

# Promoting the Mental Health of Immigrants: A Multicultural/Social Justice Perspective

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Immigration is a major factor that is greatly contributing to the unprecedented demographic changes that are presently occurring in the United States. This article discusses the challenges encountered by immigrants, taking into account the historical, sociopolitical, economic, cultural, and psychological factors that contribute to successful adjustment and adaptation to their new environment. In doing so, it outlines a new theoretical approach to working with this unique cultural group that is embedded in a multicultural/social justice helping perspective.

Current statistics indicate that the immigrant and refugee populations in the United States are rapidly increasing. In fact, the United States has witnessed the greatest migration in its history with an increase of 44% since 1990 (U.S. Department of Homeland Security, n.d.). Estimates indicate that the foreign-born population is 28 million to 31 million (U.S. Census Bureau, 2002). This means that 1 out of every 10 people in the United States comes from an immigrant or refugee background, with 1 in 5 born in another country or with at least one parent born in another nation (U.S. Census Bureau, 2002).

Immigrants have historically moved to established ethnic communities in the United States located in California, New York, Texas, Florida, New Jersey, and Illinois. In recent years, there has been a substantial increase of immigrant groups who have migrated to various states in New England, the Midwest, and the Rocky Mountain region (Lyman, 2006). For example, from 2000 to 2005, the immigrant population increased 48% in Arkansas, 44% in South Dakota, 34% in Indiana, 32% in Delaware, 31% in Missouri, 28% in Colorado, and 26% in New Hampshire (The Urban Institute, 2007). These states are not accustomed to such racial/ethnic diversity and have little history of or experience in integrating immigrants into their local communities (Layton & Keating, 2006).

Given the rapidly changing racial/ethnic/cultural demographics of the United States and the increasing annual number of immigrants to the United States, mental health professionals need to develop new competencies that will enable them to work more effectively and respectfully with immigrant and refugee clients. With this in mind, the aim of this article is threefold. First, it provides an overview of the characteristics and status of immigrants (those who voluntarily migrate), refugees (those who are forced to migrate), and undocumented immigrants (the term *undocumented immigrants* is used throughout this article to refer to *illegal*

*immigrants* because the latter term is viewed as derogatory by many immigrants and immigrant advocates). Particular attention is directed to the similarities and differences in each of these groups. Second, the problems of racism and discrimination as they relate to immigrant populations and counselors are presented along with the adverse impact of these complex problems on immigrants. Third, challenges counselors face as well as practitioner intervention strategies when working with immigrant groups are presented. In addition, a new helping model that is specifically designed to promote the mental health and psychological well-being of immigrants is outlined.

## Immigrant Characteristics, Employment Status, and Challenges in the United States

Approximately 75% of all immigrants have legal permanent status in the United States. Of the 25% who are undocumented, 40% have overstayed their temporary visas. Contrary to what many people might believe, less than 2% of the entire U.S. population is made up of undocumented immigrants (U.S. Department of Homeland Security, n.d.). From an employment perspective, immigrants constitute 22% of all low-wage workers and 40% of all low-skilled workers (Capps & Passel, 2004). Almost 50% of these workers have very limited English language proficiency (U.S. Census Bureau, 2002).

### Undocumented Immigrants

Undocumented immigrants encounter unique challenges that differ from those of their legal counterparts. Besides having to pay hefty fees to be brought into the United States, undocumented immigrants experience a constant high risk of being caught and subjected to incarceration and inhumane treatment. The journey to the United States is often perilous and bounded

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by uncertainty, fear, injury, and even death. On the U.S.–Mexican border, there are also risks of encountering the growing U.S. citizen anti-immigrant patrols and vigilante groups, which have been noted to shoot at people whom they believe are “illegals” (Paget-Clarke, 1997). Such actions resulted in an average of more than 1 death per day in 2001, with a total of 491 undocumented immigrants dying while trying to cross the border that year (Abraido-Lanza, Armbrister, White, & Lanza, 2006). Once in the United States, undocumented immigrants live in continual fear of being discovered and subjected to legal proceedings that adversely affect their own and their families’ lives (Pérez, 2006).

Similar to all citizens, legal and undocumented immigrants pay federal, state, and local taxes for income, property, and goods, with expenditures projected between \$90 billion to \$140 billion a year, not including Social Security and Medicare taxes (Immigration Policy Center, 2007). It is estimated that immigrants’ earn \$240 billion a year while using only about \$5 billion a year in public benefits (Immigration Policy Center, 2007). The approximately 7 million undocumented workers in the United States who are not entitled to benefits provided annual subsidies of \$7 billion; generated \$56 billion in earnings; and produced \$6.4 billion in Social Security taxes, which will never be claimed in 2002 (Porter, 2005). Subsequently, the ratio between immigrant taxes and use of public benefits and the taxes paid results in huge financial gains for the U.S. economy.

