. Most analysts, myself included, operate in a culture-blind fashion most of the time. We don't usually question the cultural nature of our ways of doing things. For example, we take the use of English as a given and may not consider possibly complex meanings associated with choice of language by the analysand. A Korean female patient began her work with me in English and I never thought twice about it. I treated her just like any other English-speaking patient. It turned out she was avoiding speaking Korean with me as she feared that doing so would trigger intense emotions.

In recent years, a small number of analytic thinkers such as Neil Altman (Altman, 2006, 2011), Susan Bodnar (Bodnar, 2004), Lynn Layton (Layton, 2006), Kim Leary, and Melanie Suchet,

[1] Here I use the term "integration" to capture what happens phenomenologically when dissociation dissolves. I use the term to suggest a state of affairs in which there is a greater communication between different emotional worlds, including previously dissociated ones, leading the person to experience an integrated *sense* of self-continuity. It is not meant to endorse possibility or desirability of a unitary, singular identity.

to name a few have been actively grappling with the issue of cultural decontexualization. Kim Leary helped us pay attention to our difficulties/anxieties around racial dialogues and concomitant racial enactments (Leary, 1997, 2000). Others have, very poignantly, explored their white privilege and called attention to their dissociative relationship to their White identity (Harris, 2012; Suchet, 2004a, 2004b, 2007). All have brought their insights to the table with the idea of enhancing and deepening clinical work with racial/ethnic minorities. While these efforts are to be lauded for taking seriously race/cultural dynamics and introducing them to psychoanalytic literature, they by no means immunize us against cultural and racial biases and blind spots. Neil Altman (2004) called attention to this phenomenon, alerting us not to be complacent: In even those well-meaning, liberal-minded Whites, who work hard at being antiracist, racial biases and prejudices operate in subtle, covert, or disguised forms.

The ubiquity of cultural blind spots is demonstrated by the fact it is present in the work of even the most sensitive and thoughtful clinicians writing today. As an example, consider Phillip Bromberg's work with a "first-generation American Jew" whose first language was Yiddish, published in his seminal 1996 paper "Standing in the Spaces: The Multiplicity of Self and the Psychoanalytic Relationship."[2] Bromberg stated that this young male patient in his twenties dissociated his "Yiddish" self, consciously embracing an All-American identity for himself. In spite of Bromberg's attempts at plying it out of his patient, the dissociation stubbornly remained. However, the patient's disassociated Yiddish self had a habit of slipping out in most inconvenient times, that is, when he wished to demonstrate his English skills the most. One day in therapy the patient made another mistake in English, in the form of horribly butchering the expression "Scylla and Charybdis," calling it a "Sylvia and chiropodist." Bromberg exploded into laughter so hard that when he calmed down he "wiped the tears from my eyes." He goes on to lecture the patient about the myth behind the expression, finding himself "unable to omit a single detail. I included Jason and the Argonauts, the straits of Messina, the monsters, the rocks, the whirlpool, the whole thing." Bromberg makes the best out of this Scylla and Charybdis moment of his own, stating that the patient grew from catching the therapist "in a self-serving operation" and that both patient and therapist survived exposure of vulnerability in the other's eye.

Bromberg is courageous in so honestly reporting his own "self-serving operation." However, he seems unaware of the ethnic/cultural nature of his enactment: First, he does not examine his own ethnic identity, as if to suggest that it has no bearing on his relationship to his patient, even as the patient's central struggle is over a dissociated Yiddish self (Bromberg does not mention his ethnic background in the vignette). His indifference to his ethnicity does become suspect when the centerpiece of his enactment was his enjoyment of his superiority in English and classical knowledge over his Yiddish/Jewish patient. Is it possible that Bromberg himself has dissociated his own ethnic self and that this has played a role in the enactment?

Valorization of enactments in contemporary literature aside, I am proposing here that one way analysts can reduce cultural enactments such as the one reported by Bromberg is by developing sensitivity to cultural differences and biases.

