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Broken Dreams—Balancing Self and Family Well-Being: The Experiences of Women Immigrants to Hamilton, ON

Mirna Carranza

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Abstract

This chapter presents the preliminary analysis of a study conducted in Hamilton, ON. It explores the intersection of women's immigration, integration and mental health. Their perceptions of what is needed from them in relation to the various challenges/changes that moving to a new country entails is a particular focus of this research. To begin with, the term "women immigrant" (WI) is used, rather than immigrant women as commonly used—as the participants were women long before they became immigrants. Indeed immigration is one of their many experiences and it is a significant marker in their lives, but it does not define their identity.

Keywords: women's immigration, mental health, integration, immigrant experience, gender differences

1. Introduction

In Canada, international migration continues to be the primary engine driving its population growth. Currently, immigrants constitute 19.8% of the total Canadian population, the highest proportion in over 60 years [1]. With each wave of immigration, the proportion of women migrants to Canada continues to rise. Women now account for 52% (2.6 million) of international migration to Canada [1]. The feminization of migration, that is, the gradual increase of females in international migration has brought attention to the gendered aspects of immigration; that is, women immigrants' acculturation processes differ from men [1]. However, specific knowledge of how gender permeates acculturation is in its infancy [2]. Emerging research is beginning to shed light in such complex processes [3]. Thus this essay seeks to contribute to this discussion.

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Canada is known for its policy of multiculturalism that emphasizes inclusion, however, the latter is perceived by many as illusions [4]; and, limited to symbolic messages in our government offices and institutions as well as the waiting rooms of non-government organizations (NGO) serving the public. Nevertheless, we must acknowledge the fact that Canada is one of the few countries in the G20 that allows its immigrants and refugees to become citizens in comparison to some European countries (e.g. Germany). Once immigrant and/or refugee groups become Canadian citizens, they have certain privileges such as access to travel to certain countries without a visa and to Canadian pension [5].

2. Economic exclusion

One of the outcomes of immigration is the decline of income. Lack of recognition of international credentials [6], leading to lack of meaningful employment [7, 8], lack of access to affordable housing [9–11] which in turn lead to living in extreme poverty [12] and areas marked by economic disparity [13, 14]. More specifically, some scholars argue that for racialized immigrants the experience of economic exclusion is an ongoing process during settlement [15, 16]. Hence their acculturation processes often occurs in spaces where their experience of 'otherness' and difference is redefined, recreated and complex [17]. More specifically, in recent years Hamilton has experienced an increasing diversity and income disparities as compared to previous years (i.e. 1996–2001) [18]. In fact, Mayo posits that there is an alarming racialization of poverty among WI as compared to other women in Hamilton [19]. She adds, 'recent immigrants are the only group where low income women have a lower median income than low income men' (p. 2) [19]. Therefore, in the case of immigrants it could be argued that notions of 'Orientalism' are underpinning such economic exclusion. In his classical work Said described it as:

> ….A distribution of geopolitical awareness into aesthetic, scholarly, economic, sociological historical, and philological texts; it is an elaboration not only of a basic geographical distinction (the world in made up of two unequal halves, Orient and Occident) but also of a whole series of 'interests' which, by such means as scholarly discovery, philological reconstruction, psychological analysis, landscape and sociological description, it not only creates but also maintains. (p. 12) [20]

Jones added the credibility of oriental knowledge is less challenged, 'due to the weight of the academic and artistic standing of the Orientalists, combined with racists conceptions of the less advanced and less intelligent Oriental' (p. 34) [21]. Thus, it can be argued that coming to terms with these dynamics impacts the mental health of people that have migrated to spaces where knowledge is considered superior to their own.

3. Acculturation and mental health

Acculturation is both complex and multidimensional [22, 23]. Broadly speaking, acculturation relates to the psychological, attitudinal and behavioral changes that occur due to the interaction between individuals from different cultures and the settlement society [24]. Acculturative

stress associated with and the multiple changes/challenges (such as diet, climate, dress code, language and day-to-day routines) associated with it tend to impact immigrants' self esteem, identity, sense of belonging, meaning-making processes and by in large decrease women immigrants' mental health [25, 26]. In particular, racialized WI face multiple oppressions such as racism, discrimination and unequal access to services [27–29]. From a family systems perspective, women immigrants' acculturation involves their family members, both in the settlement country and abroad [30, 31], hence highlighting the gender aspect of such process in navigating hostile spaces.

