

Separation and Loss, Sadness and Survival: A Caribbean Legacy?

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The mental health of children and adolescents (and indeed of adults as well) is impacted negatively by separation from and loss of a loved one. The association between loss and depression is well known. In the Caribbean, issues around separation and loss seem central to child and adolescent psychopathology and a related array of psychosocial conditions that present for clinical intervention.

This paper is an exploration of the significant relationships between separation, loss, family structure, psychopathology and resilience. Using data from the psychiatric evaluation of children, adolescents and their families seen at the Child Guidance Clinic in Trinidad and Tobago, these relationships are explored and the possible transgenerational impact of loss is discussed.

The literature on migration - both in the social sciences and in psychiatry - has as its main focus the migrants and their move to new countries and occasionally those who return home.

There is some work on the phenomenon of re-union (Granville da Costa, 1985; Elaine Arnold, 1997) on how the children and parents re-unite and re-establish affective bonds. However, little has been written about the children who are left behind and how they fare during the time of separation, or indeed on the persons who take on the surrogate parent role.

Immigration is only one of the issues that will contribute to separation of parent, particularly mother, from child. The socio-cultural context of many Caribbean families suggests that separation of father from child is also a significant issue for many of our children. In the Caribbean families of the African Diaspora, family life is characterised by diffuse mating and child rearing patterns. There is a considerable body of research work on the issue of family formation and what the sociological literature calls 'child-shifting'. The early anthropological work of Clarke (1966) speaks of frequently terminated common-law unions, absent fathers, grand-mother dominated house-holds and situations in which children are placed in the care of relatives because of parental migration or entry into a new union. Chevannes (1993) has also suggested that the Afro-Caribbean family relationships move from being structurally unstable to structurally stable over the life course, and that the concept of family is neither residence nor domestic economy but rather consanguinity - or, as they say, 'blood'.

The psychological and mental health implications of complex family structures are even more difficult to evaluate when we examine child rearing, attachment and separation issues. One pertinent way of examining the issue of family structure is to ask the question "with whom does the child live?" It places the view of the family

structure in the context of the child's relationship with the adults and other household members. The possible types of family within which children live then becomes:

<p><i>MOTHER & FATHER +/- kin</i> <i>MOTHER ALONE</i> <i>MOTHER + MOTHER'S KIN</i> <i>MOTHER & STEPFATHER +/- children of this and / or their other unions</i> <i>FATHER ALONE</i> <i>FATHER + FATHER'S KIN</i> <i>FATHER + STEPMOTHER +/- children of this and/or their other unions</i> <i>GRANDPARENTS (maternal or paternal) alone or with other kin of grandparents</i> <i>OTHER RELATIVES</i> <i>UNRELATED CAREGIVERS</i></p>

In a study of African American children, Kellman et al. (1977) found that children living in mother and father families were at the lowest risk of psychological maladaptation and that children living with mother/grandmother did almost as well. Children living with mother alone were at highest risk and these rates were not significantly different for children living with mother and stepfather. To qualify, this was an USA inner city study of African American families so that 'mother alone' families represented a single parent who was frequently without a network of support. She was without a support system on which she could rely for emergency childcare, baby minding, financial help, or another adult with whom to communicate.

The mental health issues related to attachment, separation and loss are central to the psychopathology that may be associated with the specifics of Caribbean family forms. The enduring early emotional bonds have a significant impact on adjustment later on in one's life. Rutter & Rutter (1992) write: "It seems quite clear that attachment qualities in relationships are evident throughout life. This is shown by the consistent evidence that close relationships are psychologically supportive to all ages and that these losses constitute a severe stressor from infancy onward". The structural instability alluded to frequently, places children in situations in which they may experience serial losses of attachment figures. What I call 'serial parenting' children in these situations are often sad, at risk of depression, may succumb to aggressive impulses, have low self-esteem. These clinical manifestations are affected by the child's age, gender, temperament, personality and the influence of other psychosocial events.

Children moved from one caregiver to another are at great risk of impaired mental health. Their basis for forming relationships with others is patterned on the experience in the parent-child dyad "this person will leave me and not come back".

