

# MIGRATION, TRAUMA AND MENTAL ILLNESS

## Implications for language learning

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The number of international migrants (people living outside their country of birth) reached 258 million in 2017. That is more than 3% of the earth's population (United Nations General Assembly International Migration and Development, 2018). Who are these 258 million? How and why have they left their homelands behind? Did they depart for faraway places voluntarily or under duress? North(ern) America has been host to 22% of those international migrants, meaning that as many as 56 million people have had to learn—or are still learning—English when settling into their new lives in Canada or the U.S.

At this point, it would be good to remind ourselves that many of the migrants who have arrived on North American shores, have come as displaced people, that is to say that they have left their homelands reluctantly or by force—likely even hoping to return when conditions in their country of birth improve. Indeed according to the United Nations High Commissioner for Refugees, over 67 million of the earth's inhabitants fall within their categories of refugees, asylum seekers, internally displaced or stateless people (UNHCR, 2017). How different must their language learning experience be when compared to that of immigrants who leave their homelands eagerly—in pursuit of new business or educational opportunities?

It is critical that this distinction is clear to all of us involved in language instruction. Involuntary migrants are in a state of limbo and may in fact even be non-committal with respect to learning the language of the receiving country due to a deep seated expectation that they will return “home” before too long. Furthermore, any proclivity or aptitude for language learning may well be trumped by the upheaval and instability associated with involuntary migration. Contrast that with economic migrants eager to improve their English and, by extension, their prospects for social and professional upward mobility within the new culture. Clearly there are vast differences between these two groups (involuntary and voluntary migrants) with respect to the accessibility of language classes, the degree of motivation for language learning, and the state of mind/ability to learn.

Second language acquisition theory encompasses variability in language learning success based on cognitive, personal, motivational, demographic and social-psychological factors that privilege some learners over others. Larsen-Freeman and Long (1991) combed the research to identify a number of variables which have been shown to improve an individual's ability to learn a language beyond his/her first language. They found that learners who

have integrative motivations (e.g., voluntary immigrants or those marrying into a different culture) tend to be the most successful language learners. They also noted that extroverts and individuals with high self-esteem make excellent oral language learners. These are not traits normally exhibited by people forced to leave their homes due to persecution, starvation or military conflict; and since increased language proficiency is linked to increased “life chances”, the gap between the two migrant groups (involuntary and voluntary) widens on this front as well (Banerjee & Verma, 2012).

In recent years, I have been involved in research projects that focused on the English language learning experiences of marginalized people in Canada, and have come face-to-face time and again with the hard reality that language learning is not a level playing field. One project that I am currently working on (along with fellow UOIT researchers Dr. Jia Li, Jennifer Allore and Zahra Harbi) explores the impact of trauma (associated with seeking refuge in a new country) upon one’s ability to study and learn English. When describing the loneliness she feels living in Canada and being separated from her family members in Syria, one woman said “When you’re alone, it’s not a life”. Another participant, a refugee from Myanmar described his experience in a camp in Thailand while waiting to be sponsored to come to Canada: “I feel like I’m a stateless person. We don’t have any identity or ID. We cannot go outside. If we go outside, they arrest us.”

Through their powerful and compelling stories, I learned that even specific types of refugee sponsorships seem to privilege some over others when it comes to opportunities for language learning. For example government-assisted refugees have all costs associated with resettlement entirely covered for one year (e.g. accommodation, food, clothing) freeing them up to undertake intensive language classes to enhance their employment opportunities. The level of assistance provided to privately sponsored refugees can vary considerably depending upon the means available to the sponsoring faith or community-based sponsor. Furthermore privately sponsored refugees tend to feel obliged to become financially independent sooner than those who are funded by the government, perhaps because they view their sponsors as collectives consisting of individuals, rather than as an institution. Typically they quickly look for unskilled labour jobs (requiring minimal English) in order to be able to pay the bills and make ends meet. This then perpetuates their alienation from Canadian culture, locking them into low paying jobs (often shift-work) with few opportunities to learn/improve their communication skills in English.

When migrant parents have limited opportunities to learn English, the children often become their parents’ link to resources such as health care, education and social networks. Castañeda (1996) in her poignant work entitled “Language and other Lethal Weapons” describes how a Spanish-speaking child from a Latin American immigrant family was required to translate her mother’s symptoms for a doctor.

How does a seven year old girl, not yet in the second grade, translate the life and death words “atora”, “suffocate”, “resollar”, “panic”? How does she explain and interpret words she does not yet know in either language, while knowing at the same time that her mother’s life sits on her tongue and what she does with the words given her? (p.202)

Castaneda goes on to demand “What cultural rites are these in which children become adults long before puberty?” Indeed the practice of using children as cultural and linguistic brokers can be a matter of survival for marginalized migrants. Children, attending elementary school and immersed in English through their classes, friendships and screen time, easily outpace their parents in acquiring the new language. The parents, whose more limited access to native speakers and preoccupation with providing the family’s basic needs, come to rely on their children for assistance with navigating the new cultural and linguistic landscape. This is a source of concern for multiple reasons. The legacy of teaching English subtractively in schools (encouraging children to replace their mother tongues with English) has resulted in generations of children who, having not continued to develop their mother tongue, are less and less able to communicate meaningfully with their parents, let alone serve as interpreters.

