

Establishing a Parenting Program for Transnationally Separated Chinese Immigrant Families: Community-Based Pilot Program

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Children who experience transnational separation (TS) from their parents, often referred to as “satellite babies,” endure a relatively common but underdiscussed experience. To date, no evaluations of clinical interventions to specifically support transnationally separated families have been described. This column describes implementation of a group therapy pilot program for parents to address parenting and emotional concerns related to

TS at a social services agency in Boston’s Chinatown. Parent and therapist interviews indicated increased skills in negotiating parental feelings of guilt, shame, and regret caused by TS. These insights can guide practitioners and researchers who wish to address family separation in their communities.

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Partly driven by increased globalization and socioeconomic factors, thousands of Chinese immigrant parents send their U.S.-born infants and young children to be cared for by relatives in China while remaining in the United States to work (1–3). Often referred to as “satellite babies,” children sent to China typically rejoin their parents in the United States after the family has established financial security or when the child is old enough to attend school (4). Little empirical data are available on the rates of transnational separation (TS) among Chinese immigrant families; however, among the data available, the rates are high. One study (5) of expectant women in New York’s Chinatown found that 57% had strongly considered sending their infants to China, and among this group, 75% had planned to bring their children back to the United States after the age of 4. In our own research in Boston’s Chinatown, approximately 20% of our sample of Chinese immigrant parents with children under age 10 reported having been separated from their children for at least 6 months or were strongly considering separation (6). The high cost of living, lack of affordable local child care, acculturation-related challenges, and the opportunity to expose their children to Chinese culture are chief reasons for parents to send their children to live with relatives in China (5–7).

Mental health practitioners who serve communities where parent-child separations occur recognize that separation experiences—even those that occur outside the contexts of maltreatment or political instability—can lead to challenges, such as parental depression and poor self-esteem

or behavioral problems among the children (6, 8). Although no longitudinal studies have been conducted with Chinese immigrant families to specifically determine the effects of separation on children, our work with Chinese-American adults who recalled their own experiences with early separation showed that they lacked an understanding of the circumstances leading to their separation and that communication with their parents about the separation would have helped in their adjustment. After reunion with their children, parents who made the decision to separate not only encountered challenges in reestablishing their parent-child relationship but also reported experiencing guilt, shame, or regret regarding their decision to separate (6, 7). These findings suggest that a focus on the parent-child relationship within the context of separation would be valuable (9).

HIGHLIGHTS

- Transnational separation (TS) refers to the practice of parents in the United States sending their children to be cared for by relatives outside the country.
- Practitioners should recognize that transnationally separated parents may have feelings of guilt and regret and may experience parenting challenges.
- Group therapy for families affected by separation may allow parents to share unique parenting and emotional concerns.

Previous studies (10) have evaluated parenting interventions for Chinese-American families, primarily programs focused on behavioral, skills-based approaches to reduce and prevent child conduct problems. In contrast, programs that apply a psychodynamic family-systems approach, which consider the family as a unit, may be better suited to help participants interpret feelings of guilt, shame, and regret reported by transnationally separated parents (6, 7). Although transnationally separated families may take part in existing community-based services, clinical interventions to specifically support such families have not been well described. In this column, we discuss the establishment of a parenting program in Boston's Chinatown neighborhood for Chinese immigrant parents who have experienced TS from their children, therapist and parent perspectives on this parenting program, and implications of this work in understanding the approaches that practitioners may take in learning about and addressing the parent-child separation that occurs within their communities.

Community-Based Service Delivery

Our program took place at the Boston Chinatown Neighborhood Center (BCNC), a local community nonprofit organization that provides education, employment, and family resources for Asian immigrants new to the United States. BCNC provided an ideal context for service delivery: the organization espouses a family-focused model of change that largely exemplifies the holistic, contextual approach needed to understand the effects of TS on Chinese immigrant families. Moreover, BCNC is seen as a trusted organization by the Chinese immigrant community because of its longstanding service to the Boston Chinatown community.

