

PSYCHOSOCIAL CONSEQUENCES OF BEING STRANGERS IN A
FAMILIAR LAND

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ISSN 2277-7733

Volume 8 Issue 4,

March 2020

Abstract

Internal migration has resulted in a mass population of 453.6 million according to 2011 as per the Census of India. Migrants are not only imperative but also but also invisible key actors of socially dynamic, culturally innovative and economically affluent societies. This paper aims to provide an overview of existing challenges associated with internal migration, specifically the psychosocial consequences of emigrants and their left behind families. Review of literature suggests that migration is linked up with a high risk for poor mental health because of alterations in the pattern and content of, exposure to new physical, psychosocial, social interactions/ social support and economic/ employment environments, acculturation demands, housing problems, crime and discrimination. This paper also highlights certain suggestions as a holistic approach to meet the multiple challenges faced by emigrants. There is a high need to have in-depth understanding of the problems and pattern of mental health problems by formulating more effective intervention strategies such as pyramid intervention model in preventing the distress and disorders, moreover, developing the healthy psycho-social well-being of the migrants.

Keywords: Migration, mental health, psychosocial, wellbeing.

Migration, whether it is Immigration or Emigration, has become an unprecedented phenomenon in the modern world and an integral part of life in many societies. Migration intensity is expected to increase in the future in result of economic depletion, political instability and change in the global environment (Deshingkar & Sandi, 2012). The regression of human populations within nations, especially progressing countries along with rural-to-urban migration, is far greater and far less studied (Harpham & Blue, 1995). The psychological consequences of this type of migration may have prominent effects on not only nation economic development but also all attention to the importance of understanding the relationship in the above context.

The association with an increased risk of psychiatric disorder and/or distress including changes in the pattern and content of social interactions/social support, exposure to new physical, psychosocial and economic/employment environments, acculturation demands, housing problems, crime and discrimination, migration brings exposure to these experiences (Bengi-Arsian, Verhulst, & Crijnen, 2002; Ben-Sira, 1997; Bhugra 2004; Coutinho et al., 1996). It is perceived through previous researches that monetary remittances have become the most crucial channel of the emigration effects. Thing that has been largely ignored in this aspect is the crucial psychosocial dynamics which is not directly attributed to the economic transfers (McKenzie, 2005). According to past research, movement of urbanization increases exposure to life events including separation from close knit, employment hardships, financial insecurities, housing problems, poverty, violence and also deplorable environmental conditions (Byrne, Henderson, Duncan-Jones, Adcock, Scott, & Steele, 1979; Harpham, 1994; Parry, 1995; Potts, 2000). Harpham and Blue (1995) have categorized these consequences of urbanization into long-term difficulties and problems, life

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events, and decreased social support. Migration does modify and effect social ties, expose migrants to new experiences and may include the necessity to deal with new cultural and linguistic contexts, thus could be a high risk factor for many mental health disorders and problems. Thus a comprehensive understanding of the complex processes and consequences linking migration and health is crucial. This paper focuses upon the possible linkages between the processes of migration and health: 1) The multidimensional concerns of migrants and of those left behind, and 2) Certain intervention strategies to handle these issues.

Psychosocial Concerns for Migrants

Psychological

Stressful work conditions: Migration may result into stress, in susceptible individuals which result into psychological morbidity (both physical and psychological deterioration as a result of mental or psychological condition). Theoretically this leads to a proportionate increase in common mental disorders as well.

Anxiety and depression- The disconnection from family and social networks is particularly challenging for vast number of temporary rural–urban migrants which is termed as 'isolation.' Migrants' greater likelihood of risky sexual behavior is the consequence which creates a sort of behavioral control vacuum that migrants feel free from family monitoring and less constrained by social norms.

Grief & Stigma: One of the hardest things for migrants who are new is to cope with the loss of family and friends. It results into an empty longing that is difficult to relieve and often leads to depression. In families, who are low on enthusiasm to move feel the most pain, and the sense of powerless, in many cultures this is a great deal of stigma attached to mental health problems. In some cultures, it is believed to mix with the spiritual beliefs and also a sign of evil in the sufferer.

Social

Gender discrimination: Number of studies has brought the detrimental side effects of discrimination on physical, social, cultural, and psychological well-being (e.g., depressive symptoms, posttraumatic stress, self-efficacy, self-esteem) among various immigrant and ethnic minority communities (Flores, et al., 2010; Tummala et al., 2012; Yoo & Lee, 2009). With due respect to gender difference and research with migrants and ethnic minority adolescents has indicated that females are more vulnerable to developing internalizing symptoms, such as fear, anxiety, depression, when compared with boys (Almgren, Magarati, & Mogford, 2009; Céspedes & Huey, 2008).

