

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

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Abstract: This composite, self-reflexive clinical case study chronicles the complexities of a multi-contextual relationship between an undocumented Latina client and myself, the author and her reunification therapist. Individuals who experience trauma are often left with unresolved wounds that create layers of suppressed emotion. If these suppressed emotions are not healed, they can lead to unhealthy relationships and even, consciously or unconsciously, harmful responses that create re-victimization. Therapists often guide trauma survivors through this journey with support, education, and enactments. Many clinicians make the mistake of bracketing themselves out of this journey, which inevitably elicits counter-transferential reactions as a result. The importance of cultural influence is frequently reduced to language and broad cultural idioms. The therapeutic relationship within this case study, however, challenges the traditional practices of boundaries and enactments and further complicates my parallel journey as an early-career clinician who awakens my clinical expansion from my internal thoughts and a client's evolution.

Keywords: trauma, transference, culture, Latino

Introduction

The following narrative was written by the author to provide a phenomenological account of the reflexive dynamics that occur between a therapist and client from a comparative multi-contextual cultural lens. This composite narrative will utilize fictitious names and places in order to protect the identity of the client. Both therapist and client have some similar cultural connections, such as language and migration stories, but it is clear that both experiences not only inform each other's growth but also trigger memories, insights, and awareness that were suppressed on both ends. The title, "*Como una Flor*," meaning "Like a Flower," is derived from a famous song by Mexican icon Selena. In this song, the artist recounts the loss of love and how something as delicate as a flower can also hold so much pain (Selena, 1992). This song provides a melodic symbol of the dance that occurs between the therapist and client in this narrative. As a parallel, the movement between both entities can change the synchronicity, impact the movement, or create chaos.

The Initial Session

She was crying and sobbing uncontrollably. Her eyes were fiercely focused on me, filled with sorrow. I sat stunned, four feet away, while she shared her graphic story. I sat there, conflicted between setting aside my feelings of disgust and being empathetic to her needs. Suddenly, she reached into her purse, pulled out her flip-style cell phone, and began scrolling through images. Her hands were trembling as she slowly handed me the phone.

The photo showed a mother and two children—one Hispanic boy with dark hair and light brown skin, dressed modestly, hugging his older sister. His smile was worry-free and delighted, as if he met every day of his life with euphoria. *I saw me*. I saw my mother clinging to her only children, happy yet unable to manage. I saw a single mother with a past. I saw my mother. My heart seized; my breath was suspended. As I searched for words, I looked up at her and simply half-smiled. It was something about the duality of humility and happiness in the photo that triggered this connection. Something about the little boy’s mischievous, gleeful smile resembled how I saw myself in my own family photos. Her photograph depicted a simpler life in a simpler era before she pursued the American dream. Before crossing the border, before the rape, before the abuse.

My mind flashed a montage of scenes from my childhood to adulthood. I saw us walking with my mother across the Brooklyn Bridge in the cold, searching for shelter as we had no home to call our own. Her so-called friends threw us out into the street, and our heroin addict father abandoned us. My stomach began to cramp. I saw my mother holding back tears as we begged her for food, knowing she could not provide it. She sat there with her pride, holding the newspaper upside down as she pretended to read it, still determined to pursue the migrant’s dream. I tried to stay grounded, calling on my social work training, while my client wiped away her tears and brushed back her greasy hair. I wanted to know more and asked for details about her early family experiences. As these transference shadow parts began to rise into consciousness, I had to remind myself of my role as the reunification clinician. It was my role to work with the entire family. That includes individual therapy, observations of visitation, and, if reunification occurs, visitations to her home with all children for family preservation therapy.

“Flor Tavarez” is a 24-year-old Mexican single mother of three children: “Gabriela,” age six; “Raphael,” lovingly called Rafi, age four; and one-year-old “Sophia.” Flor is an undocumented immigrant who recently arrived in the United States. When she was five years old, her mother left her in the care of her grandmother to pursue employment in the United States. Her father was killed in a crossfire near a local shopping center by drug cartels. She remembers the day her father was murdered: “*Mi corazón dejó de latir* (my heart stopped beating).” She recalled his dark eyes and how he brought her toys every time he visited. She recounted these memories fondly and gently. Although her father did not physically live in the home, his presence was constant until his death.

Flor had two brothers and one sister, who at the time all lived in Puebla, a town she remembered as economically polarized; some residents were wealthy, while many who shared her indigenous features were very poor. Flor described her childhood as filled with hard work. Because of this, she did not have what most would perceive as a “normal” childhood. She had to stop attending school after the fifth grade because she was responsible for feeding her younger cousins and helping around the house.

Flor’s traumatic childhood—filled with loss, abuse, separation, lack of emotional support, and hardship—birthed a form of secondary trauma toward her children. She displaced her anger at being abandoned by the children’s fathers, in particular Raphael’s father, who had filled her with false hope and promises about migrating together to start a new family in the United States. Flor

became hypervigilant about her children's behavior, projecting her own history of pain onto them as a means of protecting herself. It did not help that Raphael looked like his father. His dark, almond-shaped eyes and the way he curled his lips in a smirk were identical to those of the paternal figure who had hurt Flor so deeply.