4. Gender relations

Immigration challenges men and women differently [32–37]. In many immigrant couples, the women join the work force much more quicker than men becoming the primary breadwinner after migration hence threatening the household's gender hierarchy [38] and as a result the income that women bring to the family household may challenge men's roles as protector and provider. Scholars argue that working women continue to bear the primary responsibilities for the household tasks in order to maintain such gender roles [3] and to compensate for the loss of support from their extended family [39].

5. Research context: Hamilton, Ontario

The City of Hamilton is considered as one of the most diverse cities in Canada. It is the third destination choice for new immigrants [18]. It has experienced a growth in the number of new immigrants arriving from1998 to 2008. By way of example, between 2003 and 2008, Hamilton maintained an annual influx of above 3500 new immigrant arrivals [40]. In the past two years alone, the number of permanent residents to Hamilton increased by 20% from 3297 in 2011 to 3947 in 2012 [41]. The majority of immigrants arriving between 2001 and 2005 were born in China, Pakistan and India, followed by people coming from Europe and Africa [18].

6. Research design[1]

A qualitative research design with individual in-depth interviews was chosen because it privileges the voices of participants, minimizes power relationships and helps to examine the topic of study within the participants' context [42]. Also, it allows for an in-depth analysis of the participants' living experiences and stresses their socially constructed realities [43]. This study followed principles related to Community-Based Participatory Research (CBPR) [44, 45]. A pivotal principle in CBPR is to address power imbalances between the researcher and the participants. Another principle relates to viewing qualitative research as a process that may be used to further the social agendas and resilience of disempowered groups [46, 47].

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[1]The Hamilton Community Foundation funded this study.

Hence, a formal Community-Based Research Advisory Group (CBRAG) was developed. The CBRAG members' roles included: community mobilization, participation in the development of the initial interview guide, data analysis and active involvement in the development and execution of the knowledge translation plan.

6.1. Participants

It involved individual interviews and focus groups with women immigrant in the area and from various parts of the globe (Rumania, Philippines, Israel, Korea, China, Colombia, El Salvador, Guatemala, Mexico, Bosnia, Kurdistan, Jamaica, India, Ghana, Peru, Egypt, Jordan, Poland, Peru and Iran), adult and adolescent children, and settlement workers and other professionals involved with delivering services to women immigrants, their families and/or communities. The area of concern and/or unit of analysis are women immigrant settled in the research site. There were a total of 49 participants. Interviews and focus groups were conducted in English, lasted between 45 and 60 min, and were audio recorded with the participants' consent. The length of residency of WI in Canada was between 2 and 30 years. Their path to Canada varied: asylum seeking, marriage, independent immigrant (commonly known as the 'point system'), family reunification and international student.

6.2. Data analysis

Interview transcripts were downloaded from Nvivo 11, data management computer software for qualitative research. Open coding analysis began with the first interview and following interviews were added to it. Particular attention was given to the language the participants utilized to describe their experiences and the meaning-making attached to it. Categories and sub-categories began to emerge. These were organized by significance and informed the overarching themes presented in this chapter.

7. Findings

The findings indicate that WI face great challenges. These relate to the shifting needs of family members—particularly their partners and their children. Commitment to the family well-being before the women's own was significant. The following section presents the pivotal themes that emerged in the data analysis: (i) it's not about me, (ii) choices and (iii) declining women's mental health and well-being.

7.1. It's not about me

The findings indicate that women that immigrate from collectivist societies draw from alternative discourses wherein the needs of the whole supersede the needs of the one. The following are some examples:

> *It's not about me. You see, if they're [family members] okay, I am okay. When they are not okay, I am not okay either…So for me to be okay, I need to ensure that they are okay…I know it is difficult to understand and it is difficult for me to explain it, but that is the way I feel…[Norma].*

A caseworker puts it this way:

Western societies' have emphasis on individualism and independence…. Women [who] come from collective societies think of the family before themselves, not only the nuclear family, but also the extended family…experiencing a lot of stresses and pressures. [They] place the needs of the family before their own…Often there is a conflict….

The findings indicate that from the point of arrival, participants are set out to build their lives within conflicting discourses of what it means to be a woman and how womanhood is expressed. Women may need to position themselves according to the challenges encounter in the settlement context; that is, the ease or difficulties in getting international credentials recognized and securing employment.