Whether legal or illegal, the immigration process is characterized by a host of complex stressors that affect the mental health and quality of life of immigrant populations. Many immigrants encounter premigration trauma before arriving in the United States. For example, refugees may experience the loss and death of family members, be victims of torture and other forms of violence, and find themselves forced to live in crowded and unsanitary refugee camps before coming to the United States (Bemak & Chung, 2008a; Bemak, Chung, & Pedersen, 2003).

Language barriers impede many immigrants from securing gainful employment in a timely manner and contribute to high unemployment rates (Bemak & Chung, 2008a; Bemak et al., 2003). Many immigrants who were professionals in their home countries find that their educational qualifications are not transferable to the United States. This situation contributes to underemployment of immigrants. Compounding all of these challenges is the loss of cultural and community identity, social support networks, and one’s ability to financially help support family members who were left in the immigrants’ home countries (Bemak et al., 2003).

In addition to these stressors, immigrants must learn to cope with very different beliefs and behaviors associated with child rearing, family structure, gender roles, religious practices, and approaches to physical and mental health care that sharply contrast with their own cultural beliefs and behaviors (Bemak et al., 2003; Chung & Bemak, 2002b). Underlying many of these stressors is the challenge of coping with the

unique demands that are linked to the highly individualistic, competitive culture that characterizes the dominant cultural group in the United States.

A majority of the persons migrating to the United States come from collectivistic societies. As such, they are often unprepared to deal with the challenges that are associated with living and working in a highly individualistic, competitive culture that emphasizes self-determination and independence (Bemak et al., 2003). This is particularly accentuated because most immigrants come from cultures in which interpersonal reliance and dependence are considered healthy cultural norms. Counselors who are not knowledgeable of these cultural dynamics may inadvertently pathologize the emphasis on social interdependence by using the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000) to diagnose these individuals as having a dependent personality disorder. As a way to note the cultural biases that underlie this sort of diagnosis, it may be useful to have a new diagnostic category added to future revisions of the *Diagnostic and Statistical Manual of Mental Disorders* that might be called *independent personality disorder* (Chung, 2001).

This new diagnostic category, viewed from a collectivistic cultural perspective, would focus on the manifestation of psychopathology among persons who have difficulty dealing with living and working within the context of an interdependent and cooperative culture. Independent personality disorder portrays attitudes, values, and behaviors that are self-centered, self-involved, and self-directed and adversely affects the psychological well-being of individuals, families, and cultural networks.

When encountering the types of stressors discussed earlier, some immigrants experience doubts about their decision to migrate and guilt for leaving their families (Bemak & Chung, 2008a). As a result of their premigration experiences and postmigration challenges, some immigrants manifest depression, anxiety, posttraumatic stress disorder, substance abuse, and family violence (Bemak et al., 2003; Chung & Bemak, 2007b). Irrespective of whether the migration was planned or involuntary, the challenges of adapting to a new culture require immigrants to develop new coping skills that enable them to successfully acculturate and adapt to their new situation (Bemak, 1989; Bemak et al., 2003; Chung & Bemak, 2007b).

### Acculturation

It is important to distinguish between enculturation and acculturation when discussing acculturative stressors experienced by immigrants. *Enculturation* refers to the process whereby individuals are socialized into their own cultural group by parents, peers, and other adults. *Acculturation* refers to the changes individuals, such as immigrants or refugees, undergo in response to the influence of the dominant culture (Casas & Pytluk, 1995). Immigrants acculturate into a different culture by learning a new system of rules and beliefs that they are

challenged to integrate into their own traditional cultural worldview (Berry, 2002).

Berry (2002) described assimilation, separation, marginalization, and biculturalism (or integration) as four outcomes of the acculturation process. *Assimilation* occurs when immigrants unequivocally accept the worldview, values, and beliefs of the dominant host culture. In contrast, *separation* refers to the immigrants' intentional efforts to reject the host culture's worldview, values, and beliefs, thereby striving to maintain the purity of their own traditional culture. *Marginalization* occurs when immigrants neither accept the worldview or behaviors manifested by their own cultural group nor the worldview or behaviors promoted by the host culture. Finally, *biculturalism* occurs when immigrants successfully integrate various aspects of their own traditional culture with those of the host society. Among immigrants, marginalized persons have the highest level of risk for mental health problems, whereas bicultural persons are regarded as being the healthiest psychologically.

Migrating from a collectivistic to an individualistic culture may heighten acculturative stress and precipitate feelings of helplessness, disorientation, and hopelessness (Chung & Bemak, 2007a). Additional stressors may be associated with a shift to a lower socioeconomic status and quality of life, loss of family/community members and social support networks, language barriers, intergenerational conflicts, premigration trauma, and persistent racism and discrimination. These issues can contribute to mental health difficulties, substance abuse problems, and family conflicts (Bemak & Chung, 2008a; Chung & Bemak, 2005).

