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Labor migration and left-behind children: Intercultural psychoanalytic perspectives on transnational families

Migración laboral y niños abandonados: perspectivas psicoanalíticas interculturales sobre las familias transnacionales

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ABSTRACT

Migration is understood as a global phenomenon, including multiple cultures involved. In our article, we ask and explore how families go through the process of transnational migration and how they experience it. As psychotherapists and psychoanalysts, we highlight, it is families who initiate and carry out migration and bear the opportunities, risks, challenges and the complex psychological and cultural adaptation processes both in the country of destination and of origin. Here, we bring together the perspectives of transnational families from Cambodia, a middle-income, post-conflict country and a country of origin of migration in South-East-Asia, and the perspectives of immigration families in Germany as a destination country of migration. As the topic of labor migration and left-behind children is of global relevance, we briefly discuss sociological aspects related to another affected region, the Dry Corridor of El Salvador, Guatemala, and Honduras, focusing on context-specific structural inequalities and challenges and recommendations for policies.

Keywords: work migration, left-behind children, anxiety, depression, cultural beliefs, parenting, psychoanalysis.

RESUMEN

La migración se entiende como un fenómeno global que involucra múltiples culturas. En nuestro artículo, nos preguntamos y exploramos cómo las familias atraviesan el proceso de la migración transnacional y cómo lo viven. Como psicoterapeutas y psicoanalistas, destacamos que son las familias las que inician y llevan a cabo la migración y las que asumen las oportunidades, los riesgos, los retos y los complejos procesos de adaptación psicológica y cultural, tanto en el país de destino como en el de origen. Aquí reunimos las perspectivas de las familias transnacionales de Camboya, un país de ingresos medios, en situación de posconflicto y país de origen de la migración en el sudeste asiático, y las perspectivas de las familias inmigrantes en Alemania como país de destino de la migración. Dado que el tema de la migración laboral y los niños que quedan atrás es de relevancia mundial, analizamos brevemente

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los aspectos sociológicos relacionados con otra región afectada, el Corredor Seco de El Salvador, Guatemala y Honduras, centrándonos en las desigualdades estructurales específicas del contexto y en los retos y recomendaciones para las políticas.

Palabras clave: migración laboral, niños abandonados, ansiedad, depresión, creencias culturales, crianza de los hijos, psicoanálisis.

INTRODUCTION

Migration and global health are defining issues of our time (Abubakar et al., 2018). Destination countries are challenged by integrating migrants and must pay special attention to children and adolescents (Machleidt et al., 2018). In this paper, we focus on those who are initially left behind in the origin countries. Through family reunification, some of the "left-behind" children and adolescents eventually end up in up in the host countries of their parents in Europe and North America; and this affects domestic education and health systems. In clinical practice, we meet more and more young people with a severe symptomatology related to loss and with adaptation problems and symptoms of adjustment disorder: Left behind in the country of origin, these kids lost their parents and had to adapt to a substitute family, often made up of grand-parents. After family reunification and own migration, they must cope with loss again, the loss of the substitute family. In addition, they must acculturate and get used to every-day-life in the new culture.

Transnational migration research (Stark, Bloom, 1985; World Food Programme, 2017; Carling et al., 2012) has taken note of the problem. We too concentrate on the families in this paper. *We ask and explore how families go through this process of transnational migration and how they experience it.* We highlight the importance of *psychological* and *cultural adaptation strategies* on both ends of the migration path: *in the culture of origin and in the culture of destination*. Thus, our discourse refers primarily to transcultural psychiatry, a discipline that tries to leave behind its colonial legacies and entanglements, and that seeks to lay the foundation for a new understanding and a more egalitarian communication between Western and non-Western concepts of mental illness and healing (Antić, 2021, p. 359). Against the backdrop of global migration, we emphasize the need to bring together and think together Western and non-Western concepts. In this paper, we synthesize the perspectives of transnational families from Cambodia, a country of origin of migration, and the perspectives of migrant families in Germany and Switzerland, destination countries of migration.

We present research that reflects the two ends of migration synthetically, for a deeper understanding of families concerned. We illustrate research theses and findings with empirical material from intercultural (clinical and social) work with left-behind children in immigration countries. The structure of our work follows the path of the left-behind children. Thus, we begin with the context in the countries of origin, then pursue the path with the child to the host countries and continue describing their experiences about which we learn when they find access to psychotherapeutic therapy.

Global political economy, labor migration and a growing number of left-behind children

The current global political economy is driven by high-income industrial powers that draw on natural and human resources in low-income or middle-income countries (LMICs). The majority of migrants are labor migrants from LMICs who relocate in search of employment either internationally or internally within a country (IOM, 2020; Abubakar et al., 2018). No estimates are available for the number of left-behind

children and adolescents globally, but the figure is thought to be in the hundreds of millions. In 2015, there were 68 million left-behind children in China (Lv et al., 2018). Focusing on international migration from other LMICs, 27% children in the Philippines, 36% in Ecuador, and more than 40% in rural South Africa are estimated to be left behind (Fellmeth et al., 2018).

Economics of labor migration and the role of families

An emphasis on families in the migration literature started with Stark and Bloom's (1985) new way of looking at migration economics (IOM, 2020, p. 322). Supplementary figure 1 captures the strategies of families, the decision-making process and the different outcomes of migration: Households first try to cope with shocks (even if associated with poverty) using temporary measures which affect their level of expenditure and food consumption patterns; however, as the situation deteriorates, they move to livelihood-affecting strategies which reduce their resilience to future shocks. Emigrating is a last resort, and the decision to migrate brings with it all sorts of consequences for many (World Food Programme, 2017, p. 11). The family plays a central role in the decision-making process. Migration itself is considered as a risky and unpredictable process, the costs and benefits of which are impossible to predict ahead of time. The different outcomes of migration, "pay off debt and recover" vs. "unpaid debt" and "struggle to repay debt" concern the migrating person and the left-behind family. Studies suggest that children benefit from their parents' remittances in terms of improved education and reduced child labor, which could result in improved health. But studies reported also about long-term psychological and societal costs of the family separation (e.g. Yabiku and Agadjanian, 2017; Kuépié, 2018; IOM, 2020).