The culturally aware therapist is more likely to be on the lookout for potential cultural pitfalls. A colleague of mine, a White male therapist, provides such an example: He worked with a

[2]Here I draw on the work of Dr. Bromberg, for whom I have deep admiration, to illustrate my point that even the most sensitive and thoughtful clinicians such as Dr. Bromberg can have cultural blind spots.

successful and articulate Vietnamese single woman who was doing online dating. Among other things, he was attuned to the ethnicity of the men she seemed to prefer, which was White. He commented on it one day and was stunned by the patient's subsequent disclosure of sexual and physical abuse by her male relatives during her stay at a refugee camp. A rich discussion ensued with respect to her relationship to ethnicity of her therapist. He learned that she had three previous therapists, all of whom were White men, and that none of them had addressed it. What was lost was a valuable opportunity for her to understand her fantasy that White men, unlike Vietnamese men who traumatized her, would not hurt her. When the inevitable slings and arrows of these relationships disappointed her, she grew bitter and bolted from treatment.

I have argued above that being mindful of the role culture plays in shaping people's—including the patient's and the analyst's—experiential worlds is crucial in detecting and engaging cultural dissociation. Once identified, the normal analytic work of integrating the traumatic experiences can be carried out. For many of the immigrant women with sexism-related trauma, the therapist's act of clearly labeling the sexist practices as traumatizing (and therefore wrong) bears a special significance: Because sexist practices are considered normal and therefore unworthy of naming or discussing in their culture of origin to do so is to acknowledge the validity of their subjectivity. A sensitive White therapist attuned to Western ethnocentricism may be reluctant to call sexist ethnic practices as wrong out of fear that to do would be tantamount to calling the culture wrong. However, such a cultural relativist position conflates respect for ethnic culture and indiscriminate acceptance of all its practices.

A note on the role of language: What is the impact of using English to process the trauma self-states when the original traumas are suffered in another language? My patients report to me that it is an instrument of both evasiveness and empowerment. One Latina immigrant tells me her fantasy of calling her father out in English. She feels that certain choice English words best describe her sentiment towards him. Her only disappointment is that he won't understand any of it. When she entered into treatment, traumatic experiences were in her body, in the form of multiple pains and aches. She had never processed these psychosomatic symptoms with anyone in any language. She preferred English to Spanish to desomatize, as it is pristine, unencumbered by history of trauma. Other patients tell me that they are relieved at not using their mother tongue in therapy because they would begin to see me too much like their own mother and that they could not see themselves opening up to that. It felt too risky. I often wonder what the cost of such an evasion is, even if it makes therapy safer. Unfortunately, the answer to this question may not be found easily from clinical psychoanalysis: All analysts in American psychoanalytic institutes do their coursework in English and most undergo their training psychoanalysis in English.[3] Given this general predicament, doing psychotherapy in language other than English for even those immigrant analysts who speak their patient's language, may be very difficult: Having had their own experiences, especially in the affective realm, rendered in English in their own analyses, they may not have the vocabulary to help their patients process their experiences in their mother tongue. I have had this problem, even when the patients want to speak Korean. I find my vocabulary to describe their internal worlds, especially subtle emotional experiences to be very limited.

[3]Anecdotally few analysts trained in New York institutes had their training analyses in a language other than English. However, insights gleaned from these non-English analyses are not publicly available in the English language psychoanalytic literature (R. Perez-Foster, personal communication, 2012).

PROGRESSIVE DIFFERENTIATION

The creative challenge of the analyst–patient dyad is to disentangle the patient's particular traumatic experiences from nontraumatizing normative aspects of the culture of origin in order to promote a viable ethnic identity, a sense of flexible yet more or less seamless self-continuity across time and place. The work here is to forge progressive differentiation between traumatizing toxic authoritarianism on one hand and the nontraumatizing benign hierarchical relatedness, both present in the culture. For most of the women, their trauma experiences color their perception of ethnic culture in its entirety, and they are unable to see that not everyone experiences the culture the same way; that people have varied and complex ways of organizing and giving meanings to the culture, based on their individual disposition, experiences of family, social, cultural life, and so on. Progressive differentiation means loosening the vicelike grip of an organizing principle that consigns them to an unending cycle of experiencing their culture in a toxic, traumatizing way. The result of such differentiation is that the patient *feels* liberated from humiliating submission and self-annihilation. She is capable of discerning a more benign motivation behind male behaviors and is able to appreciate that she is not required to respond with submission or accommodation at her expense but is free to imagine multiple ways of creative responsiveness that preserves her autonomy and sense of self.