## Racism and Discrimination

### How the Mass Media Affects People's Reactions to Immigrants and Refugees

Successful adjustment and adaptation of immigrants is influenced by public reaction. The media is a major source of information that substantially affects the way the public views immigrant populations. Frequently, immigrants are stereotyped by the media, raising mainstream concerns regarding job competition, economic sustainability, and the improper use of public resources and services. Biased and inaccurate media messages of undocumented immigrants add another dimension to the aforementioned stereotypes and fuel highly charged and negative political perceptions of legal as well as undocumented immigrants (Gurchiek, 2005). This can be seen with Latino/Latina immigrants who are frequently suspected of being "illegal" and subsequently face numerous problems during postmigration. It is also commonly manifested among Asian Americans whose families have lived in the United States for many generations and continue to be viewed as perpetual foreigners (Wu, 2002).

An example of the latter type of stereotyping was evident in the media's reporting of U.S.-born Michelle Kwan in 1988 when she was favored to win the Winter Olympic gold medal

for figure skating in Nagano, Japan. When the gold medal was won by another U.S. figure skater, MSNBC headlines proclaimed "American Beats Out Kwan" (Astudillo, 2002). Four years later, in the 2002 Winter Olympics in Salt Lake City, the *Seattle Times* sports headline read "American Outshines Kwan" (Astudillo, 2002). Such news headlines promote the notion that Kwan and other Asian Americans are foreigners even though the United States is their birthplace.

Following the horrific 9/11 tragedy, media reports contributed to a generalized suspicion and fear of Middle Easterners (Armour, 2005). This negative stereotyping was not new. An example of this sort of negative characterization was previously reflected in the Disney movie *Aladdin*, whose catchy opening song sets the tone: "Oh I come from a land, from a faraway place/ Where the caravan camels roam/ Where they cut off your ear/ If they don't like your face/ It's barbaric, but hey, it's home" (Wingfield & Karaman, 2002). Research indicates that children develop racist and prejudicial views at a young age. It is clear that such negative cultural messages as those projected by this Disney movie are likely to result in unfavorable impressions of persons of Arab and Middle Eastern descent (Children Now, 1999).

### Incidents of Individual Racism Against Immigrants and Refugees

Since 9/11, there have been numerous media reports of illegal immigrants, foreigners, and terrorists, causing fear and distrust among many U.S. citizens. These media messages may have contributed to the dramatic increase in the acts of racism and hate crimes directed toward immigrant groups across the United States. Evidence supporting these claims is reflected in the following examples:

- Anti-Islamic hate crimes have increased 1,600% from 2000 to 2001 (Anti-Defamation League, 2005).
- A Nebraska judge in 2003 ordered a Mexican American father not to speak "the Hispanic language" (Fears, 2003, p. A3) during visitations with his 5-year-old daughter.
- At a library board meeting in 2006 in Lewis County, Tennessee, there was opposition to the purchase of children's books in Spanish or any other foreign language (Tobia, 2006).
- The owner of a famous cheesesteak restaurant in Philadelphia received national attention for putting up a sign with the words "English only" in his eatery (Associated Press, 2006).
- In 2007, the Ku Klux Klan announced that it would increase activities targeting U.S. communities with growing immigrant populations (Kim & Bazar, 2007).

These are only a few examples of the sort of individual racism immigrant populations encounter daily. These racist and discriminatory experiences negatively affect the psychological

well-being of immigrants and undermine their human rights and guarantee for social justice in society. Adding to the aforementioned examples, Sue et al. (2008) described the subtle forms of individual racism. Microaggressions, which consist of *microassaults*, *microinsults*, and *microinvalidations*, are degrading racial/cultural comments. Microassaults are racial degradations. Examples of microinsults include negative comments about an immigrant's culture that are rude, insensitive, discriminatory, and demeaning. Microinvalidations are actions that exclude and negate the immigrant's feelings, thoughts, and experiences. Coping with microaggressions encountered daily in schools, in communities, on the job, and in the mass media has profound implications for one's mental health. Culturally competent counselors strive to understand, accept, and incorporate the awareness of these microaggressions into effective multicultural/social justice counseling practices.

### The Impact of Institutional Racism on Immigrants and Refugees

Not only do immigrants routinely experience acts of individual racism and microaggressions, they are also subjected to various forms of institutional racism. Institutional racism is the systemic, organizational, and governmental policies and practices that discriminate against and invalidate people in racial/ethnic/cultural groups through unequal allocation of resources and lack of opportunity and access. Race-based discrimination in housing, health care, mortgage lending practices, and education; systematic profiling of persons of color by security and law enforcement workers; and barriers to employment or professional advancement on the basis of an individual's racial/ethnic/cultural background are all forms of institutional racism.