The treatment of children as communal 'property' perhaps originated under the conditions of slavery as a way of coping with deliberate separation of family members. Family members were separated from one another - parent from child, siblings from each other. This experience carries on as a psychological remnant from that time. Significantly, several Caribbean sociologists including Russell-Brown et al (1997) and Massiah (1982) note that Afro-Caribbean family forms, particularly in the lower social classes, have been remarkably unchanged in the 150 years since

emancipation. Unlike other areas of the society which have been clearly influenced and transformed by the economic, social and political changes of the passing years. 35% of households in the region are headed by females and in some individual countries it may approach 50%.

There may be powerful reasons why the *status quo* has been maintained over the years. Women of the Diaspora have used kinship networks in their survival strategies and in their struggle for autonomy and financial independence. Informal fostering or adoption of children by members of the kinship network is one of the strategies used by women, often women in poverty.

Russell-Brown et al (1997) in their study of 'child shifting' in teenage Barbadian mothers write: "it is an option that provides the necessary breathing space for a teen mother who has been prematurely thrust into the parenting role". Senior (1991) in her study of women's lives in the Caribbean writes of some of the reasons for children being 'shifted': "A childless woman might wish to mother a child and 'borrows' a child from someone else. Children are sent to be companions of ageing grandparents.... Children unwanted at home because of a new step-father might be sent away to live with a grandmother, an aunt or father's relatives...."

The majority of the studies on family formation and structure and on the reasons for the separation of child from parent have focused on the parental reasons and choices and on their sociological correlates. Very little has been written about the children in these contexts. In the main, these studies have not explored the psychological issues of the parent or the child.

It is interesting to go back historically and look at the situations in the pre-emancipation era. Since the records of slavery were usually the records of the slave master, not surprisingly most of the records are of numbers and costs and changes of ownership and so on. However, for the enslaved affective issues were very important and psychological mechanisms of defence were required for their survival. Perhaps as we seek to understand the psychosocial and socio-cultural roots of some behaviours we need specifically to address the affective issues that accompany them.

A rare insight into this area is afforded us by the words of Mary Prince, an Afro-Caribbean slave woman. She was born in Bermuda in about 1788, sold to the Turks and Caicos Islands and then carried to Antigua and finally Britain before being freed. She describes her experiences as a 12-year-old girl being sold from the home of her early childhood, separating her from her mother, her siblings and even from the mistress whose husband owned them: "Whilst she was putting on us the new 'osnaburgs' in which we were to be sold, she said in a sorrowful voice, (I shall never forget it) 'see I am shrouding my poor children'; what a task for a mother!"

She also describes the market-place where her mother lines herself and her sisters up along a wall... "My heart throbbed with grief and terror so violently that I pressed my hands quite tightly across my breast, but I could not keep it still, and it continued to leap as though it would burst out of my body. But who cared for that? Did one of the many bystanders, who were looking at us so carelessly think of the pain that wrung the hearts of the negro woman and her young ones... when the sale was over my mother hugged and kissed us and mourned over us, begging us to keep a good

heart and do our duty to our new masters. It was a sad parting one went one way, one another and our poor mammy went home with nothing”.

As we note the mother’s longing, sadness and pain, and the child’s fear, anxiety and sorrow, is it really any different for us now when we lose or are separated from a loved one? Not long after this separation, at age 13 or 14, Mary describes herself as follows: “Life was very weak in me, and I wished more than ever to die.”

Somehow, we have assumed that children can be safely shifted from household to household and from surrogate parent to surrogate parent at the convenience of the adult and often in the service of parental migration. Parental migration is often linked to poverty (now as in the 1950’s), unemployment and the structural adjustment policies in the Caribbean. The migration may be internal (rural to urban), or external (intra and extra-regionally). The most recent migration from the Caribbean has involved unskilled domestic workers and skilled personnel (nurses and teachers) mostly female. Women who leave behind children to send for later. The children are often left without emotional preparation for the impending separation. Children are placed in the care of aunts, grandmothers, older siblings, fathers. Fathers then frequently solicit the help of their female relatives for childcare. The effects of the separation and loss of a parent can be catastrophic. Depending on the situation the children may be so impaired that serious psychological consequences ensue. Children become depressed. Their ability to experience and express emotion healthily is impaired. The loss may affect the very formation of conscience and the development of empathy. Without these skills, children may not learn to postpone gratification, to be able to envision the consequences of their actions in the long-term.

Issues of separation from and loss of a parent is a major psychosocial stressor for large numbers of children presented at the Child Guidance Clinic. Of all the children seen in 1998 and 1999 at this child and adolescent psychiatry clinic, 48.2% (n = 582) had experienced a significant loss or separation from a parent:
Parental separation and divorce 31%. Migration 11%. Bereavement 6.2%.

