

# Reflections on Personal Experiences of Migration During the Current Pandemic in the Context of Psychotherapeutic Communication

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## Abstract

*Migration, even when for good, involves processes of mourning and grief related to the experience of loss, insecurity and discontinuity of identity. In this paper, I bring some observations from my psychotherapeutic work with first generation migrants, young international professionals who live and work in London, to look at the psychological impact of the COVID-19 pandemic on the experience of being a migrant. I include a clinical case presentation to illustrate how the crisis affected different dimensions of the migrant's psychic reality - intrapsychic, interpersonal and cultural. I also look at the dynamics of psychotherapeutic work in the context of the current pandemic as an experience of individual and collective grief.*

**Keywords:** migration, COVID-19 pandemic, mental health, psychotherapy

## 1. The psychological impact of COVID-19 on the experience of being a migrant

Only weeks before the first cases of COVID-19 registered in Wuhan, Steven Taylor, a clinical psychologist and professor at the University of British Columbia in Canada, predicted the arrival of the next pandemic and sketched its portrait with impressive accuracy. He argued that it is likely that the psychological effects of the next pandemic will be more pronounced, more widespread, and longer lasting than the purely somatic effects of infection. He predicted the wide spread of depression and grief (Taylor 2019: 34).

With the pandemic already taking its toll worldwide, David Kessler – a world-renowned grief expert and thanatologist described the feelings we were going through as individual and collective grief (see Berinato 2020). This experience goes beyond the acute pain of loss of loved ones. We grieve the loss of our freedoms, of our predictable future. And even though our individual reactions might vary quite significantly, experiences of grief and bereavement are shared universally. (Kübler-Ross and Kessler 2014).

The current COVID-19 pandemic has created the conditions for societal rupture across economic, social, and political levels. Current statistics show that the crisis caused by the current pandemic has been marked by mass migration – not only international but also internal, especially in China and India (Worldbank 2020).

Migrants' specific patterns of vulnerability often lie at the intersection of class, race and status: migrants are overrepresented in low-income and discriminated minorities, often challenged with their lack of entitlement to health care, and exclusion from welfare programs (Guadagno 2020: 5). I have worked with a variety of migrant groups during my five-year work experience as a psychotherapist in London's National Health System. Since I moved to private practice, my clients are predominantly high-skilled well-paid migrants who can afford the fees of our multilingual practice in Central London. However, this does not fully compensate for their experience of marginalization and the anxieties of life away from home. This became particularly evident in the context of Brexit, the consequences of which are yet to be fully experienced and accounted for.

Vulnerability to emotional distress is an individual and group characteristic. Among the individual vulnerability factors for experiencing emotional distress Steven Taylor lists personality traits such as negative emotionality, harm avoidance, overestimation of threat, and intolerance of uncertainty (Taylor 2019: 48-53). For reasons already mentioned, migrants are a group potentially vulnerable to emotional distress. I will be focusing here on the migrants I work with whose individual emotional distress in times of COVID-19 was additionally heightened by their pre-existing mental health vulnerability.

## **2. Theoretical Assumptions and Clinical Considerations**

When one departs a place the self is also left in parts: departing implies a partition. The double meaning of the word is significant. The dream seems to allude to the fact that it is impossible to leave with one's self intact (Grinberg and Grinberg 1984: 183).

The psychodynamics of migration include interrelated processes of mourning, discontinuity of identity and imbalance of self-esteem. (Akhtar 1995; Halperin 2004: 99). It has been referred to as a third individuation process (Akhtar 1995). In order to capture the intersection of personal, familial and cultural meanings, the conceptual framework for the psychodynamic formulation of psychotherapy cases includes intrapsychic, interpersonal and cultural dimensions of psychic reality (Halperin 2014: 99).

I have been trained in psychodynamic psychotherapy in the strong psychoanalytic tradition of the Tavistock Centre in London. It still informs my clinical work even though I went on to study methods allowing for a more direct access to the human psyche through the body. However, the crisis altered significantly the psychotherapeutic practice of therapists from all denominations.

