

# On the concept of vulnerability, identity and nostalgia affecting the immigrational experience

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**T**his paper focuses on the vicissitudes affecting the immigrational experience of Greeks in the United States. It is based on observations and insights emanating from psychotherapeutic work with Greek immigrants at the Transcultural Center of Human Relations in Chicago. These immigrants presented with specific symptomatologies including anxiety, depression, psychophysiological manifestations and gross stress reactions sometimes culminating in transient psychotic episodes necessitating brief psychiatric hospitalization. This study proposes to elucidate the dynamic factors leading to specific psychopathologies observed including the feeling of increased vulnerability and helplessness felt by the immigrant in the new cultural environment in the host country along with feelings of alienation, the shattering of the sense of identity and the ensuing nostalgia motivating the quest to return to the homeland. The study also describes the treatment approaches including the psychotherapeutic interactions required to bring about significant operational changes to provide symptomatologic relief and stabilization towards an improved adaptation to the current life's circumstances. The presented three ongoing cases in point dramatically portray the intensity and complexity of the actual experiences of these immigrants and their response to the applicable therapeutic modalities.

**Key words:** Immigrational experience, stress, transcultural adaptation, nostalgia, Greeks in the United States.

## Introduction

While the vast numbers of immigrants from foreign countries, including Greeks, eventually adjust and assimilate in the host country utilizing their resources to their advantage for their adaptation and success, there is a large number of cases of immigrants who experience failure in their adaptive process in the

host country, indeed, many of them with feelings of psychological malaise associated with psychiatric symptomatologies requiring treatment.

Historically, the issue of the vicissitudes affecting the immigrational experience of Greeks in the United States has been explored over the past several years in a number of papers originating from the experiences

and insights emanating from work with Greek immigrants at the Transcultural Center of Human Relations in Chicago.<sup>1-3</sup> To wit, a paper describing the "Persephone syndrome" representing a study of the conflict in the adaptive process in married Greek female immigrants in the United States addresses the failure of the adaptive process to the new cultural environment resulting from the lack of resolution of strong bonds of these women to their mothers left behind in Greece.<sup>1</sup> Likewise, papers that followed addressed other aspects of this issue. Notably a paper titled "Group psychotherapy with Greek immigrants" further addresses this issue exploring the nature of the presenting conditions and of specific symptomatology including anxiety, depression, psychophysiological manifestations and gross stress reactions sometimes culminating in transient psychotic episodes necessitating brief psychiatric hospitalization.<sup>2</sup> It also refers to the applicable treatment modalities including individual, family and group psychotherapies on a long term basis.<sup>3</sup>

### The immigrational experience

The present study proposes to further elucidate the dynamic factors leading to the development of the specific psychopathologies observed. Thus, the confusion about identity and role experienced by the immigrant upon his arrival in the host country, the sense of increased vulnerability and helplessness felt in the unfamiliar cultural environment along with the sense of alienation from the familiar environment and the trusted interpersonal bonds in the home country stimulate the feelings of nostalgia motivating the quest to return to the homeland.<sup>6,8</sup> Specifically, an individual feeling relatively secure in the familiar home environment where he has learned to deal with the particular situations encountered in his life and where he is capable of communicating in his native language, may feel totally dislodged and "lost" in the host country often not being able to effectively communicate with key persons in the new environment with resulting loss of the sense of security and feelings of increased vulnerability. This may generate anxiety often leading to depression in the so predisposed person. There is a tendency for the person to feel isolated, rejected or discriminated against. In turn, the person tends to reject the new cultural environment perceived as alien or threatening (Greeks in the US are notoriously scared of the "black" people), not making the effort to adjust and unconsciously resisting learning the new language.<sup>6</sup> There is a pervasive sense of generalized

malaise and dissatisfaction with longing for that which is missing, that which has been familiar and nurturing in the home country, which now tends to be idealized.<sup>8</sup>

Similar feelings may be experienced sometimes more strongly even under different circumstances: Soldiers who become separated from their units during warfare in a foreign country, away from home. Travelers who become ill and get hospitalized in a foreign country, or the ones that find themselves imprisoned in a foreign country. Along with the feelings of alienation and helplessness they feel angry and vulnerable. Their sense of identity is shattered and somewhere along the line they become nostalgic of the familiar home environment.<sup>8</sup>