Research findings underscore how institutional racism results in differential annual incomes depending on immigrants' skin color. A study using data from 2,084 men and women indicated that immigrants with lighter skin earned 8% to 15% more salary than did immigrants with darker skin ("Skin Color and Salary," 2007). Another form of institutional racism was noted after Hurricane Katrina ravaged the Gulf Coast in August 2005. Latino/Latina American hurricane survivors were required to produce identification to prove that they were not undocumented immigrants taking advantage of free services and goods provided for hurricane survivors (Terhune & Pérez, 2005). Also, legal actions were taken in Cherokee County, Georgia, against anyone who rented or sold property or renewed a housing agreement to undocumented immigrants (Pérez, 2006). Similarly, lawmakers in the Tennessee legislature recently introduced 34 new immigration-related bills, including several that proposed increased fines for hiring undocumented workers, designating the employment of undocumented immigrants as a criminal offense and proposing that undocumented immigrants' earnings and property become state property if apprehended (Associated Press, 2007).

Following 9/11, new security systems were established and legal initiatives were promoted to address a broad range

of immigration issues in the United States (GlobalSecurity.org, 2003). To date, 26 immigration measures have been proposed to Congress. Most of the measures continue or expand on current policies that emphasize tougher enforcement of immigration laws, such as raising fines for knowingly hiring undocumented workers, streamlining current guest-worker programs, bolstering an electronic system that employers can use to verify workers' legal status, implementing tighter border and immigration controls (exemplified by legislative funding for the construction of a fence along the U.S.–Mexican border along with increased funding for border patrols), and implementing stricter governmental policies for the future citizenship rights of undocumented immigrants (Spencer & Moreno, 2007). At the same time, large detention tents and family residential facilities (2,000 capacity) have been built on the U.S.–Mexican border for immigrants awaiting deportation. These facilities create a prison-like environment, raising human rights questions related to immigrants (Spencer & Moreno, 2007).

A highly controversial form of institutional racism that is receiving significant national attention relates to recent legislative efforts to adopt English as the official language of the United States (Graham-Tebo, 2007). Recent bills introduced in Congress and state legislatures include recommendations that all government publications and business be conducted only in English. These bills are based on the presumption that English is the common and unifying language in the United States. In fact, some businesses and counties have already adopted an English-only policy, even though it has not been formally approved as a national policy (Husle, 2006). In a speech to the National Federation of Republican Women in March 2007, former House Speaker Newt Gingrich described bilingual education as the "language of living in a ghetto" (Hunt, 2007, p. A5). His comment and the increasing legislative support for an English-only policy and other anti-immigrant laws illuminate how forms of individual and institutional racism can work in tandem to undermine the rights and psychological well-being of immigrant populations.

### Political Countertransference

Culturally competent counselors understand the psychological impact institutional racism has on millions of people in U.S. society. They are particularly aware of the ways in which the routine presentation of mass media illuminates the criminal tendencies, economic drawbacks, and negative impact immigrants have on the competitive U.S. job market and promotes prejudice, discriminatory thinking, and racism among many in the general public. Culturally competent counselors are also sensitive to ways in which institutional racism might adversely affect themselves and other colleagues in the field. The culturally competent mental health practitioner acknowledges that frequent exposure to negative media messages about immigrants and other forms of institutional racism may lead mental health professionals to consciously or unconsciously internalize harmful views of immigrant groups. The conscious



or unconscious internalization of such views may result in negative reactions counselors have in counseling situations that involve clients from immigrant populations. This psychological process is referred to as *political countertransference* as compared with *psychological countertransference* (Chung, 2005). Awareness and acceptance of one's political countertransference is critical when working with immigrant and refugee clients.

## Recommendations for Counselors Working With Immigrant and Refugee Populations

Given the politically charged atmosphere that currently exists in the United States regarding immigrants, it is crucial that mental health professionals be aware of the impact that the current sociopolitical environment, immigration policies, pre-migration experiences, postmigration challenges, and various forms of racism and discrimination have on the mental health of immigrant and refugee clients. Counselors can no longer provide professional services with this population without taking into account the complexity and multidimensional factors associated with immigrant populations. The following section highlights several major issues that need to be taken into account when working with this population.