Take for example Richard Rodriguez, whose 1983 memoir, “Hunger of Memory”, has become a Hispanic-American classic. Rodriguez’s painful account of his childhood shift from Spanish to English is a heart-wrenching story of loss. In an earlier work (1981), Rodriguez describes the impact of his language shift on his Mexican-American family as a painful tale of loss and grief.

There was a new silence at home. As we children learned more and more English, we shared fewer and fewer words with our parents. Sentences needed to be spoken slowly when one of us addressed our mother or father. Often the parent wouldn’t understand. The child would need to repeat himself. Still the parent misunderstood. The young voice, frustrated, would end up saying, “Never mind” – the subject was closed. Dinners would be noisy with the clinking of knives and forks against dishes. My mother would smile softly between her remarks; my father, at the other end of the table, would chew his food while he stared over the heads of his children. My mother! My father! After English became my primary language, I no longer knew what words to use in addressing my parents. The old Spanish words (those tender accents of sound) I had earlier used – mamá and papá – I couldn’t use anymore. They would have been all-too-painful reminders of how much had changed in my life. (p. 32)

Leaving aside the undue burden placed on children to serve as interpreters for parents, and their diminishing ability to do so, as English replaces their mother tongues, let’s revisit for a minute, the age-appropriateness of a child serving in this role. In an earlier research project (Eamer, 2008) in which I interviewed three generations of a Korean-Canadian family, I heard a story that resembled the one that Castañeda described. The patriarch told of his hospitalized wife being asked by a nurse if she had “voided” yet. Unable to understand, his wife turned to her young children, who were visiting her in her hospital room, for help. The children, unfamiliar with the term “voided” stared blankly. It was only after the nurse said “Did your mom pee-pee today?” that they were able to turn to their mother and translate the nurse’s question.

I have seen teachers ask children to translate their own progress concerns to their parents at parent-teacher interviews. I have seen a child whose mother was being admitted for surgery, being asked by the admitting department staff if her mother had any metal implants. This worrisome tendency to adultify young children in the name of communicating important information to their parents reflects poorly on our society's ability to support English language learning for immigrant adults. While some government-sponsored classes offer free childcare for parents learning English, not all immigrants are entitled to this opportunity, and few can maintain formal learning while holding down jobs. It is past time for us to think outside the box and develop creative strategies for workplace language classes facilitated by employers through providing funding as well as time and space during work hours for volunteers, interns or others on practicum placements to offer language learning opportunities.

Another project that I have been part of considered the experiences of immigrants with psychiatric disabilities who were studying English in education programs located within psychiatric facilities across the country (Eamer, Fernando & King, 2017). In some cases these were young adults who had accompanied their parents to Canada as teenagers, and had subsequently developed mental illness. In other cases the patients were people who had immigrated as adults, and who had later been hospitalized for mental illness, making it challenging for them to learn English through community classes. Being able to navigate the health system, interact with their medical teams, and study in the hospital-based education programs—all with limited proficiency in English—is no small feat. Furthermore, in my interviews with them, I routinely heard them describe the impacts of their medication (the names of which, even as I as a native speaker could barely pronounce) upon their ability to learn in the hospital ESL classes. The drugs rendered them sleepy and often stole their acculturation ambitions along with their energy levels. One young man, hospitalized after being deemed not criminally responsible for an illegal act he had committed, told me that he intended to purposefully forget English once released because he planned to return to his native country as soon as he possibly could. How realistic his dream of going back “home” was, I cannot say.

Under even the most ideal circumstances there are mental health challenges associated with migration, even for those who voluntarily leave their countries behind in search of a better life. Pre-migration stressors include leaving behind family, belongings, and emotional supports. Upon arrival, newcomers experience stresses associated with finding employment, and learning a new language; and even after an extended period of living in a new homeland, immigrants have stresses related to experiencing discrimination and navigating inter-generational tensions within the family. For those immigrants with psychiatric disabilities, the experience of migration can exacerbate the illness and further isolate them in their new settings (Pumariega et al., 2005; Jafari et al., 2010). Research has shown that some of the most highly reported mediators against stress and depression are: access to psychological and social supports (Srirangson et al., 2013; Hovey & Magana, 2000), increased contact with members of the receiving culture (Jasinskaja-Lahti et al.,

2006), feeling accepted (Fazel et al., 2012; Guzder et al., 2011) and establishing friendships in the receiving culture (Vega et al., 1987).

Being able to communicate in the language of the receiving culture is a key component of all of the mediating factors listed above, and yet it is often logically very challenging for migrants. In the absence of equity in terms of access, motivation (integration vs ambivalence) and wellness, clearly some newcomers will be at a disadvantage with respect to acquiring the level of language proficiency necessary to successfully and efficiently acculturate.