Specifically, the feelings of vulnerability imply perceived or impending trauma. Likewise, the shattering of the identity, that is, the sense of "who I was?" versus "who I am now?" and what kind of role am I to play, also implies psychological trauma: Imagine the chaotic environment at the Ellis Island of yesteryear where immigrants originating in many countries of the world were being herded in crowded halls to be "processed" often becoming quarantined for extended periods of time, if the circumstances required it and where family names which were difficult to pronounce were summarily and arbitrarily changed to be simplified and "americanized" for the sake of bureaucratic expediency.

Imagine the experience of a young woman, often a virgin, who comes to this country to become the "bride" of a husband she has never met, often much older than her and often misrepresented in the letters leading to an arranged marriage, plus the rigors of an eventual motherhood without her being psychologically prepared for these roles to be performed under the most adverse of circumstances.

Imagine the sense of vulnerability that these experiences generate and the ensuing remedial nostalgia, a quest to return home, to an earlier childhood experience, in fantasy or in a dream, like the Homeric Odysseus, chased by adversity and struggling to return to Ithaca.

### Discussion

Now about the nostalgia: Indeed, the rich Hellenic mythology reflects the feeling of nostalgia in the experiences and the travails of the heroes.<sup>9</sup> However, in this case we are talking about the nostalgia felt by the immigrant finding himself in the strange land. The

poets and the writers describe a peculiar dysphoria experienced by the immigrant when away from the motherland, an angst of separation, a pervasive yearning to return to the homeland and reunite with their kin. With vivid images and romantic expressions they describe how they miss the physical beauty of Greece, the familiar environment and warmth of the people. On the contrary the host country is portrayed as desolate, cold, heartless and bleak. Nostalgia to the Greek mind is closely associated with the word "Xenitia", a characteristically Greek word which means the experience of living in a country away from the homeland.

Incidentally, the word Xenos is a somewhat paradoxical Greek word meaning either the stranger who may be hostile or a guest who is perceived as friendly and may be invited or it may mean that a stranger should be treated as a guest since he is under the protection of Xenios Zeus. Incidentally the word Xenos is adopted into the English language as a component to a host of English words including the word "Xenophobic". Thus, according to the simplistic Greek view the earth is divided into the fatherland "patroa gee" and the rest of the world which is the strange land "xenee" hence Xenitia. Xenitia is still perceived as a curse which magically leads to illness. Hence the common expression... "He was consumed by the black Xenitia," since Xenitia is invariably seen as black, the color of sorrow and of mourning.

Of the large number of people treated at the Transcultural Center of Human Relations many are still in treatment in my current practice. Instead of offering cold statistics who would fail to present the drama of the experiences involved, I selected three cases to highlight the issues discussed.

### **Case 1**

DI is currently a 64 years old woman who was referred by her personal physician when she was 50 years old and treated for major depression. She was born in one of the Greek islands and moved to Athens at the age of six. She had a traumatic childhood experience. Her parents divorced when she was three. Her father is said to have wasted the family fortune gambling and did not care for his children. She was raised by her mother, who eventually became a night club singer. Her mother committed suicide when the patient was 14. She was then put in an orphanage. She had a brother who reportedly was an irresponsible person who exploited and rejected her. She immigrated to Chicago following her marriage to an American man

at the age of 25. This marriage was followed by four more marriages, all childless, the last one to a man who was much younger than her, an epileptic who was dependent upon his mother. This last marriage was grossly maladaptive and ended in a friendly divorce while both spouses were in treatment. Her first psychiatric hospitalization occurred shortly after her immigration and she was treated for severe depression preceded by a manic episode, when she reportedly lost control while working as a waitress. ECT was reportedly administered during this hospitalization. Six years later she was re-hospitalized in another city following a suicidal attempt after being abused by the third husband. During this hospitalization she suffered a cardiac arrest and had a tracheostomy. She also was treated for several physical conditions and had repeated abdominal surgeries. Later on she contracted Legionaire's disease from which she nearly died, but survived after she was given another tracheostomy. The patient was severely depressed when she was referred, becoming socially isolated, withdrawn and mistrustful of people. She suffered from social fears and feeling exploited by her husbands, as well as, people who befriended her. She felt very vulnerable and could not use public transportation as a result of her fears. Although formerly religious she was disenchanted with the church after allegedly being approached by a priest with amorous intents.