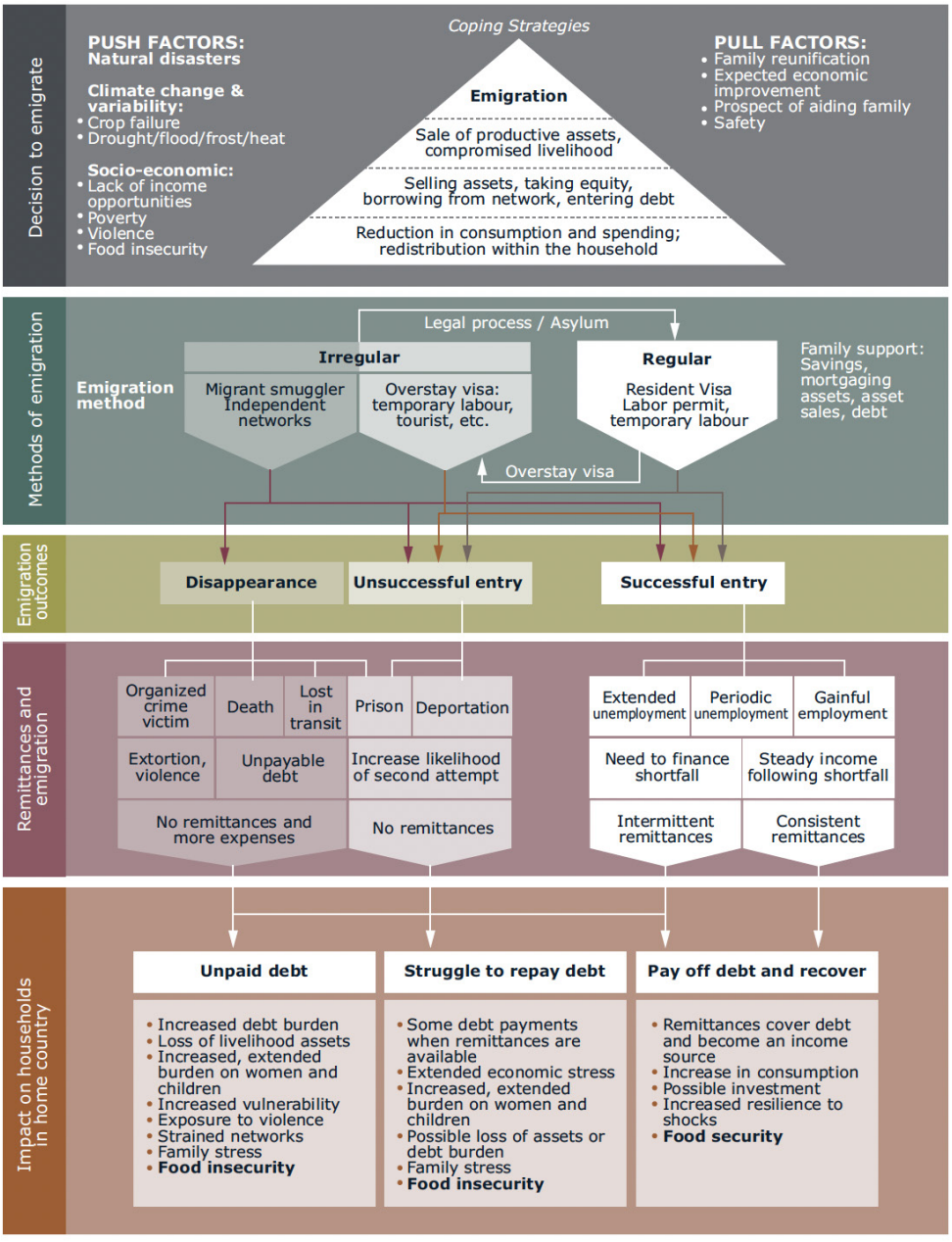
Transnational parenthood

Hondagneu-Sotelo (2001), Hondagneu-Sotelo and Avila (1997) and Parreñas (2005) investigated the transnational family life and coined the term "transnational motherhood". As Carving, Menjivar and Schmalzbauer (2012, p. 209) describe in their review, these in-depth explorations of mothering from a distance capture the emotional and moral challenges confronting those living in divided or reorganized families. Already Wolf (2002, p. 258) called for an exploration of transnationalism "at the level of emotions, ideologies, and cultural codes". Feelings of shame, guilt, longing and loneliness are common among mothers who live apart from their children. These feelings are shaped in large part by the social construction of motherhood and gender expectations (Dreby 2006; Isaksen et al. 2008; Parreñas 2005; Schmalzbauer 2009). Further studies (Dreby, 2010; Parreñas, 2008; Pribilsky, 2007) also focus on "transnational fatherhood" as a critical part of the family puzzle and an essential component of complex gender analyses of transnational parenting. Carling and colleagues (2012) conclude:

> Ties between parents and children play a particular role in transnational families: they are based on a lasting biological relationship and often embedded with strong, asymmetrical expectations and obligations. Securing their children's future is a key motivation for many migrants, even though physical separation is a challenge for parenting in the short term. The possibility of migration thus presents individuals with difficult trade-offs between different aspects of parenting. The essence of migrant transnationalism is that physical absence is compatible with social presence and participation. This is also the case with migrant parents. Understanding transnational parenthood thus means analysing how the parent-child relationship is practised and experienced within the constraints of physical separation. (Carling et al., 2012, p. 192)

In recent studies, the term "skipped-generation household" is used to describe the fact that left-behind children are cared for by

Figure 1. The causal model of emigration. Possible emigration outcomes for both the migrating person and the family at point of origin



Reference: World Food Programme, 2017, p. 12.

their grandparents (Schneiders et al., 2021). Furthermore, the "emotional toll of out-migration", despite modern ICTs has been portrayed (Fuller, 2017) highlighting the importance of both local and transnational social networks affecting the experience of family separation for individuals in the countries of origin and destination. More emphasis is placed on the complexities and difficulties associated with return migration.

Health impacts of parental migration for left-behind children and caregivers

There is a broad consensus that migration is a core determinant of health and a structural vulnerability in health (Abubakar et al., 2018, p.

2635; Mendelhall & Holmes, 2021). It is assumed that left-behind children have a high risk of mental disorders and may present negative life outcomes in the future. The largest and most comprehensive systematic review and meta-analysis including 111 studies (91 studies done in China), a total of 106.167 left-behind children and adolescents and 158.800 children and adolescents of non-migrant parents showed, that left-behind children had a 52% increased risk of *depression*, 70% increased risk of *suicidal ideation*, and an 85% increased risk of *anxiety* (Fellmeth et al., 2018). Researchers conclude: "Although a small number of individual studies found positive health effects of parental migration, overall, we found no evidence of benefit across any of the health outcomes" (Fellmeth et al., 2018, p. 2568).

Recent studies indicated that left-behind children are at greater risk of social-emotional problems than children who were not left behind (Zhang et al., 2020, Wei et al., 2018, Zhang et al., 2018). Based on the survey of the Rural Left-Behind Children Health and Development Program in China, launched by UNICEF (Shi et al., 2021), the prevalence of social-emotional problems among under-3 left-behind children in poor rural areas was 37%, which was higher than the 23% reported in a previous cross-sectional survey conducted in poor rural areas in 2013 (Wei et al., 2018). Moreover, researchers found a high prevalence (40%) of depression among their primary caregivers. Shi et al. (2021) found "that children with both fathers and mothers who migrated were more likely to have social-emotional problems than those with migrated fathers only" (41% vs 30%). But the analysis of multiple features of parental migration further showed that paternal migration had no association with the children's socio-emotional development, which was consistent with previous research in China and other countries (Lu et al., 2019; Jampaklay et al., 2018; Reynolds et al., 2018). For maternal migration, the left-behind children's social-emotional problems were significantly linked to the proportion of cumulative migrating duration in the child's lifetime, but with no significance for the child's age in months at the first migration or the average migrating duration. According to Shi et al. (2021), it indicates that cumulative exposure to maternal migration may be negatively associated with children's socio-emotional development". In regard to the importance of context, it should be emphasized that despite differences across children with various parental migrations, socio-emotional delays are a widespread problem in rural China and affect not only left behind children but also all children (Wei et al., 2018, Zhong, 2019).

In regard to depression symptoms, left-behind children, compared to children from non-migrants, show higher scores on depression scales, but no differences in symptoms (Li et al., 2019). The items of "self-hatred", "fatigue", "crying" and "sadness" stand out especially among left-behind children. Higher scores of fatigues and sadness are explained with the fact that left-behind children experience more bullying or abuse (Zhang et al., 2019). Fatigue symptoms might stem from more manual labor they need to shoulder when living with grandparents. Exploring life events in left-behind children, Li et al. (2019) found academic stress and public humiliation and school performance decrement, reflecting great academic stress and impaired self-esteem of the left-behind children (Li et al., 2019).

In one of the first neurobiological studies, Fu at al. (2019) investigated the effect of parental migration on brain maturation in 9 years old children from China, who had been living with and taken care of by their grandparents because both of their parents had immigrated abroad for work. The average separation time was 7 years. The results show, compared to non-left behind children, that left-behind children exhibited greater gray matter volume in emotional and cortico-striato-thalamo-cortical circuits, and altered fractional anisotropy in bilateral superior occipitofrontal fasciculi and right medial lemniscus. This study suggests evidence of altered brain structure in left-behind children responsible for emotion regulation and processing, which may account for mental disorders and negative life outcome of left-behind children.

Referring to grandparents and elderly left-behind caregivers, studies consistently report about the disproportionate burden of care for the children left behind, with negative psychosocial and physical health consequences. They experience higher levels of depression, loneliness, cognitive impairment and anxiety, and had lower scores on psychological health compared with older parents with no migrant children (Graham, Jordan, Yeoh, 2015; Siriwardhana et al., 2015; Migration Policy Institute, 2015; Thapa et al., 2018, IOM, 2020, p. 215-216). Summarizing the evidence about separated migration families, the World Migration Report acknowledges children 'left behind' as well as adult caregivers 'left behind' as "migrant groups in vulnerable situations" (IOM, 2020, p. 215-216). Under Covid-19 pandemic conditions, it is likely that the mental health of this vulnerable group of 'left-behinds' will be further negatively affected (Loades et al., 2020).