7.2. Choices

The 'choices' WI made due to their experience of immigration was also a significant theme. Most of these were done in silence, and were carried out for the welfare of the children and/or their husbands; and without much recognition from those around them. The reasons women gave varied, to name a few: migration to Canada, letting go of their careers so their husbands could pursue theirs, to stay home and care for their children due to the fact they had no family to trust and giving up motherhood. The following inserts highlight this theme:

I never wanted to leave my country or my family…But things change when you get married you know…. Honestly, this is not my story, it's my husband's story, because he wanted to live in North America, it was the biggest dream for him… I had a PhD in my country…here I'm a janitor. I chose not to have children when we were there [country of origin] because it would have been too difficult to come here with little children. We have been here for a while now… The first years, here [Canada] I chose not to have children because we were living in poverty and I wanted my husband to have his [professional] credentials recognized. I chose to work so my husband could try… We are still living in poverty and I am now too old to have children [looks down & a pause is taken] [Irina].

When asked about her 'choice' of working so her husband could have his credentials recognized, she responded:

He needed it more than me…You know, men's identity is closely tied to their jobs and what they do… He was very upset when he found out how hard it was. I thought it would break him if he continued to work in what he was doing…

Another participant added:

We both came here [Canada] with professional degrees and years of experience. Once here, we were told that we needed our professional degrees recognized… that is very expensive! We were also told that we needed Canadian experience… the experience that we had vanished in thin air! I was one of the few engineers in my country that work with water…water is water here and in the rest of the world. We both could not do it [get credentials recognized]. So decided to stay home with my children now, while my husband works in getting his credentials recognized. He is very close now. I am very happy for him. Life will change for us. We will be able to buy a house and provide better for our children [Nina].

Another participant commented:

> *We had a very good life in our country. We had a chauffer and other servants. My husband was not so optimistic about life in …. He wanted the kids to grow up safe. There [country of origin] it is mandatory for children to serve in the army. My husband didn't want that. I really didn't want to come…I had a good life there, material things, family, and friends. I had a very busy social life. I wasn't prepared to what was awaiting for me here. I mean cleaning toilets, cooking and the things that a house needs. My time there [country of origin] was divided between my social life and my family, but not looking after the house…I was not prepared to clean toilets. It was very difficult for me… I used to cry a lot…like I had never done that! [Nada].*

The findings indicate that hope for a better life makes women persevere as they were forced to work in a field foreign to their own.

> *We didn't imagine it's going to be so hard to find a job, honestly. I believe in me, because it's my way. Every day I know it's going to be okay, every day. I am really optimistic, but it's not [okay]… Sometimes, I know I am just lying myself. But it is really hard… Because, I will tell you, [the] first year, when I came here, I worked in a factory, I made balloons and I worked 12 hours shift, night shift.*

The quotes above highlight the co-optation process of the 'choices' the participants made for the sake of the well-being of their family. Some of these were carried out with more difficulties than others, women leading their professional and specialized field were ready to leave their careers for their families. While others were more resistant to the idea to take on activities related to housekeeping. Important issue here is how these choices impacted the women's mental health.

7.3. Declining women's mental health and well-being

The findings indicate that the accumulated impact of ongoing stresses and co-optation had implications—particularly for the participants' mental health. As the following participant stated 'women carry the emotions for the family'. She added:

Women often carry emotions for our families. If we are the carrier of emotions, and depending the amount of situations we have gotten over, we might get to a place in which we are overflowing with emotions…We don't know where to put them; And how do we keep going and continue to be the back bone of our family? Then, what happens if you can't do it anymore? What happens to the family then? We just want the best for our family…[Lori]. Another participant added to these complexities:

> *We had a very good life there [country of origin]…I was a teacher… We came here for our safety. Safety is the most important thing for us… We don't like much what we are doing here—nothing we do is related to our field! I chose to do this job to be with my children because my husband works at night. I am strong woman, but it gets tough sometimes…It is difficult to carry on every day here. Sometimes I find myself crying a lot for no reason…I have survived the genocide of my people…Kurdish people. I lost seven in my family, including my baby bother. I still have family there. It's a constant worry…I focus on my children…their future…their safety [Nadia].*

An adult son commented:

> *It [immigration] broke her…I mean being here, watching my dad an engineer drive a taxi. She having to spend long hours in a factory so we would not go without…We didn't help…well, I didn't help… I*

did not understand it then. I wanted things. You know you go to school and the other kids have this and that…I wanted it…I didn't know we live in poverty. My mother had a nervous break down. She spent some time in the hospital… [Yani].