Since the COVID-19 crisis struck, talking therapists have moved their practices and consultancy rooms online globally. While some of us have had previous experience of online work, most therapists had little to no experience and some have strong prejudices about working in this way. In the years of my pre-COVID-19 psychotherapy practice I have enjoyed the freedom of combining face-to-face and online work with my clients – this suited both their and my mobile life-styles. However, in the new reality of the pandemic, working online was no longer a choice, but a necessity. It became our professional duty of care as therapists to work online ethically, responsibly, and critically.

A commentary on telepsychotherapy in the age of COVID-19 (Inchausti et al: 2020) offers a very optimistic and positive view about the quality of the therapeutic alliance in face-to-face psychotherapy versus telepsychotherapy. Authors reported that telepsychotherapy did not interfere with establishing the working alliance over the course of treatment among patients with generalized anxiety disorder. On

the contrary, these authors reported that clients showed a stronger working alliance in telepsychotherapy delivered by videoconference rather than through conventional psychotherapy (Inchausti et al: 2020).

A more nuanced point of view can be found in Gopnick (2020). The interviewed analysts and psychologists of New York spoke about the blurred boundaries, shortened distance between therapist and patient, and the new theatrics of psychotherapy including the importance of non-verbal communication, the therapist's clothes and the challenges to the classic role of the 'shrink'.

It is not accidental that most of the psychotherapy clients I work with are internationally mobile, professional people living and working in London – I am one of them. I know from my personal and my professional experience how profound are the challenges of migration for the stability of the individual's psychic structure and family organisation.

The uncertainty and anxiety caused by the pandemic brought new and old themes into the work with my migrant clients. One of the most recurrent ones was the theme of return – temporary, and in some cases less so ... The possibility of working from home allowed many international professionals to leave London and spend the lockdown in their respective countries of origin. I was no exception. A new client of mine from Eastern Europe, who recently married a young professional from another EU country, had her first marital disagreement as both of them – herself and her husband – wanted to go 'back home'.

The clinical case I am presenting below<sup>1</sup> was my most challenging case during the pandemic. The client had a pre-existing mild mental health condition which contributed to my concern about her safety and mental stability. This case presented me with a real dilemma around boundaries. The psychotherapeutic interventions were turning into a specific genre of psychotherapeutic communication where the contact with the client in terms of frequency and boundaries was not always easy to contain.

### **3. Clinical Case: Ms. Elysa**

Ms. Elysa was referred to me for psychodynamic psychotherapy in the Autumn of 2016 by a colleague from the Multilingual Psychotherapy Private Practice in London where I am an associate. My colleague was leaving London to return to her home country in Latin America. She asked me if I would take over a clinical case of a young woman from Central America with a history of panic attacks with whom she had been working for the last six months in Spanish. The client was fully proficient in English and my colleague felt that the client and I would be a good match. We had a handover session where my colleague presented to me the client's major problems which they had been working on once weekly for the last six months in our practice in Central London.

Ms. Elysa came to the UK for university studies and upon completing her higher education, obtained a prestigious job in London. She was a very attractive young woman with olive skin and long dark hair. She was coming to her therapy sessions after work dressed very tastefully in formal clothes required for her position. Despite being very attractive, she had not yet had a 'proper' boyfriend and she wanted help to understand what seemed to be an emerging pattern: she kept separate her emotional dependencies and her casual encounters with men. Ms. Elysa did not think of herself as being religious but she grew up in a Catholic environment, so it was not surprising that she was very harsh on herself for her lapses around men and for not conducting relationships 'the right way'.

We worked in English but Ms. Elysa would tell me from time to time some words or phrases in Spanish. Her metaphor for herself was a *flor de piel* – a flower of the skin. She interpreted for me this idiom as 'being emotional and passionate', a 'bundle of nerves', but also 'extra-delicate'... She was a high achiever and presented herself to the world as a confident young woman. She needed our sessions as a reflective and supportive space to live with her hypersensitivity.