### Dealing With the Culture of Fear

Negative attitudes and perceptions of immigrants that are cultivated by the media and the unpredictable and continual changes in the terrorist alert levels produce constant reminders of 9/11. These media messages and terrorist alert updates have stimulated heightened concerns about immigrants and refugees, resulting in the creation of the current culture of fear that exists in the United States (Chung, 2007). Counselors who work with immigrant clients need to be aware of the ways in which this culture of fear contributes to deep-rooted and unconscious forms of prejudice and racism that adversely affect immigrant populations. Understanding these issues is critical when developing mental health interventions to promote immigrants' psychological well-being from a multicultural/social justice perspective. It is equally important to be aware of the ways in which counselors may be vulnerable to "buying into" the culture of fear in ways that may lead to unconscious prejudicial and racist thinking about immigrant groups.

### Multicultural/Social Justice Counselors or Mental Health Cops?

Working with immigrant populations raises important ethical questions. Counselors are increasingly likely to encounter immigrant clients whose cultural practices are contrary to society's norms and legal statutes. These situations require counselors to think carefully about their responses prior to implementing multicultural/social justice counseling interventions with immigrants. This requires significant flexibility and

sometimes taking what many persons would consider to be highly controversial positions by not strictly abiding by laws that conflict with the cultural worldviews, values, beliefs, and practices of different immigrant populations. Rather than simply supporting existing legal statutes when working with immigrant clients, counselors are encouraged to evaluate each situation carefully and positively respond to the mental health/social justice needs given the particular circumstances.

For example, by law, school counselors are required to report signs of physical child abuse immediately. The practice of *coining* is an Asian healing method that may leave bruises on an individual's body. Counselors working with Asian Americans have occasionally misinterpreted such bruises as being evidence of child and elder abuse and notified authorities when, in effect, the bruises actually resulted from the coining (Chung & Bemak, 2007a). Instead of leaping to such a conclusion and notifying legal agents, counselors should conduct a comprehensive cultural assessment of such cases to determine whether the bruises were actually the result of abuse, coining, or other cultural practices that would denote care rather than abuse.

The mental health profession has been obdurate in requiring legal responses, sometimes at the expense of cross-cultural understanding. This is particularly relevant for refugees and immigrants. In working with immigrants, it is essential to be culturally sensitive and flexible so that counselors do not become perceived as mental health cops, a role that is contrary to being an effective multicultural/social justice counseling practitioner.

### The Nice Counselor Syndrome (NCS)

Counselors working with immigrant clients are encouraged to implement a broad range of helping roles. This includes acting as an advocate; questioning and challenging policies, rules, regulations, and systems that adversely affect the mental health of immigrants when necessary; and, at times, "rocking the boat." Many professional training programs do not teach advocacy but rather operate from the assumption that counseling practitioners need to learn to become good listeners who are respectful, caring, and all accepting—in essence, "nice" counselors. Despite the good intentions that underlie the nurturing of these characteristics among counseling students, they often unintentionally result in negative and culturally biased practices that emerge from what is referred to as *NCS* (Bemak & Chung, 2008b).

NCS is manifested by those counselors who exhibit nice behaviors in an effort to maintain positive and harmonious interactions with coworkers, supervisors, and other persons in the organizations where they work. NCS results in avoiding conflict and unpleasant realities and giving positive reinforcement and feedback to others even in situations that warrant criticism, challenges, confrontation, or less positive reactions. Counselors exhibiting NCS act as enablers, rescuing those in need or discomfort by finding quick solutions to what are often

complex problems without addressing the contributing and precipitating environmental factors. Given the complex challenges that immigrants encounter and the multiple injustices that adversely affect the immigrants' mental health, counselors operating from an NCS perspective are likely to be more harmful than helpful. This is so because NCS results in work that affirms, reinforces, and perpetuates the injustices that mark the existing status quo (Bemak & Chung, 2008b).

To avoid being caught in NCS, counselors need to take risks and exhibit the courage to speak up and speak out, advocating for social justice, fairness, and equality when working with immigrants and refugees. It is especially important to demonstrate the courage to challenge unhealthy, unfair, and unjust situations that lead to human rights violations and adversely affect immigrants' mental health. The Multi-Level Model of Psychotherapy, Social Justice, and Human Rights (MLM; Bemak & Chung, 2008a; Bemak et al., 2003) outlines some of the strategies counselors can use to promote immigrants' mental health from a multicultural/social justice perspective.

## The MLM

The MLM (Bemak & Chung, 2008a; Bemak et al., 2003) represents an innovative helping theory that is useful in addressing the multiple challenges immigrant populations encounter and the critical need to integrate multicultural/social justice issues in counseling with this population (Bemak & Chung, 2008a). This helping model addresses the multiple environmental factors that are known to foster successful adjustment and adaptation for this population. Although the MLM is briefly discussed in this article, a detailed description of this counseling model may be found in Bemak and Chung (2008a) and Bemak et al. (2003).