The person responded very well to long term psychotherapeutic treatment in the office, focusing on her traumatic pre-immigrational experience, as well as her experiences and traumatic events following immigration that included the burning down of her apartment in 1992. Her bipolar disorder is currently stabilized under an appropriate psychopharmacologic regimen to which she has responded very well, being currently asymptomatic and living comfortably by herself in an apartment. In her spare time she is writing worthy poetry with themes reflective of her past traumatic experiences which are publishable. As of recently she is also comfortably participating in the activities in a senior citizens center in her neighborhood. However, she is still experiencing periodic anxiety outbursts, sleep disturbances with bad dreams and nightmares and she is still feeling very vulnerable when involved with strangers.

### **Case 2**

HW is currently a 50 years old man who was initially referred to me when he has 40 years old who presented with extensive somatizations in the

form of somatic complaints necessitating repeated hospitalizations often with failure to conclusively diagnose a specific physical disorder. The patient was born and raised in one of the Greek islands to age 11 at which time he moved to Athens with his family. He immigrated to Chicago in 1984 after he came to visit a prospective wife, a Greek American woman, now 46 years old and a practicing attorney. They have two children now teenagers. The patient was working for a company as a technician but he got himself involved in ancillary businesses with partners, which resulted in legal problems. From the beginning of his immigration, Mr W felt a strong urge to visit Greece and his island at frequent intervals, alone or with his family staying for prolonged periods. Although an athletic person actively playing soccer he experienced physical and psychological malaise with periodic exacerbation of depressive symptoms. He responded well to psychotherapeutic treatment including conjoint sessions with his wife, who also presented with depressive symptomatology and is also being treated for depression. He interrupted his therapy in 1997 after he felt well and resumed playing soccer. Therapy was restarted in October 2003 when he again felt depressed manifesting various somatic complaints including fainting spells that resulted in a brief hospitalization with the findings being inconclusive. He felt himself victimized through exposure to asbestos at the place of his business. He felt vulnerable and persecuted with regards to his legal problems. Although devoted to his family he is unable to relate closely to his wife and children remaining aloof and unaffectionate. He responded well to the resumption of his psychotherapy with a current relatively asymptomatic status, however, he still feels victimized, harassed and vulnerable living in Chicago; perceived as "foreign country".

### **Case 3**

QS is currently a 56 years old married woman. She was first referred to me in March of 2001 following previous psychiatric treatment for severe depression culminating in vicious, repeated and highly dramatic suicidal attempts, like for instance, taking an overdose of medication and hiding in an abandoned railroad car. The patient was born in a rural community in Southern Greece, being the middle child and having two sisters. When she was an infant she was shipped off to another town to be raised by the maternal grandmother whom she recognized as her mother. She recalls having suffered severe anguish when she

was forced to separate from her maternal grandmother to resume living with her parents and her two sisters at the age of six. She further recalls that as a child she felt estranged and sad, often crying and thinking of going to the railroad tracks to get her self killed by a passing train. She claims that at the time she doubted her family origins and thought she might be the daughter of the maternal grandmother. Mrs S was raised by her natural parents after the age of 6. She recalls her father being a strict authoritarian of whom she was morbidly afraid. The patient was forced to marry at the age of 19, with the marriage being arranged by her father, to a Greek American man who was 11 years her senior and whom she had never met before, passively submitting to her father's will. She immigrated to Chicago with her husband immediately after their marriage and initially lived with her rejecting in-laws. The patient felt emotionally "numb" finding herself in a strange country without trusted relatives or friends. Soon after her arrival she became pregnant. She gave birth to five children in successive pregnancies, while at the same time she was forced to work in her husband's restaurant while raising her children; four sons and one daughter. When the daughter was two and a half years old she was hit by a car being severely injured while the patient was at work. The daughter now 19 is incapacitated with multiple mental and physical impairments and dependent on the patient who feels grievously guilty about the daughter's injuries and resulting incapacities, being very devoted to her daughter. Her now adult sons still remain dependent on their father working in his business and experiencing problems in their relationship to the father putting the patient in the middle. The patient also experienced disappointment at the marriages and the eventual divorces of two of her sons whose spouses were non Greek, "foreigners". It is noteworthy, that five years prior to her last hospitalization the patient experienced a period of emotional excitement culminating in her impulsively taking a sizeable amount of money from her husband's business spending it lavishly on buying gifts for her relatives in Greece. Shortly after her referral in the height of her depression the patient hid herself in the trunk of the husband's car and proceeded viciously stabbing herself in the abdomen while the husband and the sons were driving around in the same car desperately looking for her. The patient then was hospitalized to the Evanston Hospital of the Northwestern University Medical School and treated for this most severe depressive episode with the treatment including ECT. Following