Attachment and culture, ecological and contextual variations, complex psychological adaptations

The appearance of increased levels of anxiety, depression and suicidality in left-behind children that resulted from separation and loss seemed to us authors at first glance to be a new edition of the influential work of John Bowlby, the founder of attachment theory and author of the trilogy "Attachment and Loss" (Bowlby, 1969, 1973, 1980). However, the production of knowledge includes power-political aspects (Henrich et al., 2010; Sweileh et al., 2018; Naidu, 2021); and Western psychologists are in danger of blindly transferring Bowlby's universal claim of "attachment security" of the "exclusive" mother-child bond to other contexts (Otto & Keller, 2018). In this regard, the biologistic understanding that the mother-child bond is seen as a biologically innate instinct acts as a catalyst for the universality claim. On the contrary, we argue that migration families are embedded in their contexts and develop context-specific adaptation strategies, which have to be considered.

In their iconic book "Different faces of attachment. Cultural variations on a universal human need", Otto and Keller (2018) document the central importance of ecological variation in understanding the roles of infant-parent relationships in development. Keller (2013, p. 179f) critiques the assumption that the best caregiving environment for the human infant consists of (maternal) sensitive responsiveness and mind-mindedness, a later addition to the attachment theory, as they are precursors of attachment security. She argues that the conception of maternal sensitivity rests in a partnership model of interactional (quasi) equality. Hence, infants are attributed a free will with preferences, needs, and desires and emotions that are elaborated in mentalistic dialogues. "This conception of an infant can only be adaptive in contexts where material and social resources are plentiful so that families can afford the caregiver-child exclusivity without neglecting other tasks. It is obvious that this cannot apply to all humans. Therefore, it is a misconception of evolutionary theory to expect the same behavioral regulations irrespective of contextual variation" (Keller, 2013, p. 2018). In terms of Neo-Darwinian evolutionary theory, Keller highlights complex psychological adaptations (Tooby & Cosmides, 1990) and claims that contextual information is crucial for defining adaptation, thus putting variability in the very center of evolutionary theorizing: "The core assumption is that individuals need to select the behavioral alternatives that promise the highest reproductive outcomes in a particular ecological situation" (Keller, 2013, p. 180).

Like other critical attachment researchers, psychologists have to give up the idea of attachment security being the only evolutionary innate "healthy strategy" (Belsky, 1999). It is necessary to recognize that different attachment strategies, as defined by Ainsworth et al. (1978), do not represent one healthy strategy and different aberrations, but different adaptive strategies in different environments responding to different adaptational challenges. Therefore, secure attachment is not "better" than insecure attachment but a different way to maximize reproductive success (Keller, 2013, p. 181).

It is always difficult to uncover one's own 'blind spot'. Such a spot of Western psychologists is the often-overseen fact that the "security of attachment" is also a moral ideal in as much as it provides a pathway to the development of culturally valued qualities, such as self-confidence, curiosity, and psychological independence echoing cultural standards of the Euro-American middle-class culture (Keller, 2013, p. 182). But the inherent moral imperative in attachment discourse has implications for the definitions of psychological health and well-being in general, including those of WHO (van der Horst et al., 2020). The studies on left-behind children in particular pose the question to clinicians as to what interpretations and consequences should be drawn from this? Should they work towards the aim of secure attachment with the mother?

Weisner (2018, p. 263) argues that the "universal socialization task for cultures regarding attachment concerns the *learning of trust*, not ensuring the "secure" attachment of an individual child to a single caregiver in a dyadic relationship". He refers to Konner's twenty "culture acquisition devices" (Konner, 2010), learning mechanisms that are involved in the acquisition of culture, which can be divided into four categories: 1) reactive processes in cultural surround; 2) social learning, 3) emotional/affective learning processes, 4) symbolic processes. For him attachment and good parenting is only one of twenty important capacities to ensure that the child will be exposed to the full social world they need to connect with and be able to adapt to (Weisner, 2018, p. 265). In his view, cultural beliefs and practices regarding attachment and trust are very understudied. Cultural communities offer different, pluralistic solutions to the universal problem of trust and security around the world. Keller points to the cultural differences in socialization strategies and in caregiving arrangements including alloparenting and multiple caregiving (including children, siblings, grandparents, relatives, neighbors) (Keller, 2013; Keller & Otto, 2018). Stressing the need for complex psychological adaptation due to ecological and contextual variations in migration, it could be concluded referring to Weisner (2018): "Learning about trust and security in many communities includes socialization for respecting hierarchy, showing deference, and the training children not to expect parental responsiveness and warmth" (p. 269).

METHODS

Two aspects of migration families will be explored and illustrated with empirical material, that play a role in interventions both in the country of origin and in the country of immigration.

Family perspectives from countries of origin of migration. The interplay between family generations in transnational families in Cambodia

With the *single case vignette* of a migration family in Cambodia including the perspectives of the left child, the migrating mother, and the left-behind grandmother, we outline the complexity of migration, the interplay between generations, and the challenges and cultural coping patterns across three generations. The family was interviewed as part of the study on impacts of parental migration on the left-behind families in Cambodia (IOM Cambodia, 2019) using a semi-structured interview.

In order to contextualize and validate this case vignette of the family, recently published *data from interviews and focus group discussions* about work migration and left-behind children in Cambodia was reviewed (Lawreniuk & Parsons, 2017; IOM Cambodia, 2019; Schneiders et al., 2021). Using the method of *content text analysis* (Mayring & Fenzl, 2019), main topics about how work migration is perceived and experienced by a) the left-behind children, b) the care taking grandparents and c) the parents being separated from their children, were distracted and illustrated by direct citations of the interviewees.

Immigration family perspectives from countries of destination of migration

Using a *hypothesis-generating approach*, we describe, from our perspective as psychotherapists and psychoanalysts working in a high-income migration destination county, Germany, the symptoms exhibited by left-behind children after migration and upon arrival in the new country, who present to a psychotherapeutic outpatient clinic due to significant distress and impaired functioning in various areas of life (e.g., school, peer relationships). We integrate published observations from clinical studies and our own clinical experience with existing theories and concepts from the field of mental health and migration. We will illustrate our hypothesis with a case vignette about a psychotherapy of a left-behind child in the country of immigration.

RESULTS

LMIC countries of origin of migration – Migration families in Cambodia

Cambodia's rapid economic growth is linked to a high rate of international and internal migration. The MHICCAF-Report "Migration Impacts on Cambodian children and families left behind" (IOM Cambodia, 2019) indicated over 60% of households have both parents away working as migrant workers. The most common pattern among migrant households is international migration of both parents (46%), followed by internal migration of both parents (26%). Neighboring Thailand is the main destination for international migration and the capital Phnom Penh is the main destination among internal migrants (IOM Cambodia, 2019). Cambodia is a country in the midst of dramatic change, resulting in incongruities and ambiguities (Brickell, 2011). Migration and parenting take place in a contrasting setting of old traditions and new economic and cultural development which both shape values and actions of parents. Animist and Buddhist values e.g. karmic believes as well as the alignment with a hierarchical, collective society define everyday parenting practices of grandmothers and mothers. Parallel to the economic growth mobile-cellular phone use is increasing in urban areas and even in rural areas, with about 50 percent of Cambodians owning at least one smart phone (CIA, 2020), offering online access to divergent worlds, turning today's youth increasingly connected and informed (Richardson, 2017). Given these technical evolvements, children, parents and grandparents are affected by the impressions of modern cultural values through social media, also triggering work migration and creating generational conflicts between parents and children (Hoegger Klaus & Laezer, 2021).

