# **Counseling Migration**

#### **Cristian SANDU**

Aurel Vlaicu University of Arad, Romania, chrissandu6@gmail.com

ABSTRACT: This paper addresses the topic of migrant integration within their adopted community. The issue is examined from a Christian counselor's vantage point and the counseling model advanced in the paper is founded on a theocentric understanding of human existence. The argument is presented in three consecutive steps: a description of the issue, which justifies the need for this study; a discussion of counseling theories, principles and methods, highlighting the importance of a theocentric approach to the counseling process; and a short reflection on the implications of the process thereof.

KEYWORDS: migration, refugees, social reintegration, counseling process, Christian counseling

#### Introduction

According to the data published by the UN's International Organization for Migration (McAuliffe and Triandafyllidou 2021, 10), it is estimated that a staggering 281 million people, about 3.6 percent of the current world population, qualify as migrants. Out of these, more than 35 million are children, 26.4 million are refugees, and 55 million are internally displaced persons. It means that more than half of the migrant population nowadays have had to leave their home due to dire circumstances, such as natural disasters, wars, and famine, that make the normal continuation of their life impossible (Solimano 2010, 22-40). Undoubtedly, however, migration is neither a new phenomenon nor a unilaterally definable existential reality (Măcelaru 2018a, 70-71; Wright and Măcelaru 2018, 91-93). Like any other group of people, migrant communities are made up of unique individuals, each with her/his abilities and needs, and each with a unique life-story to tell; and this is all the truer since the circumstances that lead to each individual's involuntary displacement or voluntary migration are equally diverse (Măcelaru 2018a, 71-72).

When migrants arrive in a new context, they are expected to adapt to their adopted environment, learn a new language, and embrace the values, beliefs, and customs of a new culture. This process of acculturation can last a long time, including social and psychological stresses that can be overwhelming. In fact, unless addressed appropriately within the migrant's cultural framework (Sue and Sue 1999, 51-120), such stresses may become the very factors that lead to the development of depression, that "common cold of mental illnesses" (Lastoria 1999, 335), or other psychological disorders. Migrants typically rely on their extended family and/or the faith communities to which they belong to mitigate their circumstances. Nevertheless, when such support systems are missing or do not satisfy the needs of the person seeking help, it falls to the professional counselor to help them cope with their circumstances and ultimately to help them become functional members of their adopted society. Moreover, it seems that, in such cases, the most effective counselor would be one who is also bilingual and bicultural, preferably someone who has experienced displacement and migration. However, since therapists who fit this description are but a few, the least preparation any counselor working with migrants ought to undergo is to gain knowledge and understanding of both minority and majority cultural values and beliefs (Clinton et al. 2005, 27-43). Furthermore, the founding of such

preparation on an appropriate view regarding the value of human beings and their inherent dignity seems to be a basic condition if the counseling process is to succeed.

### Living as a migrant – the problem

People employ different methods to cope with life's dire circumstances and the stress these provoke. The level of security a person experiences is directly proportional to the success she or he has in coping with difficult situations (Rotaru 2012a, 5; Rotaru 2011, 4; Rotaru 2012b, 5). Thus, although the stress experienced will not subside easily, changes in how one approaches difficult situations may lead to a significant immediate improvement in the way one experiences life.

These are also true about one's experience as a migrant. The degree of stress she or he experiences depends on various contextual factors as well as the person's past experiences and how these have prepared the migrant to cope with new circumstances. Thus, for some, immigrating to a new country is a matter of joy, especially in cases where such a move means reuniting with family and friends. In such cases, it is most likely that the newcomer has an entire support system readily available to help them integrate and provide some financial assistance. These go a long way toward ensuring a certain level of stability right from the start.

For others, though, coming into a new context only adds to the stress factors that have led to the decision to move in the first place. If no family or friends are available, one may start a new life journey with only limited financial resources, not knowing the language of the land, and unaware of important socio-cultural issues. Adding to these the discriminating attitudes and the prejudice with which the indigenous population sometimes meets migrants (Sue and Sue 1999, 299), it is evident that sometimes living as a migrant becomes a major factor of risk, one that shapes one's approach to life and their relationship with other people. In such cases, the situation can deteriorate to the point that the intervention of a professional counselor becomes necessary.