The MLM (Bemak & Chung, 2008a; Bemak et al., 2003) is based on a multicultural, social justice, and human rights approach to mental health care with the Multicultural Counseling Competencies (Sue, Arredondo, & McDavis, 1992) at the foundation of this helping framework (Sue et al., 1998). When using the MLM in their work with immigrants, counselors implement a number of professional roles that extend beyond the use of traditional one-on-one counseling services. Among the professional roles counselors commonly implement in this regard are social justice advocate, consultant, and network builder. Implementing these roles necessarily involves working with many persons who have an impact on immigrants' mental health. This includes clients, their family and extended family, coworkers and supervisors, as well as key community members (e.g., members of the clients' religious community, indigenous healers, community leaders, law enforcement personnel, legislators, policy makers).

To be effective in implementing these multiple roles requires counselors to acquire a comprehensive knowledge and sensitivity of the cultural, sociopolitical, and historical

background of immigrant clients. It also requires the ability to communicate cross-cultural empathy when working with these persons (Chung & Bemak, 2002a). Unique skills and sensitivity are necessary to effectively address the deeply rooted trauma and loss associated with migration, the complexity of immigrant clients' past and present stressors, the acculturation process, psychosocial issues in adaptation, and cultural influences that affect immigrant clients' constructions of psychological illness and mental health care strategies (Bemak & Chung, 2008a; Bemak et al., 2003).

Fundamental to implementing the MLM (Bemak & Chung, 2008a; Bemak et al., 2003) is personal awareness and understanding of the racial/ethnic identity of immigrant clients, personal insight into one's own racial/ethnic identity, and the interaction between the two. In addition, knowledge of current immigration policies and legislation as well as an awareness of the effect of political countertransference described earlier is important. Furthermore, there must be an understanding of cultural reactions and responses to trauma. For example, counselors must keep in mind that some refugees display the *psychological recoil effect*, whereby actually witnessing others being abused, harmed, tortured, or raped often results in greater trauma than personally experiencing such situations (Bemak & Chung, 1998). Finally, recognition about the level of resiliency immigrant groups possess helps determine how this resiliency may be used in the overall counseling action plan.

The MLM (Bemak & Chung, 2008a; Bemak et al., 2003) consists of five levels of intervention:

*Level 1: Mental health education.* This level involves the use of psychoeducation interventions to familiarize the client with the counseling process as well as to give the counselor an opportunity to learn about the client's expectations of the helping process.

*Level 2: Individual, group, and family counseling interventions.* Counselors are challenged to adapt traditional individual, group, and family counseling theories and techniques in ways that reflect cultural sensitivity and respect for immigrant clients.

*Level 3: Cultural empowerment.* Counselors use a broad range of consultation and social justice advocacy services to assist immigrant clients in realizing a greater degree of individual and collective cultural empowerment in ways that lead to the development of a bicultural disposition (Bemak, 1989). This involves assisting these clients and their families in learning new ways to master the demands of the host culture (e.g., securing a driver's license, learning how to use public transportation) while maintaining many of their own cultural values, beliefs, and practices.

*Level 4: Integration of traditional and Western healing practices.* Counselors must understand and respect immigrant clients' preferences for healing and interventions by demonstrating genuine acceptance and

understanding of immigrant clients' preference in using traditional healing methods and their willingness or resistance in using Western healing strategies. Level 4 of the MLM (Bemak & Chung, 2008a; Bemak et al., 2003) requires counselors to form mutually respectful partnerships with traditional healers in the clients' cultural community.

*Level 5: Addressing social justice and human rights issues.* This component of the MLM (Bemak & Chung, 2008a; Bemak et al., 2003) involves working with clients and their families to ascertain fair and equal treatment and access to opportunities and resources in the community.

## Conclusion

Migration continues to be a major national issue in the United States. Mental health issues relating to premigration trauma, postmigration adjustment and adaptation, and migratory transitions present unique and complex challenges for counselors who work with this population. Because multicultural/social justice issues are central considerations in working effectively with immigrants, it is imperative that counselors expand their helping strategies by going beyond the use of traditional individual counseling services when counseling immigrant groups.

This article addresses numerous issues related to the challenges immigrants and refugees face when migrating to the United States. Specific considerations counselors are encouraged to keep in mind when working with immigrant populations are also presented, including a new counseling model, the MLM (Bemak & Chung, 2008a; Bemak et al., 2003). Although it is hoped that counselors find the information presented in this article helpful when working with immigrants, it is readily acknowledged that much more theoretical and research work needs to be done in this area given the complex challenges these persons face when migrating to the United States.