Unhealthy lifestyle: Migrants may come from different cultures with more protective health practices. As a result of adopting health practices of the place where the migrants have been to, their health may deteriorate. Not only urbanization but also migration to different countries and cultural contexts may lead to changes in life style, notably adopting more Western dietary habits and activity patterns. This can lead to an *increase number of health problems such as, high risk of obesity, diabetes and cardio vascular disease* (Ebrahim & Smeeth, 2005). Exposure to risks associated with movement of population raises migrants' vulnerability to psychosocial disorders, drug abuse, alcoholism, and violence.

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Identity crisis:The major concern issue is the stress of living in another culture. Moreover, different factors such as cultural identity, cultural diversity, self-efficacy, self-confidence, self-esteem, well-being, and patterns of attachment and prolonged periods of separation from one or both parents may play some vital role in the genesis of mental disorders.

Social exclusion& social support: Migrants are exposed to *discrimination, stigmatization and xenophobia(prejudice)*. The factors related often interact with social inequalities and can both result in and be a result of moving out of poverty, and a cause of social exclusion which has also been recognized as a social determinant of health (Wilkinson & Marmot, 2003). As a result of such cases, social support has a direct and influential positive impact on health.

Acculturation, Language & Culture:Migrants belonging to Cultural and linguistically diverse background must assimilate and adapt to their new surroundings, aesthetics, cultures and customs. Various factors have documented that acculturation to Western society is associated to an increase in blood pressure and also worse cardiovascular health. Social isolation and hyperstress can be the foremost consequence of language problems that can create barriers to social and professional integration, increase stress, and reduce self-confidence, well-being, and self-esteem.

Physical

Risk of violence: Usually women migrants are prone to *therisk of sexual abuse and exploitation*which have a negative and bad impact on their mental state of health. As a result women domestic workers are vulnerable to sexual exploitation, abuseand violence, and may suffer from physical and mental health problems. Moreover, female domestic workers and trafficked persons who have experienced sexual abuse are frequently confronted with major obstacles related to their right to reproductive health (sexually transmitted diseases, including various infections such as, HIV/AIDS, unwanted pregnancies, unsafe abortions) (Duckett, 2001).

Human rights violation-Some human rights are being violated from time to time. Human rights violations against migrants, which include denial of access to fundamental rights such as the right to education or the right to health, are often closely linked to discriminatory laws and practice, and to deep-seated attitudes of discrimination, out group, and xenophobia against migrants.

Psychosocialconcerns of people left behind

Psychological

Loneliness and Isolation- Due to loneliness, some spouses formed alliances at home that challenged social norms and practices. Due to migration family disintegrates and it leads to loneliness and vacuum not only for the family left behind but also for the migrants.

Depression-Older parents are affected the most as their children get separated from them in their times of crucial years which leads to '*EMPTY NESTSYNDROME*' (termed by Dorothy Canfield,1914).According to research Canfield, 1914, it is actually men who are more likely to have a difficult time when their children leave home after years. Also, the poor old parents may also have to face financial crisis and economic falldown.

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Quality of life-All of this can take its toll on new migrants and their families quality of life and well-being, creating symptoms of depression, anxiety, stress, or other mental health issues. If one family member develops psychological problems, it usually can impact the whole family. Most vulnerable in this regard are children and aged family members.

Social

Lack of communication with Home and Family-Temporary migration results in disruption of family and sexual life as well as loss of familiar living/social environments. The long absence from home, exposure to a totally different economic and social situation and cultural milieu, increased affluence of the migrating partner, and upward social mobility due to the migrant's improved social conditions had contributed to upsetting family relationships.

Drug addiction- In some instances, families left behind tended to depend almost entirely on money remitted by female migrants, while spouses often kept away from productive work or spent their earning on wasteful items such as alcohol (Hettige, 1990). A range of studies confirmed that money was not spent intelligently, was misused and wasted (Samarasinghe 1989, Weerapana, 1992). Households with a migrant mother had a higher proportion of fathers who smoked or drank or who were drug addicts (Save the children 2006).

Physical

Marital Relationship-The studies also pointed out that the incidence of divorce among migrants was above average (Gunatilleke, 1986). Due to long separations, breakdowns in communication and trust, migrant worker's adultery and refusal by the migrant worker to be confined to a housewife's role (Law & Society Trust, 2011).

Child Rearing- In some homes where the father had played a strong role, interacting regularly with his children, encouraging their school activities, advising, guiding, playing, speaking with them warmly and teaching them, the absence of the father was felt much more keenly and children suffered emotional imbalance.