The war and turmoil Cambodia has undergone not only during the reign of the Khmer Rouge from 1975-1979, but also in the years before and after (Miles & Thomas 2007; Owen & Kiernan, 2006) had far-reaching consequences for the country and the people. In a rigorous attempt to establish an agrarian state, the Khmer Rouge Regime had smashed the infrastructure of medical services and universities. The staff was killed or chased into exile. Until today, Cambodia is struggling to rebuild these sectors and is lacking qualified staff in medicine, psychiatry and education (McLaughlin & Wickeri, 2012). Family structures have been purposely destroyed in a similar way. Families have been torn apart, children were raised separately, not rarely by child soldiers, to subject them under the ideology and power of the "Angkar" Khmer Rouge Regime (Kiernan, 2008). Kinship patterns were shattered, including women's pivotal roles as mothers (Brickell, 2011).

As a consequence of these collective, complex and multiple patterns of traumatization, parents in Cambodia today do not have role models and suffer often from mental health problems (Mollica et.al., 2014; Miles & Thomas, 2007) and poverty. As a consequence, children are sent to child labor, or they are abused and neglected (Brickell, 2017). Often, parents are forced to work themselves, and grandparents, most often grandmothers, take their place to raise the children (Lawreniuk & Parson, 2017).

Case vignette of a three-generation transnational migration family in Cambodia

Tha is 13 years old, living with her 63-year-old grandmother, Som, and two other siblings in a rural area. Her parents migrated to work in Thailand for more than 3 years to repay debts and for her education. Som, Tha's grandmother, looks after Tha and her siblings. Som supported her daughter's and son-in-law's decision to migrate to Thailand as she wanted them to seek a job to improve their living condition and to repay debts. Tha's parents remitted home between 100 to 150 USD per month. Yet, Som cannot rely on the remittance alone as it is never sufficient to cover the educational expenses of her three grandchildren and the family's daily food needs. Som opens a small grocery store at home to earn further money. Living in a skipped-generation household and as a widow with irregular financial support from her children, she heavily relies on income from her grocery store to support a living for herself and the three granddaughters. Though the household income somewhat increased through remittances, the care and support within the migrant household remain insufficient as conveyed by Tha and her grandmother. Tha expressed sadness and resentment about her parent's migration, as she was never properly informed or included in her parent's decision about the decision to migrate. She suffers the absence of her parents at home, and she lacks warmth and care. She feels envious of other children who have their parents living with them. She always wishes her parents to return. On the other hand, she worries about the wellbeing and safety while they are working as migrants. *"My grandmother is getting old and often sick. She could not bring us here and there. We are not allowed to go somewhere far or go for a walk… If my parents were here, they would take me to go for a walk, they spent more time with us… Each time my parents visited us I hugged them, and I was so happy. I sleep in same bed with them... I told them that I don't want them to go back. I want them to stay here with us, but they told me they have to go back…I was worried about their health, if they got sick, they could not earn. If they were cheated on etc., they would not be able to send money and I will not be able to go to school"*.

The grandmother reports experiencing psychological distress and constant worry, describing symptoms such as "sleeplessness" and "thinking too much". Som worries about the wellbeing of her grandchildren as well as about the living conditions and safety of her migrant children. Symptoms of depression were reflected in her feelings of sadness, loneliness, and self-pity, which she associated with the lack of care and warmth from her migrant children. Som is not able to benefit care and warmth from her children that an aging grandparent expects to possess in her old age. Instead, Som has to take on full childcare responsibilities as a result of her children's migration. The symptoms of emotional distress experienced by left-behinds tend to be more severe during the first few years of parental migration and seem to decline when the duration of parent's migration is extended.

Grandmother Som noted that her stress-related symptoms have eased as her grandchildren have grown older. They are now able to take care of themselves and help with household tasks such as cooking, washing, and cleaning, which has reduced her overall burden. Consistently, Tha also mentioned about supporting her grandmother with household chores and looking after her younger siblings. Besides, Tha and her grandmother reported that the longer period of parental migration, the more they learn to normalize the living without migrants. According to Tha, when her parents first left for Thailand to work, she really missed them. Yet, as time passed, she tends to miss them lesser. She lives with her grandmother and the grandmother loves her and her two siblings. She goes on with her life and missing her parents becomes more normal to her. Additionally, the justification and rationalization about the parent's migration are made by left behinds as coping mechanism to deal with the separation. For Tha, the migration of her parents is a way to improve the livelihood and her access to better education. Her wish for her parents to return is

at risk of resulting in reducing quality of living conditions and her education. The justification about parent's migration has silenced Tha's wish for her parents to return and her emotional pain over missing her parents. For Som, the migration of her children is a way to overcome household poverty and repaying debts. Thus, assisting in childcare duty on behalf of her migrant children is what she can do to help the children to overcome poverty. Also, as a grandparent, Som feels the caregiving of left-behind children is one of her duties as a grandparent.

Tha's mother, Theary, is 42 years old. She expresses distress over leaving her children in the care of her elderly mother. Though she is satisfied and feels safe leaving her children with her mother, Theary feels more worried about her children and the health condition of her mother as she ages. Managing to repay debts through migration, she risked leaving her children without being able to physically care for them. As a result, she feels upset and disappointed with herself and worries about her children's safety "every single day": *"I repaid debt which is good for me. But what is not good is that I leave my children and I could not take care of them. I think about them every day. I am not happy. It is hard for me to enjoy my life while I am working in Thailand. I am worried about my children. I can't take care of my aging-mother as well. My children are now growing up and all of them are female. I am worried about their security as I am far away from them, and my mother is getting old and often sick"*. Theary has made every effort to fulfill her role as a mother from a distance through regular phone calls and sending remittances. But she perceived this as being "not enough" as she cannot take care of her children and her mother, especially she could not be there for them when they are sick and in needs.

Complex psychological and cultural adaptation strategies in transnational migration families in Cambodia

With the aim to contextualize the case vignette of a three-generation transnational migration family in Cambodia about Tha's family, recently published data from interviews and focus group discussions about work migration and left-behind children in Cambodia was analyzed (Lawreniuk & Parsons, 2017; IOM Cambodia, 2019; Schneiders et al., 2021). Table 1 contains the finding of the analysis depicting characteristic quotes of interviews and focus group discussions about work migration and left-behind children and caregiver in Cambodia. The following main topics could be described:

- Involvement of grandparents in the decision to migrate for work
- Traditional role of grandmothers as caregivers and improving 'respect' for grandmothers who take care of their grandchildren
- Hardship in the family despite financial remittances
- Grandparents' fears, distress and burdens, feelings of shame
- Hierarchical relatedness, mutual respect, improved mother-daughter-relationship
- "Women have now more power than before and know a lot (too)"
- Trauma symptoms after Khmer Rouge Regime
- Children's worries about parents' and grandparents' health
- Children's voice about experiences in Residential Care Institutions (RCIs)

Referring to table 1, the interview quotes of families convey a very high level of chronic concern and anxiety for the well-being and health of family members. The left-behind children anticipate (quotes 18, 19, 20) a possible renewed separation and are doubly concerned about both the grandparents' and the parents' health. In some cases, a catastrophic fear of loss is also conveyed, that the mother could be in a traffic accident (quote 19) or that the mother could get sick or be cheated on and no longer send remittances home (Tha).

On the grandmothers' side, the concern about the wellbeing of the children and grandchildren is formulated and the fear that their grandchildren might be "too thin" and the parents might blame the grandparents when they see their children again after a longer period of time and "blame" them (quotes 7,8, Schneiders et al., 2021). Here, elements of the experiences of the grandparents' generation, the majority of whom were affected by hunger and other traumatic events during the Khmer Rouge regime and afterwards, emerge and persist to this day (quote 17), as well as elements of

cultural beliefs about parenting, in which shame is central (Samnang, 2017).

Migration is accompanied by strong physical, but also emotional and moral burdens on grandparents (quote 9-13), which negatively affect health status. The stresses are particularly pronounced when the remittances parents send home are insufficient (quotes 5, 6, 9; Som). To put this in numbers: six percent of Cambodian households experienced "moderate hunger", and less than one percent suffered from "severe hunger" (with no difference between migration and non-migration households) (IOM Cambodia, 2019, p. 99).