While a professional working with women immigrant commented the following:

…It chips away their confidence and self esteem. I've met people full with hope, happy to be here and ready to start their life here and be active contributors. I've met engineers, teachers, doctors, and nurses. They try very hard to get their credentials recognized, but the system makes it impossible for them. Ten years later they are working in something unrelated to their profession, but still trying…But then, it gets to them and breaks them. They get depressed after years of trying…They can't function as mothers or wives anymore. The system breaks them. Some of them end up in disability they get sick when they cannot push themselves anymore….

Another participant commented on her own experience dealing with anxiety:

I just felt dizzy, my heart started beating really fast, and I felt like I was going to faint. And I was sweating, 'oh my god what is this'… I had to lie down for a while, so next day I went to the doctor and the doctor asked, 'what has happened in the past 5 years?'. And I told him, I said, well, we were deported, da da da, we were [family members] separated'… He just looked at me and he said, 'no wonder'. He goes 'you have been through a lot of things that could've happened in five years.' So you packed five years in one year. So then I just developed that [anxiety] and it lasted for a few years… I get it now. Once in a blue moon but I know how to control it because I know what it is and it is just maybe I'm overly stressed, that just hits, and I am like, okay, but I know what to do like I don't. I always said it is not going to kill me because that's I am going to tell my doctor I think I am going to die. And because my heart, I am going to have a heart attack, because I feel my heart coming out of my mouth (laugh).

The above quotes indicate that the accumulation of stress, despair, disappointment and loss of hope due to the participants' broken dreams. This is an ongoing process and a lived day-to-day reality of women immigrant to Canada. From anxiety attacks to hospital admissions due to a nervous breakdown, the impact of the women's body, mental health and well-being is evident.

8. Discussion

Overall the findings indicate that the lack of validation of international credentials and employment present a significant barrier for immigrants' economic and social integration to Canada. Furthermore, underpinning this barrier is the predominant *tabula rasa* or blank slate discourse stripping immigrants from everything that has meaning to them—including their professional identity. Coming from the East to the West signifies being placed as lacking and/or having inferior knowledge. According Said [20], the West constructed the East as different and inferior and therefore in need of Western intervention. Within this framework, the 'recognition' of international credentials can be understood as a *well crafted* intervention from the West wherein surveillance of the knowledge produced by those constructed as inferior has lead to patrolling the professional competencies of immigrants to Canada. On the basis of needing to 'protect' the public from less advanced knowledge, this discourse has gained much support and credence in Canada. Professional colleges, willingly or unwillingly, enact and/or enforce such discourses. Arduous processes and expensive fees serve not only to police the entrance of Eastern knowledge to the West—in this case Canada, but also force

immigrants to abandon their professional careers and aspirations. This outcome serves not other but the neo-liberal elite groups—as immigrants become a disposed group 'willing' to engage in economic subjugation for the sake of the family well-being and/or safety.

Knowledge policing significantly impacts immigrant families—particularly women. Under the umbrella of 'choice' women immigrants' bodies and souls are co-opted by the discourses of the West. Women bare these disparities in their flesh and soul—as their 'choices' are born out of necessity hence compromising their mental health and well-being. Womanhood and motherhood are at the core of their decision-making processes. Women immigrants carry the emotions and stresses of their families on their backs. In turn, they too carry the core of Canadian's economy, that is, cheap, abundant and ready available immigrants' work force. They do so in the shadows and in silence.

9. Implications

The study findings have various implications. Canadian multiculturalism must move beyond 'celebrating differences' and enjoying the 'exotic' cuisine of the constructed 'other'. It needs to recognize and validate knowledge and experiences generated in the East as equally important. The government must involve itself in creating equal opportunities and access to meaningful employment. Being co-opted to work in low paying jobs for their economic survival places immigrants to live their existence at the border of Canadian mainstream society; wherein reaching their life goals and full potential becomes an impossible dream.

Immigration policies need to encompass the limits of the 'point system'. More funding needs to be allocated for organizations providing settlement services for newcomers—to include: the development of alliances with various sectors, to name a few, labor, professional and academic bodies. This will, not only, open space for immigrants' exposure to these systems, but also for the development of internships leading to attaining Canadian knowledge about the particular protocols and practices of specific fields thus securing future employment in their respective professions.

Program and service delivery must be informed by critical practices and reflexivity about the power dynamics between those providing and receiving services. Furthermore, critical attention needs to be given to the oppressive structures impacting the livelihood of immigrant families. More specifically, elite discourses about immigration and gender permeate settlement and acculturation dynamics. Creating spaces to discuss its implications on the women's mental health and well-being are imperative.

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