Ms. Elysa came from a lineage of strong women, who (with almost no exception) were divorced, widowed or single. She was ashamed for developing an obsession for an unavailable man who was also her colleague. It was a bliss and an agony to see him in her everyday work environment. Eventually, she decided to change her job to separate herself from the object of her unrequited love.

In the next three years of our work (2017-2019), Ms. Elysa gained positions at prestigious institutions accumulating professional experience and building an impressive CV. Even if her jobs were not permanent, and this raised the level of uncertainty of her London life, she adored London and enjoyed the pleasures of the metropolis.

With the announcement of the lockdown in late March 2020 in London, Ms. Elysa was stuck, like many of the young professional migrants, in her London rented accommodation. She worked from home looking out for a new suitable job and had some job interviews scheduled, all of which were cancelled due to the pandemic.

The lockdown confinement brought more focus to our work. Ms. Elysa wanted to concentrate on her relationships. Revisiting the divorce of her parents reactivated the childhood trauma. She was hardly able to contain the pain from her father leaving her and the family when she was seven years old. And yet she acknowledged that she felt most resentment towards her mother.

One trauma unlocked another traumatic reaction: the object of her unrequited affection came back into her thoughts. She was mourning her love for the man who spoke her language and gave her the feeling of being understood. She came to see that the two relationships – with her father and this man – were deeply intertwined. She also began to realise that no new relationship with a man was possible before she had worked through the relationship with her father.

The lack of boundaries and the coercive relationship the client had with her mother was re-enacted in our therapeutic dyad. I had serious concerns about her mental stability and agreed to her sending me texts between her sessions. The texts soon became voice messages and photos. Bringing the case to peer supervision, I realised that my fellow psychotherapists were struggling with very similar issues around boundaries with their most emotionally vulnerable clients.

At this point, Ms. Elysa was approached by head-hunters who connected her with a very prestigious cultural institution. A lengthy and elaborate process of application followed and at each step Ms. Elysa questioned her motivation for returning to her country. It was almost simultaneously that she had the news that

she was offered a prestigious job in her country and that she had also won a fellowship she had applied for some months previously, which would support her in pursuing her creative interests.

In the current global context of uncertainty, Ms. Elysa was less confident that she could find a job in London than before the lockdown. Her family and friends were extremely pleased with her obtaining this prestigious new position. She was fantasizing on how her return might bring resolution to the conflict with her father. On one hand, she loved the ocean and the fruits of her country's nature. But she was not quite convinced by her own rhetoric on the topic of how much she wanted to bring back to her country what she had learned in London. During the ten years she had spent in the UK (which represented one third of her life), Ms. Elysa had enjoyed the freedom, the anonymity and the high culture of the metropolis. She was used to the respect given to her private space, and the first encounters with her new job colleagues scandalised her because of the work culture and intrusion into her private time.

On intrapersonal and interpersonal levels there was a strong pull for Ms. Elysa towards return to her country. On the cultural level there were both pull and push factors. She signed the contract and was supposed to begin her work one month later. However, due to the lockdown in response to the COVID-19 pandemic the airports were still closed. At our final session at the end of July 2020 while she was in London, she let me know that she had a humanitarian flight booked to take her back to her country. She asked me to continue our work online, to which I agreed.

#### **4. Towards a conclusion**

For reasons of limited space in this article, it was only possible to present one clinical case. Here the effects of the COVID-19 pandemic and the vulnerability of being a migrant were exacerbated by a pre-existing mild mental health condition. The situation was resolved through a personal decision to return.

It is evident that in each individual's case of migration a particular combination of non-dynamic and dynamic factors explains the different outcomes of their migration processes.

Global mental health becomes even more relevant in times of global challenges like the current COVID-19 pandemic and the mass and large migration movements at present. Apart from the cases of forced migration and exile, migration is a voluntary process, but even then it is experienced as a rupture. Pandemics leave us no choice – we are all in it. However, we have a choice and the opportunity for making meaning and finding our way forward.

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1 The presented clinical material is anonymised and used with the consent of my client.

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