discharge she continued her psychotherapeutic treatment augmented by psychotropic medications with her condition progressively improving towards stabilization and with the husband now effectively participating in conjoint therapy sessions. During these sessions the patient vividly recalls her feeling vulnerable and "scared" upon arrival to this country and about being confused and perplexed in her subsequent experiences as a wife and mother. She continues to feel a strong sense of nostalgia feeling compelled to go on annual pilgrimages for protracted periods of time to her home town in Greece, accompanied by the daughter, joining her physical mother and a surviving sister and visiting the grave of the beloved maternal grandmother, mostly without the husband.

### Conclusions

The above cases will provide us with an idea of the high drama in the lives of the immigrants depicted and of the intensity and complexity of the psychotherapeutic interactions required to bring about significant operational changes to provide symptomatologic relief and stabilization towards an improved adaptation to the current life's circumstances and a better quality of life.

Again, it should be noted that failures in the immigrational experience in combination with particular psychiatric symptomatologies presented, would also depend on psychopathologies and predispositions preceding the immigrational experience.

## Επί της έννοιας των συναισθημάτων της ευαλωτότητας, του κατακερματισμού της αίσθησης της ταυτότητας και της νοσταλγίας που επηρεάζουν τη μεταναστευτική εμπειρία

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Η εργασία αυτή εστιάζει στη μεταναστευτική εμπειρία των Ελλήνων στις ΗΠΑ. Βασίζεται σε παρατηρήσεις και εναισθησίες προερχόμενες από ψυχοθεραπευτική εργασία με Έλληνες μετανάστες στο Διαπολιτισμικό Κέντρο Ανθρωπίνων Σχέσεων στο Σικάγο. Συχνά οι μετανάστες προσέρχονταν με άγχος, κατάθλιψη, ψυχοφυσιολογικά συμπτώματα και αντιδράσεις σε τραυματικό stress, οι οποίες μερικές φορές κορυφώνονταν σε παροδικά ψυχωσικά επεισόδια, που απαιτούσαν βραχεία νοσηλεία. Η παρούσα μελέτη προσπαθεί να αποσαφηνίσει τους δυναμικούς παράγοντες που ευθύνονται για τις συγκεκριμένες ψυχοπαθολογίες, συμπεριλαμβανομένων των συναισθημάτων ευαλωτότητας και αβοηθησίας εκ μέρους του μετανάστη στο πολιτισμικό περιβάλλον της νέας χώρας, μαζί με συναισθήματα αποξένωσης, κατακερματισμού της αίσθησης της ταυτότητας και την επακόλουθη νοσταλγία, που κινητοποιεί το μετανάστη να επιστρέψει στη χώρα του. Η εργασία περιγράφει επίσης τις θεραπευτικές παρεμβάσεις, συμπεριλαμβανομένων των ψυχοθεραπευτικών αλληλεπιδράσεων, που συμβάλλουν ώστε να υποχωρήσουν τα συμπτώματα και να επιτευχθεί η απαιτούμενη σταθερότητα, προκειμένου να βελτιωθεί η προσαρμογή στις τρέχουσες συνθήκες ζωής.

**Λέξεις ευρετηρίου:** Μετανάστευση, stress, διαπολιτισμική προσαρμογή, νοσταλγία, Έλληνες στις Ηνωμένες Πολιτείες.

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