We would do well to remember the distinction between learning a language for purposes of gaining an asset (because of its instrumental or high culture function) and learning a language for survival. Cortès-Conde and Boxer (2002) refer to the former as the *bilingualism of the elites* which conjures up images of well-heeled people of European ancestry learning a ‘language of diplomacy’ (which would, of course, also be a language associated with colonialism), or images of upper-middle class parents enrolling children in Mandarin classes to ensure their success in business school down the road. That sort of language learning is not typically associated with anxiety and stress. The same cannot be said for those learning a language for survival purposes. Known as the affective filter, anxiety, stress and other negative emotions have been shown to impede the language learning process (Krashen, 1982).

The filter derails comprehensible input, thereby limiting the linguistic gains that can be made by the learner. Individuals, such as involuntary migrants and people living with mental illness, typically have significant affective filters which, the research shows, results in seeking fewer opportunities to engage with others in the new language. Even when interactions do occur, the benefits to the learner are obstructed by the forces of anxiety and stress.

Any consideration of inequities related to the teaching and learning of English must include a focus on the life circumstances of the learner including factors related to migration, resettlement and wellness. Each of these factors has implications for one’s motivation, access and ability to learn a language, which in turn has implications for language teachers and policy makers. Hence, both the front line workers (language teachers and settlement counsellors) and those more distant from the front line (teacher educators and politicians) have a role to play in ensuring an equitable, creative, and sensitive approach to providing language programs that meet the needs of all of our newcomers.

## References

- Banerjee, R. & Verma, A. (2012). Post-migration education among recent adult immigrants to Canada. *Journal of International Migration & Integration*, 13(1), 59–82.
- Castañeda, A. (1996). Language and other lethal weapons: Cultural politics and the rites of children as translators of culture. In A. Gordon & C. Newfield (Eds.), *Mapping multiculturalism* (pp. 20–14). Minneapolis: University of Minnesota Press.
- Cortés-Conde, F. & Boxer, D. (2002). Bilingual word-play in literary discourse: The creation of relational identity. *Language and Literature*, 11(2), 137–151.
- Eamer (2008). *Language, Culture and Identity: Three Generations of Three Immigrant Families in Toronto*. Doctoral Dissertation, York University.
- Eamer, A., Fernando, S., & King, A. (2017). Still on the margins: Migration, English language learning and mental health in immigrant psychiatric patients. *Diaspora, Indigenous and Minority Education*, 11(4), 190–202, <https://doi.org/10.1080/15595692.2017.1289918>.
- Fazel, M., Reed, R.V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379, 266–282.
- Guzder, J., Hassan, G., Kirmayer, L.J., Munoz, M., Narasiah, L., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ*, 183(12), 959–967.
- Hovey, J. D. & Magana, C. (2000). Acculturative stress, anxiety, and depression among Mexican immigrant farmworker in the Midwest United States. *Journal of Immigrant Health*, 2(3), 119–131.
- Jafari, S., Baharlou, S., & Mathias, R. (2010). Knowledge of determinants of mental health among Iranian immigrants of BC, Canada: A qualitative study. *Journal of Immigrant and Minority Health*, 12, 100–106. <https://doi.org/10.1007/s10903-008-9130-x>.
- Jasinskaja-Lahti, I., Liebkind, K., Jaakkola, M., & Reuter, A. (2006). Perceived discrimination, social support networks, and psychological well-being among three immigrant groups. *Journal of Cross Cultural Psychology*, 37(3), 293–311.
- Krashen, S. (1982). *Principles and practice in second language acquisition*. Long Beach, CA: Pergamon Press, California State University at Long Beach.
- Larsen-Freeman, D. & Long, M. (1991). *An introduction to second language acquisition research*. London: Longman.
- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41(5), 581–597. <https://doi.org/10.1007/s10597-005-6363-1>.
- Rodriguez, R. (1981). Aria: A memoir of a bilingual childhood. *The American Scholar*, 50, 25–42.
- Rodriguez, R. (1983). *Hunger of memory: The education of Richard Rodriguez: An autobiography*. New York: Bantam Books.
- Srirangson, A., Thavorn, K., Moon, M., & Noh, S. (2013). Mental health problems in Thai immigrants in Toronto, Canada. *International Journal of Culture and Mental Health*, 6(2), 156–169.
- UNHCR (2017). *UNHCR Statistical Yearbook 2016*. Geneva: United Nations High Commissioner for Refugees.
- United Nations General Assembly International Migration and Development (2018). *Report of the Secretary-General (August 1, 2018)*. Retrieved from <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N18/246/56/PDF/N1824656.pdf?OpenElement>
- Vega, W.A., Kolody, B., & Valle, J.R. (1987). Migration and mental health: An empirical test of depression risk factors among immigrant Mexican women. *International Migration Review*, 1(3), 512–530.

## Author Bio



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