In Cambodian culture, the grandmother has a traditional role within the extended family. The quotes (2-4) attest to the grandmother's traditional role as caregiver: "This was always grandmother's work" (2). The valorization and recognition of grandmother as caregiver of left-behind children emphasized by Lawreniuk & Parsons (2017) can be understood against the backdrop of the culture where the issue of shame, losing face, is opposed by respect in the community: "People (like me) are respected for doing this. People say: 'very good, she is helping" (3). Performing the role of grandmother is also understood as an obligation: "...if we don't look after the children, then the children can't work and we feel bad about it" (4).

Another adaptation strategy in Cambodian culture derives from hierarchical relatedness, the mutual respect between family members and improved mother-daughter-relationship (12, 13). A grandmother reports: "I'm important to my daughter and my daughter is important to me. If I refuse to take the child then everybody loses: my daughter cannot work and nobody can make any money. It's difficult (for me to look after the child) but earning money is necessary (and) I feel respected for helping like this. We respect each other" (12). A grandmother describes the improvement in her relationship with her daughter, "Because she [migrated daughter] saw me take care of her kid...she loves me more than before" (13). Within the family, a woman's role as mother and household manager is highly regarded, and the home is seen as a reflection of a woman's virtue (Brickell, 2011). Outside, complementary to these traditional role models, Cambodian women are also expected and valued to have entrepreneurial skills, but only if, as in the case of migration, they serve to provide for the family, not to pursue their own interests (Ovesen, 1996; Kent, 2010). As hierarchy plays a major role throughout Cambodian society, the role of women becomes more complex. Age determines rank in society as much as gender and other factors. In this sense, women may well become influential in office or in politics, but only if they show that they are committed to the family or to the state (Lilja & Baaz, 2017). It is against this backdrop that we consider the confident description of the gains of migration (14): "Women now have more power than before and know a lot (too)" (Lawreniuk & Parsons (2017, p. 13).

The following quote illustrates how under the protection of the family (and the traditional role) and the justification for migration through "debt" and "search for work", women and children are enabled to educate themselves: "It's traditional for women to look after their children; it's happened like this for a long time. But back then they didn't need to go far from their homes (to work). Back then women worked at home and in the fields, (but) no one has any problem with factory women or (working) mothers today. Women's lives are better now: they have more knowledge, they can go to school, and even if they're illiterate then they can go to work in the factory" (15, Lawreniuk & Parsons, 2017).

From our perspective, the case vignette about Tha's family as well as the analysis of published data from interviews and focus group discussions about work migration and left-behind children in Cambodia show the complexity of *psychological and cultural adaptation strategies* in transnational migration families in Cambodia.

HIC countries of destinations of migration

As stated above, in clinical practice, we, as psychotherapists, meet more and more young people with a severe symptomatology related

to loss and with adaptation problems and symptoms of adjustment disorder: Left behind in the country of origin, these kids lost their parents and had to adapt to a substitute family, often made up of grand-parents. After family reunification and own migration, they must cope with loss again, the loss of the substitute family. In addition, they must acculturate and get used to every-day-life in the new culture.

Acculturation distress, symptoms of disintegration in the ADHD profile in left-behind children

In intercultural psychiatry, the *process of adaptation* of migrants into a new society is called *acculturation* (Berry, 2009). In psychotherapy, acculturation denotes the multifaceted psychological, social, and cultural transformations arising from prolonged intercultural contact between migrants and the host society, encompassing alterations in identity, values, behaviors, and coping mechanisms (Rudmin, 2009; Berry, 2005). This process manifests through distinct strategies—integration (balancing heritage and host cultures), assimilation (adopting host culture exclusively), separation (retaining heritage culture), or marginalization (disengaging from both)—with integration linked to optimal mental health outcomes such as lower rates of anxiety and depression (Berry et al., 2006; Schwartz et al., 2014).

If the demands for adaptation cannot be coped with psychologically or only insufficiently, symptoms may develop (Machleidt et al., 2018). The *acculturation stressors* associated with migration are effective in both the country of origin and the country of arrival and must also be considered for children and family members left behind. Transnational migration families, among other things, face the following stressors: The loss of the family and native language environment and associated unresolved separation anxiety, the loss of the social network, with alienation and isolation due to prolonged separation, the change of cultural environment, the acquisition of a new language, the confrontation with different cultural values and customs, the establishment of a new network, uncertainties in economic and legal terms, discrimination, ambivalence about where to stay, and with intergenerational role conflicts, conflicting lifestyles, and goals of individual family members (Dimaralay & Aichberger, 2018, p. 78).

Drawn on our clinical experiences with left-behind children, we assume that left-behind children go through the acculturation phases and acculturation stress in the immigration country based on previous loss experiences and adaptation strategies. A clinical observation that has been little systematically studied so far is that left-behind children in immigration countries develop not only anxiety and depressive symptoms, but also hyperactive symptoms of disintegration. These symptoms are consistent with those of ADHD, but cannot be adequately explained by it. The children become conspicuous in kindergarten and school, and teachers are often the first ones to sound the alarm and to arrange for psychotherapeutic treatment.

As part of the he Frankfurt ADHD clinical study on the effectiveness of psychoanalytic and behavioral therapy/medication treatments, the 73 study children diagnosed with ADHD and/or social conduct disorder (aged 6-11 years) were also examined with regard to their life story stressors in the family (Laezer et al., 2021). In terms of psychosocial risk factors in the family, 32% were affected by migration (Tischer et al., 2014, p. 516). As a risk factor related to the child, the separation and loss experiences of significantly significant attachment figures and environments stood out, which affected 53% of the children with ADHD diagnosis (Tischer et al., 2014, p. 517). Further single case-based analysis of possible efficacious and relevant developmental conditions, identified the cluster of “migration experiences” with experiences of loss and uprooting as a cluster of typical conflict constellations and psychodynamically relevant life patterns that can lead to the expression of an ADHD-typical behavior (Gaertner et al., 2014).

Table 1. Characteristic quotes of interviews and focus group discussions about work migration and left-behind children and caregiver in Cambodia.

	Topics and Quotes	Interviewee	Source
	Involvement of grandparents in the decision to migrate for work		
1	10 years ago or more… I told my children that if they don't work then they won't have any money for their children, so they asked me if I could look after (my grandchildren) while they work. I agreed, but at that time it was very hard work because it was two children under one year old. (Nevertheless) it wasn't really my daughter persuading me, but me persuading my daughter. I explained that if she loved her children then she must go to Phnom Penh and find work to feed them.	Grandmother, 57 years	Lawreniuk & Parsons (2017, p. 9)
	Traditional role of grandmothers as caregivers and improving 'respect' for grandmothers who take care of their grandchildren		
2	This was always grandmothers' work, but it has become harder for us since our children started to work in the city because now we have to look after the children, the house, and the fields all on our own.	Grandmother	Lawreniuk & Parsons (2017, p. 11)
3	People (like me) are respected for doing this. People say: 'very good, she is helping', so it helps both of us (for my daughter to work in the factory. (Doing this) is important now, because in my village only the men go out to work, so if the women can look after the children then it's ok, but if a grandmother can look after children then both can go out to work, so compared to the people whose grandmothers don't look after the children it's much better.	Grandmother	Lawreniuk & Parsons (2017, p. 11)
4	If we don't have grandchildren to care for, old people just stay at home. We have no other work to do. It may be easier to live, but the feeling is worse: if we don't look after the children, then the children can't work and we feel bad about it.	Grandmother	Lawreniuk & Parsons (2017, p. 12)
	Hardship in the family despite financial remittances		
5	I spend [money] on rice, food, everything. No money left. It is not really enough for even the food. I spend on medicine for the grandchildren when they are sick, when seeing a doctor, and on clothes and for school.	Grandmother, 50 years, Both-parents-international-migrants	IOM Cambodia (2019, p. 88)
6	We still starve… Sometimes I owe the other money because I do not have money for the food. [It is] not enough, because the need never ends.	Grandmother, 56 years, Both-parents-international-migrants	IOM Cambodia (2019, p. 89)
	Grandparents' fears, distress and burdens, feelings of shame		
7	I am scared they'll get sick and also scared if they are too thin, so I need to pay attention to their health … I always want to take care of them so their parents will be at ease … I am concerned they will not be happy when they see their children being thin.	Grandmother, 60 years, Focus group discussion	Schneiders et al. (2021, p. 5)
8	Grandmother 1 (58 years): I am also worried they don't eat well enough. Grandmother 2 (74 years): I am always afraid that they'll get sick. … Their parents will blame me. Grandmother 3 (73 years): I am afraid their father will blame me when seeing their kids are thin. Grandmother 4 (57 years): When they see their kid being thin, they will ask what is wrong with her?	Grandmothers and grandfathers, Focus group discussion	Schneiders et al. (2021, p. 7)
9	If talking about difficulties, there are a lot. When I don't have money, I go to wash dishes for others. … If I don't spare time to work, I will have no money. It was very difficult, I had to leave my grandchild. … I felt difficult and sad that I had to leave my grandchild at home because I am poor. I have to put up with it. … I have to close my eyes to it sometimes.	Grandmother, 51 years, Interview	Schneiders et al. (2021, p. 7)
10	Liv[ing] with my grandchildren [is] more difficult than when I lived only with my wife … since I have grandchildren, more eating, more clothes to wash, and more thing[s] to clean in the house.	Grandfather, 65 years, Mother-internal-migrant	IOM Cambodia (2019, p. 108)
11	Looking after grandchildren is difficult, difficult to ask them for help, always shout at them … I am getting older and older cannot do anything and want their mum to return back; when I get older cannot cook rice and cannot do anything.	Grandmother 76 years, Mother-international-migrant	IOM Cambodia (2019, p. 108)