In 2011, BCNC started to conduct a program called Parenting Journey (PJ) for the broader Chinese immigrant community. An evidence-based and group-based curriculum used in low-income communities (parentingjourney.org), PJ asks participants to reflect on their own childhood experiences of being parented and to link that history with their parenting styles and parent-child relationships. Curriculum topics include developing trust, honoring oneself and one's child's identity, reflecting on the past and the relationship that participants had with their own parents, identifying secrets and fears related to the family, reflecting on life choices and barriers to achieving dreams, and developing an appreciation for life. Activities to promote concrete parenting skills include learning about self-care, identifying personal strengths, and practicing reflective listening. Activities include writing a letter to one's own parent to communicate unresolved emotions, sharing one's secrets and fears, and participating in a guided meditation session. The final session consists of a graduation ceremony, in which therapists read out loud letters they have written to each participant detailing the participant's progress, contributions to the group, and their hopes for the parents in the future.

Because of research data on the needs of transnationally separated families as well as the therapists' clinical understanding of change, we researchers and the BCNC therapists believed that the PJ program was ideal for addressing parent experiences of TS. We believed that PJ's emphasis on the generational effects of parenting and the parent-child relationship, the use of self-reflection to understand and improve parenting outcomes, and the group format could facilitate connection among parents with shared TS experiences. In addition, we determined that the topics covered by PJ would facilitate discussions regarding the parents' thoughts and beliefs about their parenting, including the impact of unaddressed guilt on parenting behaviors and the role of emotional distance on the parent-child relationship.

Thus, a pilot program was implemented specifically for transnationally separated parents. Each session lasted 1.5 hours and was followed by a 30-minute lunch session to help build rapport among participants. All sessions were conducted in Mandarin Chinese by two Chinese immigrants with master's degrees in therapy and mental health counseling from U.S. universities. Both therapists had taken the 5-day PJ immersive training to learn the program curriculum and techniques for group management and facilitation.

The BCNC therapists further adapted the PJ curriculum to meet the needs of transnationally separated parents; for example, they spent the last 15 minutes of each session explicitly discussing issues related to separation. Furthermore, to lessen the time burden for participants, the BCNC therapists shortened the total number of sessions to 10 instead of the original 14. To provide a safe space to explore the decisions and impacts of separation on parenting and on the family, the therapists ensured that the group included only parents who had experienced TS. Parents could participate if they had sent at least one U.S.-born child to live with relatives or other caregivers in their hometowns in China. Participating parents had been separated from at least one child for 9 or more consecutive months during the 5 years prior to the start of the intervention and had lived in the United States for 4–12 years.

To better understand the experiences of the parents and therapists involved in the program, we conducted postprogram interviews with all four of the participating parents to explore their overall assessment of the program. Additional interviews were conducted with the two therapists at the midpoint of the program, and again 1 week after program completion, to explore their experiences in implementing the program with transnationally separated parents. All interviews were conducted together by two researchers (L.K.W., S.H.M.W.). Semistructured questions were developed to obtain parent perspectives on any changes they experienced as a result of participating in the group (e.g., on the quality of the relationship with the separated child or on their understanding of how the separation may have affected their relationship). With participants' consent, interviews were recorded, transcribed, and, if conducted in Mandarin or Cantonese, translated into English for analysis. A

grounded-theory approach was used, with an initial broad wave of coding followed by a more exhaustive wave of coding to generate themes. Below, we describe the parents' perspectives as program participants and elaborate on takeaway points identified by the therapists.

Parent Perspectives

Participants identified two main parenting outcomes that were substantially improved by attending the PJ program: the parent-child relationship and self-awareness. All four participants mentioned that they developed a stronger bond with their child that was due to parenting and communication techniques learned from the program. Participant 2, who described his son as "a complete stranger" in the first interview, reflected that his relationship with his son had "improved a lot" after the intervention. He elaborated, "Now, whenever he sees me, he'll quickly run over to me. He's very attached to me now, and he wasn't like this before. It's a complete change." Participant 3 reported that applying new strategies that she learned from the group led to improvements in her daughter's behavior, which alleviated much stress. She noted, "Now that we've finished the course, our relationship is a lot better than it used to be."