#### Counseling depression – from theory to practice

There are various approaches to counseling, some of which complement each other and some as divergent as possible. This paper will explore the perspectives of four foundational theorists: Sigmund Freud, Carl Jung, Carl Rogers and B.F. Skinner. The purpose of this discussion is to expose the presuppositions of each approach and to point out what I believe are flawed premises or starting points in each theory. Specifically, the discussion refers to how each theory views the issue of depression and its cure.

Sigmund Freud advances a model of psychoanalysis totally void of any belief in God. In fact, he views faith as a pathological condition and morality as the result of an over-severe superego that causes the displacement of negative feelings for another person onto the self. Negative feelings, melancholia and depression therefore are to be addressed by gaining deeper insight into one's unconscious. This would lead to an improved self-esteem which in turn should improve one's overall mood and perspective on life (Bobgan and Bobgan 1990, 54-55). However, Freud also admits that his approach does not hold the secret to addressing depression. Rather, due to its complexity, depression seems to escape the kind of self-scrutiny Freud had advocated for. In his words, "even in descriptive psychiatry the definition of melancholia is uncertain; it takes on various clinical forms (some of them suggesting somatic rather than psychogenic affections) that do not seem definitely to warrant reduction to a unit" (Freud 1925, 164).

Because of his religious upbringing, Carl Jung is the analyst that seems to come closest to what we could call "a biblical view" of depression and its cure, often using

religious terms and imagery. To give but one example, in a personal letter he writes to a depressed individual, Jung refers to depression as a condition, a force, that presses people downwards and recommends that the depressed person finds some form of meaningful work to help bring them out of their situation. In his words (Jung 1976, 492-93), here is an example of Jungian self-therapy:

I would raise animals and plants and find joy in their thriving. I would surround myself with beauty — no matter how primitive and artless — objects, colours, sounds. I would eat and drink well... When the darkness grows denser, I would penetrate to its very core and ground, and would not rest until amid the pain a light appeared to me, for in *excess affectus* [in an excess of affect or passion] nature reverses herself... I would renounce everything and engage in the lowest activities should my depression drive me to violence. I would wrestle with the dark angel until he dislocated my hip. For he is also the light and the blue sky which he withholds from me.

Carl Rogers taught that the central problem of humanity (and the underlying cause for depression) is individual failure to live up to one's full potential. The solution, he suggests, is to make use of all the resources one has within in order to solve the issue she/he faces (Adams 1973, 73). Rogers believed that professional counselors are not necessary. Rather, he taught a "person-centered" (Rogers 2021) counseling model, simple to use and available to everyone due to the underlying theory that generally people possess enough knowledge, personal insight, and resources to handle their own problems. Furthermore, Rogers believed that humans are basically good and therefore one only has to learn to self-actualize and thus release the inner power one has to overcome any dire situation (Adams 1973, 84-86). In doing so, one's "true self and personality would emerge from the experience" (Rogers 1963, 20). Due to the simplicity of the system and its minimal risk factor (since no advice is ever given to the client), the reflective therapy methodologies proposed by Rogers have become quite popular nowadays and are used by both secular counseling professionals as well as Christian ministers (Adams 1975, 160-61).

Skinner (1990, 1206) argued that the main problem people face is their environmental conditioning. Therefore, the solution for all psychological ailments is to recondition the counselee through behavior modification. As explained by Bufford (1999, 1129), Skinner's objective was "the control, prediction and interpretation of behavior [showing that] most animal and human behavior is controlled by its consequences rather its antecedents." The underlying claim within this model is, of course, the promise of a problem-free society. Since humans have no free will, as their behavior is determined by their surroundings, no real personal responsibility is actually present and therefore no feeling of guilt. In the light of this, the only way to adjust behavior is by rearranging and reprograming the responses of the counselee via rewards (pleasure) and aversive/punishing (pain) controls (Skinner 2002).

Skinner denied the dignity of man as created in the image of God and claimed that sin and salvation are nothing but baseless myths. These "rebellious" presuppositions led Skinner to conclude that man is to be manipulated. In other words, if the environment can be controlled in a utopian and scientific manner, the person can be then controlled and ultimately cured of their depressive mindset. Manipulate the environment to manipulate the depressed man and the proper behavior will eventually follow (Skinner 2002, 163-64). It is evident that, although quite different from one another, the counseling theories discussed above introduce ideas and techniques that can prove useful in the counseling process with migrants. Some of these are: adopting a positive attitude; developing new skills and new resources; relying on education and work experience; employing the help of one's family and community. However, in order to be truly effective, the counselor

and the counseling process ought to take into account the spiritual dimension of human beings and therefore to be positioned correctly *vis-à-vis* the biblically based Christian worldview. This paper concludes with a few principles that the author consider fundamental for counseling in general, particularly in the context of migration counseling.