	Hierarchical relatedness, mutual respect, improved mother-daughter-relationship		
12	I'm important to my daughter and my daughter is important to me. If I refuse to take the child then everybody loses: my daughter cannot work and nobody can make any money. It's difficult (for me to look after the child) but earning money is necessary (and) I feel respected for helping like this. We respect each other.	Grandmother	Lawreniuk & Parsons (2017, p. 13)
13	Because she [migrated daughter] saw me take care of her kid… she loves me more than before.	Grandmother, 70 years, Mother-internal-migrant	IOM Cambodia (2019, p. 121)
14	"Women have now more power than before and know a lot (too)"	Grandmother	Lawreniuk & Parsons (2017, p. 13)
15	It's traditional for women to look after their children; it's happened like this for a long time. But back then they didn't need to go far from their homes (to work). Back then women worked at home and in the fields, (but) no one has any problem with factory women or (working) mothers today. Women's lives are better now: they have more knowledge, they can go to school, and even if they're illiterate then they can go to work in the factory.	Grandmother, 58 years	Lawreniuk & Parsons (2017, p. 13)
16	… It wasn't usual for women to go so far away from the village, but no one discriminates against them now because it's normal.	Grandmother	Lawreniuk & Parsons (2017, p. 13)
	Trauma symptoms after Khmer Rouge Regime		
17	A grandfather said that he suffered from stomach pain as a result of food deficiency and contracted malaria during the Pol Pot regime. Furthermore, his parents and siblings were killed during the atrocities, which, in his own words, "is still appearing in my mind", suggesting a need for ongoing treatment for post-traumatic stress disorder (PTSD) among some elderly.	Grandfather, 65 years, Father-international-migrant	IOM Cambodia (2019, p. 119)
	Children's worries about parents' and grandparents' health		
18	I worry about my father who is sick, my grandmother who has heart failure.	Boy, 14 years, Father-international-migrant	IOM Cambodia (2019, p. 125)
19	Interviewer: What do you worry about [your grandpa]? Child: I am worried about his health. Interviewer: Do you worry about your mom who travels a lot? Child: I am worried about the traffic [accident]	Boy, 13 years, Both-parents-internal migrants	IOM Cambodia (2019, p.125)
20	Child: I worry if he got sick and nobody looks after him. Interviewer: Does he live alone there? Child: Yes	Girl,16 years, Both-parents-internal	IOM Cambodia (2019, p. 125)
	Children's voice about experiences in Residential Care Institutions (RCIs)		
21	I feel that I miss them [parents] but I have no choice since they live far and [are] poor. I have to stay here to get more knowledge so that they won't feel disappointed with me… If comparing living together before and now, here [in RCI] I live in more comfortable but I don't feel warm as I lived with family. At that time, I was hit sometimes, but I still felt warm living together with family.	Boy, 16 years, Both-parents-international-migrant workers	IOM Cambodia (2019, p. 139)
22	At first, I felt nervous, and I didn't want to leave my mother. I told her that I didn't want to go, but when I stayed here for a long time, I feel happy because I can study... I feel happy, and I love and respect her (the caregiver) as my mother.	Boy, 17 years, Mother-internal-migrant worker	IOM Cambodia (2019, p. 139)

These findings reflect clinical experiences described by psychoanalysts in individual cases. For example, Hopf (2007) sees ADHD as a symbolization and play disorder. The child occupies play spaces concretistically, play loses its symbolic character and becomes real. He understands hyperactivity from a psychoanalytic perspective as a motor expression of separation and attachment anxiety, as a flight into movement and as a stimulus protection against aggression, depression and trauma. Self and object boundaries could not be symbolized, but were produced concretistically through motor activity and hyperactivity. Recent studies suggest a link between ADHD and problems with early affect regulation (McQuade & Breaux, 2017), parental emotion regulation and mentalizing, and parental reflexive ability to reflect on the child's psychological world (Gershy & Gray, 2020).

Considering the acculturation process of left-behind children in the country of immigration, which is influenced by earlier experiences of loss and adaptation strategies, we hypothesize that despite the presence of grandparents, parental separation and acculturation-related distress create a psychological gap in these children that initially cannot be symbolized. We will illustrate this hypothesis with the following case vignette.

Case vignette of a child left-behind at age 4 for 4 years[1]

Borislav was 9 years old when his mother turned to the outpatient clinic in Frankfurt/Main. His teacher had sounded the alarm and raised the question of whether B. was an ADHD child. He was unfocused, disrupted lessons, disobeyed rules, bullied other children, played the clown, but was also shy and showed a toddler-like clinging to his mother. The mother was very stressed that her son still asked her to accompany him to every toilet. He sucked his thumb when he fell asleep and played with his genitals as if compulsively. In the course of B.'s two years of psychoanalytic treatment in a two-hour setting and the accompanying parenting work, the loss and traumatic separations and the acculturation distress that B. had experienced and acted out became apparent.

Already in the fifth month of pregnancy, B.'s father had separated from his mother. From that point on, the pregnancy was overlaid with ambivalence, grief, shame, and despair. After a birth fraught with complications, B. was born an illegitimate child in a small village in a LMIC country in South-East-Europe where children born out of wedlock were traditionally considered a disgrace. Even her parents, in whose house she continued to live with her baby B., had denied her any support during the first year of his life and had not stood by her and the child. She suffered from social ostracism.

When she also realized her lack of professional prospects in her home country, she went to Germany at the age of 24 as a migrant worker, without speaking the language, and working as a cleaning lady and cashier. B. was four years old when he separated from his mother and stayed with his grandparents for the next four years. Previously, he slept in bed with his mother. After the separation from the mother, he slept in the bed with the grandmother. The grandfather had to move to the couch. B. developed a very close bond with the grandmother and found comfort in the village animals. B. reacted disturbed to his mother's sporadic visits home. When he started school, his psychological situation worsened considerably: the seven-year-old boy was teased because he had no father or mother to show for it. His social situation as a child abandoned by both parents develops increasingly desolate and for the first time the now seven-year-old becomes manifestly a problem child, his ego functions begin to fail: he can only learn poorly and can no longer concentrate.

Deeply concerned about her child's development and maybe also driven by strong feelings of guilt, the mother, in an impulsive act, brought her son to Germany and enrolled him in the second grade when he was eight years old. The teacher in Germany noticed his

1 For the detailed case study, see Gaertner, Laezer, Tischer & Leuzinger-Bohleber (2014, pp. 536-546).

sad-depressive mood and listlessness, his hyperactivity and inattention. The renewed traumatic experience of loss and uprooting, now from his grandmother and his village, led to a vicious cycle in which the mother could not set limits for this son. B. reacted with terroristic self-assertion (the mother reported, "If B. doesn't get his way, he locks himself in"). The study diagnosis at that time was: conduct disorder and ADHD.