Participants also discussed how the intervention fostered greater self-awareness and understanding that helped them become better parents. Participant 2 noted that he understood his child much better:

I [used to think that] raising a child was easy . . . and then when I finished the course, I feel like a lot has changed in many ways . . . because I've come to understand that kids have their own ways of thinking. In the past, [I thought], "he's just a kid," and that I didn't need to think hard about that. All he would have to do is just listen to you and be good, and you didn't have to explain so much to him. Now this perspective has changed a lot. I feel like this is a good change.

Participant 3 reported that the program made her more aware of how the separation affected her relationship with her child:

I didn't quite think that the experience [of separation] had any real effect. But after finishing the course, I know that if the child and parent have been separated, there's naturally going to be a lot of effects on the relationship. Now that [my daughter is] back with us, it's gotten a bit better, but when we were separated, we couldn't see each other, so we never knew how the child was doing and [didn't know] every aspect of the child's mental and emotional development.

Therapist Perspectives

The therapists identified three areas that required their focus in the group facilitation: encouraging participant engagement with other parents, developing participant awareness and comfort in sharing, and acknowledging unique parenting challenges. Because the therapists had conducted PJ on previous occasions and were simultaneously

conducting another group program for a more general population of Chinese immigrant parents at a different location, they were able to readily compare their experiences in facilitating groups comprising families that had experienced TS and composed of families that had not. Therapist 1 noted that parents who send their infants to China often experience negative emotions that serve as a barrier to engagement with others:

I think this population is hard to reach because of their shame and guilt, like, "I'm not able to afford child care for my child in the United States, plus I need to work and have to send [my child] home."

The therapists believed that building trust through personal relationships was key to recruiting and retaining participants for the program.

The therapists also noted that participants in the TS group had more difficulty sharing and articulating concerns compared with parents who had not experienced TS, even though the TS group comprised only transnationally separated parents. From the perspective of the therapists, the issue of separation was always present and created a complex emotional subtext underlying all group discussions. The therapists noted that although nonseparated parents and separated parents may participate in similar programs, nonseparated parents tended to talk about their struggles at face value, whereas separated parents wondered if the root causes of their struggles were related to separation. According to Therapist 2, regardless of subject matter, the TS participants always maintained awareness of their experiences of separation:

Even if they are talking about another thing, like the parent-child relationship or the relationship between parents . . . the satellite baby issue might impact their behavior or might impact the relationship. I think that the parents are aware of that.

Finally, the therapists identified parenting challenges after TS that could be addressed through therapy. Upon reuniting with their children after a long absence, parents in the PJ program grappled with their lack of familiarity with their child's personality and habits as well as prolonged feelings of guilt and shame about the separation. Therapist 1 remarked on participants' struggles with parenting self-efficacy:

I get an overall sense [from them that], "I have a child here, and I don't know how to parent them." They're not just asking about skills. They're asking for help, like, "Can you teach me how to become a better parent or how to parent this [particular] child?"

Conclusions

Our study on TS among Chinese immigrant families provides insights that can guide practitioners and organizations working with immigrant parents who have reunited

with their children after prolonged separation. These parents may still be getting to know their children, and participating in a parenting group provides them with the opportunity to attend to the parent-child relationship. Although parenting skills are valuable for parents in general, they may be more necessary to address among parents who have experienced TS. Thus, we recommend that practitioners emphasize how a parenting program can enhance concrete skills when promoting services for parents who have experienced separation.

The contrasting experiences of the therapists, when working with families that have experienced TS compared with those that have not highlighted how parental feelings of shame about the separation may reinforce their perceptions of inadequacy as parents. Such feelings may also prevent disclosure of additional challenges, and in turn, limit help seeking. Mental health practitioners may need to keep in mind that parents who have experienced separation from their children often negotiate complicated emotional issues that may or may not manifest as presenting issues at the outset of therapy. Overall, a safe space to discuss such emotions is needed. For certain communities, the option for group therapy composed of only parents who have had a history of separation may promote further processing of these emotions. Limitations of this work included the small sample, which limited generalizability of these findings, and the lack of long-term outcome measures related to parenting and child outcomes. Nonetheless, our interviews suggested that practitioners can prepare themselves for supporting parents with a history of prolonged transnational separation from their children by recognizing that these parents may experience complex emotional issues that affect their psychological and family functioning.

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