Lisa and her Family¹

Lisa, age 10, was referred as a case of suspected child sexual abuse. Her sister and guardian, 25-year-old Joanna, brought Lisa for the evaluation and the following history emerged:

Lisa’s parents, Mr and Mrs J., had both migrated to the USA (her father first, followed by her mother). The parents’ marriage had broken down and they separated shortly after they had arrived in the USA and mother was struggling financially. Mr. J. had sent for his second and third daughters, but had refused to sponsor Joanna because he was angry with her. The anger was based on confrontations she had with him over his heavy drinking and abusive treatment of her mother when the family lived together in Trinidad.

¹ Names and details have been changed so as to preserve confidentiality.

Mother had left Joanna, age 23 at the time, to care for her two youngest daughters Lisa (age 8) and Keisha (age 14). Joanna sought psychological help for her sister following the incident with Lisa at school; it led to the disclosure of her sexual abuse by a man living nearby. The abuse had started before Mrs. J had migrated. Keisha too disclosed that she had been sexually abused by a family member.

Joanne, now 25, was thrust into confronting issues that many older and more mature individuals would have had difficulty managing well. She had to quit her job to take up the responsibility of dealing with both Lisa and Keisha's problems; she was often overwhelmed by the adolescent defiance of Keisha to her rather rigid style of parenting (the age difference between them was only nine years).

It soon became clear that Joanna was angry and overwhelmed by the responsibilities of caring for an adolescent family that had serious psychological problems and was losing out on her own development and was clinically depressed. Their mother, Mrs. J, would send financial support, but Lisa and Keisha were missing her and wanting to see her. Keisha started to act out, staying out overnight and lying about her whereabouts, cutting classes to hang out with friends of whom Joanna didn't approve. Lisa's academic performance was poor and much below the level expected for a child of her IQ. Lisa presented some symptoms of anxiety depression and Keisha had symptoms of conduct disorder with depression as well.

Clinical intervention with this family was long-term and intensive. Joanna needed her own therapeutic process that included psychotherapy and psycho-pharmacological treatment to address her issues of loss and depression. This included the loss of her youth as she was thrust into the surrogate mother role. There was the issue of the poor relationship with her father and his hostility to her. There was also her deep sense of responsibility for the care and safety of her siblings and the anxiety that she would not be able to protect them from further abuse, particularly in the context of Keisha's high risk behaviour. Joanna had considerable strengths, was intelligent and motivated, with a sound value system, and she had a stable loving relationship with her boyfriend.

Lisa and Keisha also needed therapeutic work to deal, *inter alia*, with the issues of sexual abuse as well as the separation from mother and father, and father's further estrangement from the family with the divorce from their mother. Mrs. J was able to come to see her daughters about a year after the initial referral.

Three years later, following 18 months of clinical psychiatric intervention with this family, Lisa is in secondary school and is doing well. Mrs. J's sister, a mature woman, has taken Lisa to live with her and she spends weekends and the school holidays with Joanna. She still longs to join her mother. Keisha finished school but did not get good CXC results; she did a vocational training course and came out top of her class and immediately got work. However, she continued to have conflicts with
Joanna and t

hen quit her job. Keisha has left home to live with two other girls and has not maintained contact with her aunt or siblings. Joanna and her fiancé have married, she is working and her depression is resolved.

Therapeutic work with these types of families includes finding ways to help them accept and deal with the pain of separation. They can acknowledge the loss and heal the hurt, celebrate strength, and learn to change, love and work.

Patterns of family formation and structure in the Caribbean have been consistent for the past 150 years. Many of these patterns, whatever their antecedent causes, are not serving us well, neither in the Caribbean nor in the Caribbean Diaspora in the UK, USA or Canada. Regardless of the origin or historical functions of these behaviours, the challenge facing us is to find ways to change these culturally influenced patterns of behaviour towards children that endanger their mental health. We need to change these child-rearing practices that are the antecedents of conduct disorders and depression. The practices that may lead to early sexual activity and/or the use of psychotropic drugs which attract young people in search of comfort. The harshness and severity of such practices needs to be identified and addressed. Conferences such as the present one that bring together multidisciplinary groups who explore the psychological impact of separation, loss and reunion, are very important to share the insights and to advocate for change. I thank you for this opportunity to learn and participate in this important conference.²

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