B.'s immense fear of separation and his mechanisms to ward off this fear become clear in the therapist's initial interview with mother and child. She formulates worriedly: *"He seems like a boy who does not belong to this mother"*. In the child interview with the therapist alone, the nine-year-old lapses into an autistic-looking rigidity, maybe expressing a panic fear that the mother may not return. When the therapist succeeds in addressing the fear of losing the object, B. thaws out and hesitantly begins to talk about his home, his grandmother and the animals he lives there. He is able to establish a sense of security within himself as he talks about his grandmother and refers to her cultural world: the village, nature.

In accordance with the therapist, who diagnosed a psychological developmental arrest due to the cumulative traumas of loss, the conspicuous symptoms at school of inattention, hyperactivity and impulsivity, but also oppositional behavior could be understood as a defensive formation against panicky inner fears and unresolvable anger.

At the end of two years of therapy, the symptoms of conduct disorder and ADHD were resolved. The examiner met a more relaxed, self-confident eleven-year-old boy who lovingly and with obvious pride maneuvers the stroller with his ten-month-old brother into the institute. In one of the questionnaires, he confidently described, *"All in all, I'm fine."* Even at follow-up, the treatment results were stable. The thirteen-year-old confides to the examiner that his new hobby is Indian dancing, but that he not only loves Indian music, but also listens to music from his Eastern European homeland on YouTube. He liked the language so much and that's where he comes from! When he talks about his friends and classmates, he talks about the effect of psychotherapy: The therapy helped him there, too. Some days he didn't like it so much, but it helped. What has changed for him is that he now approaches the other children in conflicts and opens his mouth, he dares to say something if he doesn't like it, he *"clarifies it with words"*. In therapy, B. was able to further develop his mentalization ability to think about himself and others, which now enables him to deal with his culture of origin along the lines of music and to identify with it (on a trial basis). The achievement of an improved symbolization and mentalization ability will be able to support him in the adolescence crises and in the question of his own male identity.

DISCUSSION

This paper focuses on transnational migration families and left-behind family members from *'both ends of the migration path'*– the countries of origin and the countries of immigration. Families initiate, carry out migration and bear the opportunities, risks, challenges and the complex psychological adaptation processes.

Discussion from an intercultural psychoanalytic perspective on mental health, transnational families and migration

In Cambodia, as an example for a *country of origin of migration*, we followed the experiences of left-behind children and described the cultural context and conceptions of families. In *countries of immigration*, in this article Germany, we explored the experiences of left-behind children when they find access to the health system. As Mösko (2018) indicates, despite the integration of more transcultural aspects in the clinical literature, often the ethnocultural background is still underreported.

Country of origin of migration. With the three-generation case vignette of a transnational migration family and empirical data of interviews and focus group discussions from the LMIC country Cambodia, we draw attention to the dynamism and complexity that characterize transnational ties, and emphasize the many

challenges and limitations that exist in relation to maintaining family across time and distance (Carling et al., 2012). From this empirical data, we conclude that migration experiences can only be understood from the many relationships and relationship networks of families with their cultural codes (Keller, 2013; Otto & Keller, 2018; Weisner, 2018). We assume that migration includes more than just the individual person, as it is often the case in studies on the effects of labor migration (Mösko et al., 2018). Moreover, in many cultures, including the Cambodian example, a person is not seen as an individual entity but as part of a cosmological order that includes the living as well as the dead (i.e. ancestors). In the Cambodian cosmology a person and her/his body is not separated from the sphere of the spirits and the ancestors (Eisenbruch, 1992). Notions of security and building up trust cannot be understood by the sole angle of Bowlby's attachment theory.

For Cambodia, we could show that it is important for professionals dealing with left-behind children and their families to ask the question of how the person/patient is conceptualized culturally. In Cambodia, parent-child-relationships are characterized by hierarchy, respect for the elder family members and mutual relatedness (Kelly, 1996). The grandmother has a traditional role of taking care of grandchildren and is highly respected for the task to look after the left-behind grandchildren (Lawreniuk & Parsons, 2017). On the other hand, shame (saving face) plays a central role in child rearing (Samnang, 2017). Love for the child should "not be shown outwardly" and children should "not be praised". The cultural parental beliefs are shaped in large part by the socio-cultural construction of parenthood and gender expectations (Dreby 2006; Isaksen et al. 2008; Parreñas 2005; Schmalzbauer 2009).

Furthermore, in the case of Cambodia, it is crucial to consider not only (trauma-related) cultural beliefs about how illnesses and pathologies arise and can be traditionally cured, but also to explore the cultural beliefs, values and norms of parent-child relationships that are used in daily family life. The trauma-related, intercultural perspective, especially of trauma and anxiety, is now also recognized and described in the ICD-10 with the "cultural syndoms" (Kutalek & Prinz, 2018). For Cambodia, Hinton (2012) presented the Cambodian Symptom and Syndrome Inventory (C-SSI) questionnaire, which added a cultural understanding of trauma in Cambodia to the Havard Trauma Questionnaire (Mollica et al., 1996). The example of Cambodia shows that it is an important task to address the crimes of humanity and the accompanying collective traumatization caused by and during the Khmer Rouge regime, which affect most families to this day. Multilateral and unilateral donors have supported the ECCC and trauma-related research, interventions, and prevention (Brickell & Springer, 2017). But at the same time, this focus on trauma (some critics speak of a 'trauma industry' in the case of Cambodia) is not enough, because families in LMICs, like Cambodia, are first concerned with day-to-day issues of raising and educating their children, which in turn tend to stem from intergenerational conflicts due to the rapid modernization of the country (including labor migration).

Assuming complex bio-social ecological effects of multiple environmental situations building the context of child development (Sameroff, 2010), cultural beliefs can be seen as cultural frames, in which questions of identity and the best possible adaptation (strategies) to given situations (e.g. work migration) can be negotiated between the generations. As shown in the Cambodian case vignette and interview material, *cultural beliefs provide orientation and protection for transnational migration families*. However, they *can also trigger and intensify conflicts*, which in some cases lead to symptoms (Hoegger Klaus & Laezer, 2021). The perspective of cultural beliefs would help clinicians as well as social workers to identify resilience-promoting and resilience-inhibiting factors, on individual and contextual levels (Varvin et al., 2022).

In Western *immigration countries*, different cultural beliefs may collide in the (therapeutic) relationship. For example, the UN Convention on the Rights of the Child highlights equality

and participation, transparency, gender equity, empowerment, justice and individualism. Cambodian cultural values, for example, also include hierarchy, honor and reputation, patriarchy, patronage, harmony and collectivism (Gourley, 2009). From an intercultural perspective, clinicians and social workers from Western cultures would be thus confronted with their own history of enlightenment, colonialism and individualism, and would be challenged to think both concepts, Western and Non-Western, towards a more inclusive, egalitarian communication (Antić, 2021). Perry (2022), a Thai-American physician suggests to practice "cultural humility" in global health to overcome the duality of Western and Non-Western identity. Cultural humility for her means:

> saying 'I see you', truly seeing individuals as their whole selves, not the selves the other have categorized them into. … It means practicing empathetic listening. It means saying, 'I hear you'— acknowledging that individuals hold stories unique only to them and being willing to fully hear their stories, not only hearing what one's bias wants to hear, … cultural humility means acknowledging (and holding space for) individuals who have shared (and to share) their stories, experiences, and efforts related to anticoloniality. (Perry, 2022, p. 446-47)

Approaches similar to "empathetic listening" have been formulated by psychoanalysts for working with traumatized refugees in intercultural contexts (see overview at Leuzinger-Bohleber & Parens, 2018; Varvin, 2017).