Vicarious trauma is the process through which the caregiving individual's own internal experience becomes transformed through engagement with the child's traumatic material (McCann & Pearlman, 1990). As an adult, Flor was re-traumatized by her experience crossing the border, which placed her life, as well as the lives of her children, at risk. The immigrant is consciously ashamed to recount the horrors of subjugation and vulnerability to a clinician who is an ethnic stranger (Foster, 2001). Flor was violated sexually by one of the *coyotes*, migrant smugglers who are contracted to transport groups to the United States illegally, and later faced a near-death experience while hiding from the border patrol. She had issues with attachment, which were evident in her relationships with her mother, the various men in her life, and, eventually, with her children. She believed that once she arrived in the United States, all of her problems would vanish and a new life with her children in the land of the free would emerge. Flor was only able to momentarily hold back the pain until the precipitating event occurred that caused her children to be removed. "An understanding of the coherent self includes an awareness of the ways that experiences (emotional, behavioral, and relational) relate to one another" (Blaustein & Kinnburgh, 2010, p. 199). The coherent self is the perception one has constructed based on experiences, memories, and one's awareness of or access to these experiences and memories.

Cultural Humility Within Culturally Competent Practices

As a Latino immigrant, I could identify with the negative perception of engaging in therapy and discussing one's vulnerability with someone outside the family. Therapy causes one to be fully exposed to an outside party and to accept that control is lost. It may seem to some that engaging in therapy means you are no longer competent. Peter Guarnaccia investigated cultural anthropological factors and Latino community perceptions of mental health; according to Guarnaccia et al. (1993), cultures vary in the ways they understand mental illness in terms of cause and consequence, their attitudes toward caretaking in general and care for mentally ill individuals specifically, and their responses to the ill individual. Because, as a professional, I recognized how communities (specifically Latinos) react to mental illness, I was able to empathize with Flor. I validated her feelings and refocused the treatment on reunifying with her children and breaking the cycle of abuse. It was then that I was forced to face my own history of trauma and migration. It was a raw moment in which my investment in Flor's treatment became a journey into my suppression of the experiences I faced acclimating to a new society.

Discussion and Reflection

I could empathize with the idea that life in *El Norte* would be better. Similar conversations about the pursuit of happiness and the ability to become whoever I wanted rang deep within my mind when I was struggling to fit in in a socioeconomically diverse community. I struggled when, as a boy, I watched my mother clean offices, observing White bosses make sexual advances toward

her. She would inevitably lose her jobs as a result of her rejection of these obscene requests. She did her best to advocate for herself. Unfortunately, in a discriminatory society, my mother's heavy Spanish accent and black skin were frequently intersectional marginalized factors. These factors can include *acculturative stress*, which is defined as the reactions to intercultural contact or the cultural adaptation process among Latinos (Berry, 2006). However, these similarities also provided perspective. It was about being human and personable, about utilizing enactments in therapeutic moments to achieve enriching insights and progress.

In psychoanalysis, the relationship between patient and therapist involves both participants' thoughts and feelings, and sometimes their actions. To this extent, it is a horizontal relationship in the here and now (Holmes, 1993). In this case, the dance of culture and transference between Flor and I impacted the concurrent components of her healing from her trauma. This relationship, however, is never symmetrical because the emphasis is placed on the patient's reactions and feelings toward the therapist as if he or she were an important figure from childhood. These feelings are experienced in the present. Roles are involved: for example, those of father, mother, or son. Together, the therapist and patient are involved in the drama (Greenson, 1967; Sandler et al., 1973).

The dance Flor and I shared had multiple complexities. By lowering her defenses and joining with her, it was possible to challenge her views. In such cases, the strong Latino cultural value of *personalismo* was at work, emphasizing the importance of open, personal relationships (Gaw, 1993). To be truly open with a client does not necessarily mean fully disclosing your life in sessions. Rather, it means being true to yourself and attuned to what is happening within you and the client in the moment. According to Brown (2007), research on common factors in psychotherapy has shown that, for any intervention, the therapeutic alliance accounts for a large percentage of the outcome variance (Norcross & Lambert, 2006). Cultural competence enhances a psychotherapist's capacity to build alliances and enact the common factors of good psychotherapy, even with clients who appear to resemble their therapists in every way (Brown, 2007). This psychodynamic awareness does not limit our ability to connect; rather, it is a useful tool to bridge connectivity in sessions. The success of treatment relied on that pivotal moment of not being judgmental of the client regarding the abuse and of allowing her to process the experience at her own pace. The therapist's continual self-reflection enables their own growth, thus allowing insight into the meta-analytical nuances that occur within treatment. According to Brown (2007), if a psychotherapist does not understand their own diverse identities and the ways in which those identities include experiences of trauma, then no training in the application of eye-movement desensitization and reprocessing, prolonged exposure therapy, or cognitive reprocessing will allow that psychotherapist to be culturally competent.

Trauma work often focuses solely on the ability to cope through the traumatic event; however, the dynamics between therapist and client in a multi-cultural context are rarely taken into consideration. In order for trauma-focused therapy to be successful, the communication of culture and its relativity must be considered in the patient's treatment. Traumatic experiences are not the cause of trauma; the events are co-created from experiences shaped by our culture, identity, and relationship with ourselves (Leiderman, 2019). Isolating an event and concentrating only on the precipitating triggers as the touchstone of treatment does not adequately address the

phenomenological relation to the trauma itself. Responding to trauma in a culturally competent manner requires the psychotherapist to understand those added meanings that derive from context. It requires the psychotherapist's awareness of their own identities as well as personal experiences of trauma (Brown, 2007).

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

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