## References

- Abraido-Lanza, A., Armbrister, A., White, K., & Lanza, R. (2006). Immigrants. In Y. Jackson (Ed.), *Encyclopedia of multicultural psychology* (pp. 237–243). Thousand Oaks, CA: Sage.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Anti-Defamation League. (2005). *2001 FBI Hate Crime Statistics Act (HCSA)*. Retrieved March 12, 2008, from [http://www.adl.org/Learn/hate\\_crimes\\_laws/HCSA\\_FBI.asp](http://www.adl.org/Learn/hate_crimes_laws/HCSA_FBI.asp)
- Armour, S. (2005, July 5). Post-9/11 workplace discrimination continues. *USA Today*. Retrieved March 12, 2008, from [http://www.usatoday.com/money/workplace/2005-07-05-anti-arab-workplace\\_x.htm](http://www.usatoday.com/money/workplace/2005-07-05-anti-arab-workplace_x.htm)
- Associated Press. (2006, June 8). *Philadelphia's Geno's Steaks adopts English-only ordering policy*. Retrieved February 10, 2007, from <http://www.foxnews.com/story/0,2933,198757,00.html>
- Associated Press. (2007, March 8). English-only bill is hollow gesture. *Knight Ridder Tribune Business News*. Retrieved March 20, 2007, from ProQuest database.
- Astudillo, R. M. (2002, March 1). Michelle Kwan headline controversy continues to haunt us. *AsianWeek*. Retrieved May 5, 2008, from the Asian-American Politics Web site: <http://www.asianam.org/dime%20a%20dozen.htm>
- Bemak, F. (1989). Cross-cultural family therapy with Southeast Asian refugees. *Journal of Strategic and Systemic Therapies*, 8, 22–27.
- Bemak, F., & Chung, R. C.-Y. (1998). Vietnamese Amerasians: Predictors of distress and self-destructive behavior. *Journal of Counseling & Development*, 76, 452–458.
- Bemak, F., & Chung, R. C.-Y. (2008a). Counseling and psychotherapy with refugees. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 307–324). Thousand Oaks, CA: Sage.
- Bemak, F., & Chung, R. C.-Y. (2008b). New professional roles and advocacy strategies for school counselors: A multicultural/social justice perspective to move beyond the nice counselor syndrome. *Journal of Counseling & Development*, 86, 372–381.
- Bemak, F., Chung, R. C.-Y., & Pedersen, P. B. (2003). *Counseling refugees: A psychosocial approach to innovative multicultural interventions*. Westport, CT: Greenwood Press.
- Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement and applied research* (pp. 17–38). Washington, DC: American Psychological Association.
- Capps, R., & Passel, J. S. (2004). *Describing immigrant communities*. Washington, DC: The Urban Institute.
- Casas, J. M., & Pytluk, S. D. (1995). Hispanic identity development: Implications for research and practice. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 155–180). Thousand Oaks, CA: Sage.
- Children Now. (1999). *A different world: Children's perceptions of race and class in the media*. Retrieved March 12, 2008, from <http://publications.childrennow.org/assets/pdf/cmp/diffworld99/diff-world-99-v1.pdf>
- Chung, R. C.-Y. (2001, March). *Culturally sensitive diagnosis for Asian Americans*. Paper presented at the annual meeting of the American Counseling Association, San Antonio, TX.
- Chung, R. C.-Y. (2005). Women, human rights, and counseling: Crossing international boundaries. *Journal of Counseling & Development*, 83, 262–268.
- Chung, R. C.-Y. (2007, February). *Breaking the culture of fear: Implications for multiculturalism and social justice*. Paper presented at the 24th Annual Teacher's College Winter Roundtable on Culture and Psychology and Education, New York.
- Chung, R. C.-Y., & Bemak, F. (2002a). The relationship between culture and empathy in cross-cultural counseling. *Journal of Counseling & Development*, 80, 154–159.
- Chung, R. C.-Y., & Bemak, F. (2002b). Revisiting the California Southeast Asian Mental Health Needs Assessment data: An examination of refugee ethnic and gender differences. *Journal of Counseling & Development*, 80, 111–119.