As social workers and psychotherapists working with left-behind children in countries of immigration, it is important *to recognize the broad range of psychological problems and mental health–related symptoms* they may exhibit. In left-behind children who present with symptoms consistent with ADHD and who, at first glance, appear not to be affected by migration-related experiences, we *assume that their acculturation process and related distress build on earlier experiences of loss and on previously established adaptation strategies*. Despite the presence of grandparents, the separation from parents and the stresses of acculturation may create an inner gap in left-behind children that initially cannot be symbolized psychologically.

Being left behind by parents who emigrated to another country for economic reasons seems to be a traumatic experience for the left-behind children and leaves them with a gap of understanding, as a left-behind child in Greece pointed out: *"I understand why they left, but why did they leave?"* (Anagnostaki & Zaharia, 2020).

The complexity of the traumatic experiences of left-behind children intertwined with complex environmental situations (including culture) was seen in the interview with Tha in Cambodia and in the psychoanalytic encounter with B. in Germany. Halperin (2004) highlights the relevance of the immigration process in psychodynamic psychotherapy with immigrants, that includes *mourning, discontinuity of identity and imbalance of self-esteem*. These complex precipitating factors need to be contextualized in the patient's history, organization of identifications and defenses, central conflicts and system of beliefs and ideals. Using the theoretical foundation of relational psychoanalysis and social cognition, Halperin considers the outcome of the psychological process of immigration to depend not only on the restructuring of dynamic aspects but also on non-dynamic factors such as the immigrant's age, gender, socioeconomic background and linguistic and cultural differences.

B.' symptoms of *ADHD could be understood as an expression of his traumatic losses*. The mother's labor migration and the resulting separation from B. falls on the ground of a mortification of the mother already during pregnancy due to the separation from the child's father in the fifth month of pregnancy, social ostracism and rejection by her own family. The mother encountered rigid cultural beliefs and norms and got stigmatized and isolated. With a cultural lens of the psychoanalytic observations, B.'s problems in school might be explained with

contextual acculturation challenges in Germany and a cultural shock of having been raised in an interrelated autonomous, self-reliance loosely structured life in the country of origin to one of dependence and strictly structured life in the country of immigration. In a collective cultural framework, child-rearing skills are nurtured within the collective. Within the balance of probability, B.'s mother did not adequately receive these skills and would therefore have been inadequate in her role as a mother whether she migrated or not. In the migration settings, she had to learn how to be a mother and more so measured favorably or unfavorably by both herself and B. against how well this role was played by the grandmother who is well rooted culturally to play the role. He therefore suffered a double loss.

Questioning what was helpful in the two years of B.'s treatment, we conclude, it was the therapist's ability to see the transnational family from both ends of the migration path and acknowledging the two worlds of the families including cultural beliefs as important parts of identity. In the course of the psychoanalytic treatment, the therapist came to play the function of symbolization, mentalization, triangulation and became a cultural mediator for both the mother and the child, enabling the acquisition of culture and providing epistemic trust.

To enhance psychosocial services for immigrant populations, practitioners must be informed about and trained in the specific features of trauma experienced by left-behind children, the significance of cultural beliefs, and the implications these factors have for the therapist-client relationship.

Discussion of some sociological, context-specific aspects considering the Dry Corridor of El Salvador, Guatemala, and Honduras

As the topic of labor migration and left-behind children is of global relevance, we will briefly discuss sociological aspects related to another affected region, the Dry Corridor of El Salvador, Guatemala, and Honduras, focusing on context-specific structural inequalities and challenges and recommendations for policies (World Food Programme, 2017; World Bank, 2023).

Considering the Dry Corridor of El Salvador, Guatemala, and Honduras, as a further example of LMICs and countries of origin of migration, the supplementary figure 1 depicts a *causal model* of emigration including possible emigration outcomes for both, the migrating person/parent and the family members left behind in the country of origin (World Food Programme, 2017, p. 12). High *unemployment* (52-68%), *seasonal agricultural labor* demands, *poverty* affecting 62-80% of households, and climate-induced crop failures exacerbate *food insecurity*, compelling parental migration while leaving families vulnerable to *debt, asset sales,* and worsened nutritional outcomes (World Food Programme, 2017). These structural factors, including *limited wages* and *environmental shocks* like El Niño droughts, perpetuate cycles of emigration and food insecurity among left-behind households, where 47% face severe deprivation without remittances (World Food Programme, 2017).

The World Bank (2023) highlights *structural deficiencies* that perpetuate family separations in El Salvador, Guatemala, and Honduras. High *informality rates* (65-80% of workers), *youth unemployment*, and *gender biases* in labor access—such as women receiving only 3-12% of H-2 visas due to recruiter preferences for men—exacerbate push factors like *poverty* and *food insecurity*, driving irregular migration despite opportunities in the United States H-2 Visa Program and the Canadian Temporary Foreign Worker Program. *Weak institutional frameworks*, including underdeveloped national migration policies (e.g., absent in El Salvador) and limited regulation of private recruiters, leave workers vulnerable to abuse, while inadequate skills training and reintegration programs fail to harness remittances or facilitate legal pathways.

To address the complex issue of left-behind children and migration from the Dry Corridor countries El Salvador, Guatemala, and Honduras, a multifaceted approach is required that integrates *reducing vulnerability, international cooperation,* and improving

responses to migration crises[2] (World Food Programme, 2017). Reducing vulnerability involves strengthening resilient livelihoods through improved water management, such as small-scale irrigation, protecting water sources, and agricultural diversification. Risk reduction approaches should empower communities by strengthening both formal and informal institutions to enhance their capacity to prevent, respond to, and recover from crises. Climate change adaptation efforts, including climate surveillance and weather-based insurance schemes, are critical to support vulnerable farmers and mitigate push factors related to environmental stress. Furthermore, creating local market opportunities for small-scale producers and aligning food assistance with seasonal needs are essential to prevent food insecurity that often drives emigration. The World Bank's recommendations (2023) emphasize ratifying International Labor Organization agreements, building capacity for temporary work abroad programs, establishing grievance mechanisms and social safety nets, and promoting gender-inclusive skills development to maximize benefits from managed migration, thereby reducing irregular flows and supporting left-behind families through economic stability and protection throughout the migration cycle (World Bank, 2023).

Legal, social, and psychological support services should target vulnerable households affected by migration. According to the World Food Programme (2017), community participation is vital to ensure appropriate targeting and empowerment, including support for deported returnees, especially those fleeing violence. Given that violence acts like a humanitarian emergency in these regions, addressing it as a root cause of emigration with gender-transformative approaches is necessary. Women left behind often assume expanded roles in agriculture and family management, thus empowerment initiatives and solidarity networks for women are crucial. Programs that support women in managing their multiple responsibilities of caregiving and employment—by strengthening empowerment and solidarity networks—are crucial for breaking cycles of poverty. Therefore, we emphasize the need for additional psychosocial programs alongside economic interventions.

The recommendations of the World Food Programme (2017) and the World Bank (2023) emphasize proactive, integrated, and locally anchored strategies to reduce vulnerabilities, support affected families and communities, and respond more effectively to migration dynamics driven by socio-economic and environmental challenges.

From our perspective as psychotherapists and psychoanalysts, interventions should integrate psychosocial perspectives at the community level, addressing not only the causes and maintaining factors of symptoms but also the influence of *cultural frameworks* on family functioning. Drawing on best practice examples from Cambodia (Somasundaram & Van de Put, 1999; Best et al., 2024), future programs should incorporate low-threshold, low-cost, and easily accessible *self-help groups* in communities to *enhance psychological and social functioning*, while establishing *community-based networks* to alleviate multiple burdens of migration and strengthen the resilience of families—particularly women. To highlight the core argument of this paper, such interventions must acknowledge the often invisible and complex *psychological and cultural adaptation processes* that transnational families navigate at both ends of the migration path.

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2 Please see the recommendations of the different organizations contributing to the study on "Food Security and Emigration: Why People Flee and the Impact on Family Members Left Behind in El Salvador, Guatemala and Honduras" (2017): Inter-American Development Bank (IADB), International Fund for Agricultural Development (IFAD), World Food Programme (WFP), International Organization for Migration (IOM) and Organization of American States (OAS) (2017).

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