Suggested Measures: The complex challenge for mental health practitioners is providing quality and competent care to families and communities of migrants in a cross-cultural context. Working more efficiently with migrants from culturally and linguistically diverse backgrounds requires sensitivity, openness to learning, and a commitment to practicing cross-culturally responsive skills and competencies. The following table gives an overview of different therapies used with New Migrants

Counseling/Therapy	For treatment of
Acceptance and commitment therapy	Anxiety and depression
Bibliotherapy	Mild levels of depression and anxiety
Body therapies	Acute & chronic body pain, chronic fatigue, PTSD, anger, anxiety, depression, sleep problems such as insomnia, poor concentration
Cognitive behaviour therapy	PTSD, depression, anxiety, psychosis, sleep disorders, addiction, eating disorders, problem gambling
Counselling	Depression, anxiety, addiction, life issues, sleep disorders
Dialectical behaviour therapy	Self-harm behaviour, borderline personality disorder
Family therapy	Depression, anxiety, addiction, anorexia nervosa, marital problems, child management issues

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Group therapy	PTSD, depression, anxiety, psychosis, sleep disorders
Interpersonal psychotherapy	Depression, anxiety, bulimia and a range of other diagnoses and life issues
Motivational interviewing	Addiction, problem gambling, also used in mental health
Multi systemic therapy	Problem behaviour in adolescence
Neurofeedback	Tinnitus, PTSD, brain injury, anxiety disorders, pain management, attention deficit hyperactivity disorder
Problem solving therapy	Depression, anxiety, addiction, life issues
Psychotherapy	Life issues, depression, anxiety, addiction, PTSD, abuse, eating disorders, problem gambling
Psychotherapy with children	Childhood emotional & behavioral disturbances, PTSD, grief
Eye movement desensitization and reprocessing	Depression, anxiety

Besides the above mentioned, the following research based PYRAMID INTERVENTION MODEL has been found to be successful in handling psychosocial issues of migrants.

Intervention pyramid

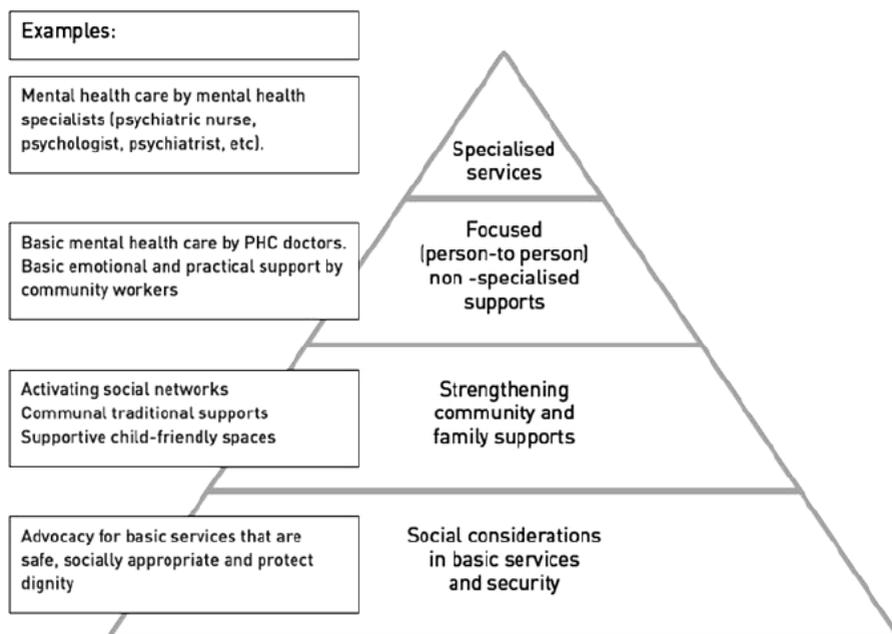


Figure: INTERVENTION PYRAMID FOR MENTAL HEALTH AND SOCIAL SUPPORT

Conclusion

Migration is a contemporary and complex phenomenon which describes the mental health effects of pre-migration trauma and post-resettlement stress among the migrants. Although it needs not to be stressful all the time but can be deleterious if stressors, including family separation, acculturation, job insecurity, restricted mobility marginalization, prejudice, are severe and prolonged. When there is no proper preparation and no social support, complexities, barriers and differences are involved which leads to definite distress; no matter whether it is international or internal migration. Most of the times, the insecurity feelings and non-availability of their own community members, the distress would turn into mental health consequences or other forms of health complications which may defer the growth and development at a new place. Providing the information about migration, and preparing the migrants with some useful stress management techniques, ensuring the essential health and public services and facilities will also help to inhibit expected psychological distress and upholding mental health and well-being among migrants. There is a wide scope for further research to investigate deeper understanding of the patterns of numerous mental health issues and formulating & preparing more persuasive programs in preventing the negative stress and enhancing the psycho-social well-being of the migrants.

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