The symbolism of her communication revealed to me that she was playing the role of a cat and that she discovered writing and drawing pictures about it was a safe way to smash and break things. I encouraged her to write other stories about her "mad cat." For several weeks her "mad cat" became the theme of drawings, clay figures, and paintings. Then she went on to other characters including a loveable group of monsters. As she worked, she talked about the things that were worrying her about her parents' getting a divorce. Through her writing and drawing she was able to talk about her angry feelings. Her tantrums and need to break things stopped. She came to understand that there was nothing she could do to keep her parents together and it was not her fault that they were breaking up. She accepted seeing them separately.

I have learned that parents (and teachers) have an important role in helping children to express and overcome their fears through play, art, dancing, and performing. Playacting is especially beneficial as it gives children the opportunity of being someone else and thus protects their fragile egos while they learn to adjust to life around them and resolve their emotional conflicts.

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Children of Immigrants Carrying the Sadness of Their Parents

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In my psychological practice in a Paris suburban hospital, I encounter patients from all over the world. Some of these immigrants have been in France for over 20 years while others have just arrived. One thing they have in common is the memory of their native country: a place called "home," a place they will return to eventually -- "someday." Many of these patients have children born in France and educated in French schools. The children have French friends, wear French style, and talk French slang. I wonder how these children live with the mysterious "home" of their parents, the far away locus of family nostalgia? What are their roles in their parents' story of migration?

I meet a large number of families who come for psychological advice related to separation anxiety, as well as to developmental and language retardation, behavioral difficulties, and other problems of their children. Usually, I quickly become aware of the parents' sadness, their enormous feelings of despair and loneliness -- oftentimes so difficult to express -- in raising their children far away from their "home" and traditional support systems. In their home countries, child rearing is almost never the task of the nuclear family. A mother is comforted by all other "co-mothers," those who are "mother" with her -- her own mother, grandmother, aunt, cousin -- and who help her nurture, socialize, and "identify" (discover the nature/origin, or ancestor/spirit of) her child. Similarly, the father can rely on the authority and experience of his "co-fathers."

By contrast, in European hospitals each immigrant parent stands alone in giving birth in the sterile environment of the birth ward, where they do not understand what they are told about their child or even some things that are done to it. They have trouble speaking of strange experiences occurring amidst the wonder and fears of birth. Even with older children, medical measures appearing totally normal to Westerners are potentially traumatizing to people from different cultures. Whatever the children are in the hospital for, in the end, the parents are left alone with their children who have been subjected to puzzling and even unspeakable procedures. The children become witnesses to their parents' despair at an age where they feel, but do not understand, what is going on.

A father once told me, "I left my country out of an emptiness. I thought I would be able to fill this need in France. It was my children who came to fill it, but they don't understand.… I had hoped they would be able to help me around with what they would learn at school." These children are confronted with the feelings of uncertainty, helplessness, and sadness of their parents, as well as with the high expectations linked to parental

migration. They are to fulfill the dreams of these parents who left their "home" in search of something new and promising. Yet their parents' life stories often include heavy emotional baggage brought from their homeland. Thus the children are nourished, nurtured, and encumbered from both the present and the far away past. Some of these children are potentially more vulnerable to conflicting identities than are others. Role reversal, or "parentification," is a dynamic by which children play a parental role toward their own parents, even as toddlers at tender ages, comforting them where they are in great need of comfort themselves. Given these numerous confusions between the worlds of immigrant parents and their children, it is often quite difficult for these children to find the safe psychic framework they need to grow within. Many of these parents, immobilized by their own sadness, are incapable of protecting their children, of creating a "good enough" holding environment for the nurturance of a new generation.

Nevertheless, role reversals and vulnerabilities do not necessarily mean psychopathology. Some of these children have an incredible resilience. For them, the challenging situation at home becomes a preparation for the hardships of adult life. They are able to draw upon elements of both their family's culture of origin and French culture to enter into a creative process of finding solutions in most inventive ways.

We know that for immigrants certain periods of life are especially difficult. These are accompanied by a type of "psychic transparency," moments when unconscious conflicts are more prone to re-appear. In our transcultural therapeutic approach, we work on representations of pregnancy, childbirth, and child rearing in the culture of origin and in France. We search for conscious and unconscious identifications. "Who is this child/person?" asks the question of the place of the sick person in the transgenerational context and in the continuity of the natural and supernatural world. We try to answer, "What is the reason for the suffering?" on the basis of an anthropological knowledge on the causality. We also encourage these families to follow the logic of traditional therapeutics as well as the prescriptions of biomedicine.

It is important to establish the life story of the whole family in order to make sense of what is going on. In the following short case description, the family history comes alive when we talk about the choice of the child's name and the mother's sadness finds an acceptable expression.