- Chung, R. C.-Y., & Bemak, F. (2005). Counseling Americans of Southeast Asian descent: The impact of the refugee experience. In C. C. Lee (Ed.), *Multicultural issues in counseling* (3rd ed., pp. 151–170). Alexandria, VA: American Counseling Association.
- Chung, R. C.-Y., & Bemak, F. (2007a). Asian immigrants and refugees. In F. T. L. Leong, A. G. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 227–244). Thousand Oaks, CA: Sage.
- Chung, R. C.-Y., & Bemak, F. (2007b). Immigrants and refugee populations. In M. G. Constantine (Ed.), *Clinical practice with people of color: A guide to becoming culturally competent* (pp. 125–142). New York: Columbia University, Teachers College Press.
- Fears, D. (2003, October 17). Judge orders Nebraska father to not speak 'Hispanic.' *The Washington Post*, p. A3.
- GlobalSecurity.org. (2003). *Testimony: United States Senate Committee on the Judiciary. America after 9/11: Freedom preserved or freedom lost?* Retrieved on April 17, 2008, from [http://www.globalsecurity.org/security/library/congress/2003\\_h/031118-chishti.htm](http://www.globalsecurity.org/security/library/congress/2003_h/031118-chishti.htm)
- Graham-Tebo, M. (2007). Who's a citizen? *Association for Behavioral Analysis Journal*, 93, 1–2.
- Gurchiek, K. (2005, January). Public view of immigration improves, but negative attitudes persist in U.S. *HR Magazine*, 50, 32–33.
- Hunt, K. (2007, April 1). Gingrich: Bilingual classes teach 'ghetto' language. *The Washington Post*, p. A5.
- Husle, C. (2006, May 16). Senate passes a bill that favors English. *The New York Times*, p. A18.
- Immigration Policy Center. (2007). *Undocumented immigrants as taxpayers*. Retrieved April 16, 2008, from <http://www.aifl.org/ipc/factchecks/UndocumentedasTaxpayer.pdf>
- Kim, T., & Bazar, E. (2007, February 8). Immigration becomes KKK rallying point. *USA Today*. Retrieved March 13, 2008, from [http://www.usatoday.com/news/nation/2007-02-08-kkk-immigration\\_x.htm](http://www.usatoday.com/news/nation/2007-02-08-kkk-immigration_x.htm)
- Layton, L., & Keating, D. (2006, August 15). Area immigrants top 1 million. *The Washington Post*, pp. A1, A16.
- Lyman, R. (2006, August 15). Census shows growth of immigrants. *The New York Times*, pp. A1, A16–A17.
- Paget-Clarke, N. (1997, September 14). Interview with Roberto Martinez (1997): Immigration and human rights on the U.S./Mexico border. In *Motion Magazine*. Retrieved March 13, 2008, from <http://www.inmotionmagazine.com/border.html>
- Pérez, L. (2006, December 14). En Cherokee los indocumentados viven "escondidos" [In Cherokee the undocumented people live "hidden"]. *El Mundo Hispánico*, p. A28.
- Porter, E. (2005). Not on the radar: Illegal immigrants are bolstering social security. *Generations*, 29, 100–103.
- Skin color and salary; lighter and taller equals a bigger paycheck for immigrants. (2007). Retrieved March 13, 2008, from <http://www.vanderbilt.edu/news/releases/2007/1/25/skin-color-and-salary-lighter-and-taller-equals-a-bigger-paycheck-for-immigrants->
- Spencer, S., & Moreno, S. (2007, February 2). Border policy's success strains resources. *The Washington Post*, pp. A1–A3.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, 20, 64–88.
- Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., et al. (1998). *Multicultural counseling competencies: Individual and organizational development*. Thousand Oaks, CA: Sage.
- Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. I., Torino, G. C., & Rivera, D. P. (2008). Racial microaggressions against Black Americans: Implications for counselors. *Journal of Counseling & Development*, 86, 330–338.
- Terhune, C., & Pérez, E. (2005, October 3). Roundup of immigrants in shelter reveals rising tensions. *The Wall Street Journal*, p. B1.
- Tobia, P. J. (2006, November 30). The nativists are restless: The backlash against immigrants is at full boil in Tennessee. *Nashville Scene*. Retrieved May 5, 2008, from [http://www.nashvillescene.com/Stories/Cover\\_Story/2006/11/30/The\\_Nativists\\_Are\\_Restless/](http://www.nashvillescene.com/Stories/Cover_Story/2006/11/30/The_Nativists_Are_Restless/)
- The Urban Institute. (2007). *Arkansas is home to nation's fastest-growing Hispanic population*. Retrieved March 13, 2008, from <http://www.urban.org/url.cfm?ID=901061>
- U.S. Census Bureau. (2002). *United States census 2000*. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration.
- U.S. Department of Homeland Security. (n.d.). *Fiscal year 2002 yearbook of immigration statistics: Immigrants*. Retrieved March 13, 2008, from <http://www.dhs.gov/ximgtn/statistics/publications/YrBk02Im.shtm>
- Wingfield, M., & Karaman, B. (2002). Arab stereotypes and American educators. In E. Lee, D. Menkart, & M. Okazawa-Rey (Eds.), *Beyond heroes and holidays: A practical guide to K–12 anti-racist, multicultural education and staff development* (2nd ed., pp. 132–136). Washington, DC: Teaching for Change. Retrieved March 13, 2008, from [http://www.adc.org/arab\\_stereo.pdf](http://www.adc.org/arab_stereo.pdf)
- Wu, F. H. (2002). *Yellow: Race in America beyond Black and White*. New York: Basic Books.