I contend that in the heart of this progressive differentiation is what I call a *cultural corrective experience* in the therapeutic relationship. Included in this is standard analytic work of processing cultural materials, working through transferential materials, exploring and interpreting enactments. In my experience, there are unique opportunities for the corrective experience when the patient and the therapist are of the same ethnic background. (This excludes the case of a therapist who has written off her own culture and implicitly and explicitly encourages the patient to do the same.) By being a presence attuned to the patient's life experiences in general, and her cultural traumas in particular, the therapist opens up a space for the patient to change her perception of an ethnic other.

A White therapist can accomplish the same goal, albeit in an indirect way: Good psychoanalytic work by her will allow the ethnic patient to experience others in more nuanced and contextual ways. She will need to be attuned to the possible splitting process whereby the White people are seen as good and people from her ethnic group as bad. She should be attuned to the patient repeating rigid patterns of perceiving and interacting with people from her culture of origin and be active in interpreting them. In short she should urge the patient to give people from her ethnic group a benefit of doubt.

Let us return to the case of K.

In three years of therapy, K. and I have done significant work. I believe our initial encounter was crucial in building a trusting bond that has served us well subsequently: By self-disclosing a common experience marked as shameful by our culture, I let her know that I was not afraid to speak about it, and that I could help her deal with it too. There were other exchanges during our work together where I hinted at having experienced cultural traumas similar to hers. I am not suggesting that others engage in similar self-disclosure. I believe there are multiple ways to build a sense of connection with our patients and my way in this case happened to be through revealing my own experiences.

What my self-disclosures helped to do was to establish a nonshaming relationship with K.; and with the threat of shame receding to the background, K. opened up, allowing us to work with

her traumatic experiences in Korea. My early interpretations focused on the lack of protection for her as a girl from her father's violence, from her mother's verbal put-downs, from poverty, from bullying by her schoolmates for her family's troubles. This was followed by spending about a year processing her shame, guilt, and grief over the death of her mother.

Central to my work with her revolved around the idea that not all culturally sanctioned ideas and practices are right, referring to her deeply held belief that as the oldest female child she was to sacrifice herself for her family. I also repeatedly pointed out that she was shamed not for her own actions but for the actions of her family members. I would wonder out loud, "How can you be shamed for things for which you were not directly responsible? Is it fair to yourself to take on the blame and shame for your family members' behaviors?"

About a year into our work together, K. began making trips to Korea, reconnecting with her family. Even in the face of her family's demonization of her for abandoning them, she let them know that she was no longer willing to be enslaved by their requirements of female servitude and sacrifice. She witnessed the poverty and squalor her still alcoholic father lived in, and even with his (and everyone else's) expectation of her performing filial duty of taking care of him, refused to overextend herself for him, financially or emotionally. She was grieving for her father for the mess he made out of his life but was now much more accepting of letting him live with the consequences of his actions.

As of today, K. is a different person: Her terrifying panic is mostly gone as is her obsessive overprotection of her daughter. She is enjoying the pleasures of pursuing a life of her own without feeling guilty. She continues her relationships with her family and friends in Korea rather actively, through Internet, phone calls, and visits, but on her own terms.

On a most recent session she came in upset, having found out that her younger sister in Korea was depressed due to being poorly treated by her fiancé. As she relays the story I notice that she seems largely free of painful toxic affects. Because she is not so mired in them she seems better able to think about what she wants do to help her sister. She contemplates several options, eventually settling on a decision to talk to her sister's fiancé. I can't help but notice that her choice is very Korean—a form of communicating that involves advocating on behalf of one's adult children or adult younger siblings by talking directly to their significant other. K. has appropriated it, with a sense of empowerment and agency, to serve her own purpose, to provide protection to her sister and to herself (vicariously).

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