## Positioning the counselor and the counseling process rightly – in lieu of a conclusion

There are three phases to the process of migration. The geographical, social, cultural, economic, and religious transitions one experiences take place over a longer period, which can be divided into pre-migration, migration, and post-migration phases. Thus, while the migration process may begin with a conscientious separation from geographical, economic, and political realities, as one reaches new contexts, the adjustments a person must undergo are more related to beliefs and traditions. In fact, as one moves to the second and third phases in the process of migration, a certain amount of negotiation takes place. Important family and cultural traditions, which cannot be expressed or acknowledged in the adopted country are gradually replaced by new customs and beliefs; and it is at this stage that the migrant will most likely experience the highest level of stress and will eventually seek professional help. Given these, the author suggests that there is an appropriate positioning, and certain principles that the counselor should embrace to make his/her work as effective as possible.

First, counselors should seek to understand the migrant's view: customs, traditions, and family and institutional roles, that is, aspects that influence the interpersonal process. The migrant seeking counseling does not bring to counseling meetings only the surface issue that prompts the counseling process but also all the experiences of their premigration, migration, and post-migration experiences. In counseling, the migrant and the counselor must be mutually involved in the process in order to identify the needs and concerns of the client (Carkhuff 2008, 1-38).

Second, the counselor should be open about herself and the process, clarifying the expectations on both sides of the table to help the client feel safe enough to talk (Carkhuff 2008, 1-38).

Third, since there are numerous and varied approaches to counseling, pointing out the principles that underline the counseling relationship is important. In this regard, the author argues that the "client centered therapy" advanced by Rogers (2021), combined with what he would label "a Christian view" of counseling (Oprean 2021b, 203-14), is, founding the whole process of a theocentric view of human beings and their place within the creation, would suit best the counseling activity within a Christian worldview. The principles of such an approach would include:

- a starting point that recognizes the natural tendency for self-preservation all human beings have. That is, we all strive to do what is best for ourselves, no matter what conditions we find ourselves in or what problems we face. Even more, the Christian perspective on the place and destiny of human beings within the created universe emphasizes the responsibility each one has to seek flourishing and the right to attain it (Măcelaru 2017, 49-55; Măcelaru 2016, 13-20; Măcelaru 2014b, 233-36) in spite of changing life circumstances, personal and social, challenging or positive (Măcelaru and Măcelaru 2016, 365-71; Măcelaru 2015, 109-15). This also has a social dimension since the responsibility support systems, such as faith communities, have to work actively for the flourishing of the needy and the vulnerable, which has been well established in theological literature (Riviș-Tipei 2018, 117-22; Riviș-Tipei 2016, 319-28).
- the firm affirmation of the uniqueness and worth of each individual human being established in the very act of creation (Măcelaru 2021, 596-608; Oprean 2021a, 519–28). That is, we are all created with inherent dignity, having equal rights and

- responsibilities as human beings (Măcelaru 2022, 621-29; Gheorghe-Luca 2019, 25-34; Măcelaru 2014a, 75-82), even in such cases where one's behavior becomes abusive and needs correction (Riviș-Tipei 2022, 618-28). From this follows the right each one of us has to make her and his own choices, both in terms of the values we live by and the directions we take in life; but also the act of creation establishes the responsibility each one of us has to bring her/his contribution to the common good (Mocan 2020, 121-30; Mocan 2018, 15-30; Mocan 2016, 289-318; Măcelaru 2018b, 31-40), thus balancing morally the freedom of choice human beings ought to exercise (Gheorghe-Luca 2022, 247-64; Gheorghe-Luca 2018, 5-14; Oprean 2016, 251-59).
- the focus on building a qualitative therapeutic relationship, characterized by transparency, genuine care, and real involvement on both sides of the table; a relationship that provides a safe space within which the client can feel understood and accepted (Carkhuff 2008, 39-210). This is a crucial point in working with migrant clients, where ignorance of cultural differences can become an impediment in building a relationship of trust between client and counselor (Pedersen 1997, 73-172).

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