Little "Moussa" is two-and-a-half-years old. He screams in a way his mother is completely incapable of interpreting and enduring. Moussa carries the name of his maternal grandfather who died just before his mother left her native Mali to come to France. His mother starts talking about her own childhood: her mother died early and her father sent her to live with her aunt who treated her badly. She was in the difficult situation of admiring her father for his qualities and of hating him for what he had allowed to happen to her. Honoring him in giving his name to her son was not easy. We come to understand why this child is so special to her and at the same time so impossible to live with. Talking about these causal links helps this mother to do the grief work for her two parents and to allow for a gradual separation from little Moussa.

Transmission from parents to their children includes knowledge, traditions, emotions, and the personal stories of the parents. The following case illustrates this in a most impressive manner.

"Mr. Kedouche" is a 50-year-old Algerian who has lived in France for over 25 years. He is very well adapted and an activist in different associations. He comes to see us because two of his sons, ages 15 and 13, cause a lot of trouble and refuse to go to school. They won't listen to his orders, come home whenever they want, and steal and get caught by the police. Their father is in great despair. He does not know what to do and his wife thinks it would have been better not to have children at all. When he tells us his life story and the difficulties he went through, we are struck by the lack of emotion he expresses verbally and the sadness we perceive around him. We can understand the feelings his children might go through in being confronted with this father. Unconsciously, their behaviors seem to aim at provoking emotions in their father that accompany the values and knowledge he tries to teach them.

These two examples from our work show the uniqueness of every family's story and the emergence of understanding through transcultural psychotherapy. They reveal the necessity of taking time to identify the family psychodynamics and note the emotions in the complaints and stories of our patients. We try to adopt the right therapeutic position in listening to the stories behind their children's suffering. Finally, we provide an interpretation constructed with our patients.

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From Swan to Ugly Duckling

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A 20-year-old woman, whom I will call "Maria," spent two years under my psychoanalytic care, seeking to better adapt to the demands of the professional and adult life she was entering. She also sought a less anguished approach to dealing with love issues. Maria felt particularly insecure in her emotional life, suspecting that there was something inadequate or flawed in her personality. Consequently, she feared that it was "inevitable that sooner or later" her new boyfriend would end the relationship. The reason for this insecurity came to the fore in the first few months of her analysis, and it was related to her childhood in another country.

Maria's parents suffered political persecution during the Brazilian military dictatorship of 1964 to 1985. Her father was a journalist who had published denunciations of Brazil's human right violations in European newspapers. Maria's mother was two months pregnant with Maria when the couple, fearing for their lives, fled the country. After a brief sojourn in France, they were granted political asylum in Sweden. The family was well received by the Swedish authorities, who provided housing and employment.

Maria was born into this new harmonious and secure environment, and there her socialization started. She went to the neighborhood day nursery, then to preschool, and at six-and-a-half-years-old she entered first grade, learning to read and write in Swedish.

When Maria was just over eight years old, her father died. He had not adapted to life away from Brazil and had decided to risk return to his home country. Tragically, in the face of pressure of impending imprisonment and torture, he committed suicide. Understandably, Maria grew up with the idea that the country of her parents, grandparents, and uncles, was an evil and hostile place, which had robbed her of her father. With his demise, Maria's contact with the Portuguese language of Brazil was restricted to her mother's tender and loving words.

Life in the Swedish town of Gothenburg was happy in many ways, including one that was very special. Maria has the physical appearance characteristic of the majority ethnicity in Brazil: brown skin and black hair and eyes. Maria reported, however, that she was not regarded by her friends as less Swedish; at school and in the neighborhood she felt accepted as a little brown-skinned Swede. Her differences became positive assets -- Maria became very visible, the object of her girlfriends' admiration and of boys' interest. Puberty had scarcely begun when Maria was the most sought after: boys vied for the privilege of escorting her home from school.

When Maria was 14, her mother decided to return to Brazil. The military regime had ended, the country was democratic again, and Maria's mother wanted to rejoin her family and her Brazilian motherland. Back in Rio de Janeiro, Maria was a Brazilian citizen unable to speak the national language except for a few tender and childish expressions. She felt like a Swedish girl but without any Nordic features. Maria was a teenager, on the surface just like all the other Brazilian girls in her new school but without any positive traits that would make her stand out. What did make her different in her classmates' view was her "strange" manner of speaking Portuguese. But her common physical features and the absence of a foreign accent did not even allow her classification as a foreigner. Soon, Maria felt stigmatized as deficient. In reverse of the children's story, Maria went from swan in Gothenburg to ugly duckling in Rio.

The English psychoanalyst Donald Winnicott wrote about the "facilitating environment," an external world that is welcoming enough so that the child develops their affection potential. Maria's teen years were marked by a regression to the most primitive stages of psychic development in which anxiety and helplessness are the dominating emotions. In her psyche, Brazil was the place of losses: The loss of her father, the loss of her unique appearance, and the loss of fluency in language.

The pain from the loss of such a close person as the father is obvious. No one can replace the dead father. However, in Maria's "inner world," there remained the image of a strong and coura-