ENCEPHALOS 50, 100-103, 2013

PSYCOPATHOLOGICAL IMPACTS OF MIGRATION

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Summary

Migration is a global social phenomenon that is becoming increasingly wider. The objective of this text is to introduce some issues that concern: a) The various psychological aspects that are associated with migration, mainly related to acculturation and the various types of the acculturational process (isolation, overadaptation, marginalization, integration) as well as racism. b) The psychopathological effects of the migration project as those recorded by empirical researches and by assumptions about the causes of those effects. Based on the above it is supported that the formation of supportive structures constitutes a humanitarian solution because of its preventive nature and additionally offers medium- and long-term financial and social benefits.

Key words: Migration, Acculturation, Cross-cultural Psychiatry

Introduction

The human migration is an ancient social phenomenon that concerns the relatively long- standing settlement of a person (or groups of people) in a new social and cultural environment. The causes of migration may vary, but the most common of them are related either to the quest for better financial and working conditions or to political persecution conditions of war and insecurity. The second group of immigrants is called refugees. Under the modern era there are globally more than 200 millions of immigrants that live in another land than the one they were born and it is expected that this number will strongly increase during the next decades. Many of them come from pour countries of Asia, Africa and Latin America and they settle in metropolitan cities of financially developed countries. A significant proportion of them are illegal immigrants, namely people that do not comply with the legal conditions of travelling and residency of the country of settlement.

There are many sciences that deal with the phenomenon of migration such as Anthropology, Sociology, Economics, Cross-cultural Psychology and Psychiatry. The last two disciplines deal with the psychological effects of migration both to the immigrants and to the population of the host countries, as well as with problems that concern the psychiatric morbidity among the immigrants and the way it is confronted by the relevant psychiatric services. The aim of this text is to present the main modern aspects about this matter.

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Migration as a stressful experience

Every change in the way and the conditions of life is a stressful event. In migration this change is usually performed in three different phases: Release-separation from the environment of origin, movement-transition to the environment of settlement and settlement-adaptation to the new environment. Although every migration attempt has different features, there are some common stressful parameters that appear in many cases of migration, in every of these phases.

The characteristics of the first phase may be the ambivalence about the attempt, the concerns or hopes invested in it, the guiltiness of the immigrant for those left behind, the rituals of farewell that aim to relieve this guiltiness or the grief of separation. In the case of persecution it is usually fear, anguish for the lost community and land or rage against the prosecutor that prevail.

During the procedure of transition, especially in cases of illegal immigrants, the immigrant is often exposed to misadventures and risks, additionally to exploitation from traffickers. During this phase, as well as the previous one, the immigrants, in order to cope with the mental and physical hardship they idealize the country and society they plan to settle to, so this country gets in their minds the characteristics of “the promised land”.

The attempt of adaptation to this new environment is connected to the phenomenon of acculturation. This term refers to the impacts on a person after his contact with one (at least partly) unknown cultural community and to the consequences these impacts have to the psychological and social life of the individuals. Usually, it is the impacts the predominant, major cultural community has upon the minorities of the immigrants that are being examined. Though the reverse impacts are not negligible (e.g. the impact of the presence of immigrants on the public opinion of a country).

There are described at least four types of reaction to the acculturation impacts: a) Isolation: The immigrant avoids communication with the people of the different cultural group, except the absolutely necessary ones. He is incorporated in groups of persons with similar to his cultural and ideological features and occasionally he may develop ideas of contempt, rivalry or hostility towards those that are different or strange. Some phenomena of fanaticism (e.g. acts of terror) may be explained within the range of the social psychology as manifestations of the tendency for isolation. b) Overadaptation: As

they seek to incorporate to the way of life of the country of settlement some immigrants try to cast off every characteristic of their former cultural identity (e.g. the way they speak, dress, their social mores) and they try in an obsessive way not to differ in any way from the locals. Sometimes they despise or/ and detest whatever relevant to their origin. Occasionally this attitude leads to loss of valuable supportive structures and to conflicts (e.g. between immigrant parents and their children) c) Marginalization: People that present psychological vulnerability cannot either satisfactorily adjust but neither consistently select one of the two previous ways to manage the impacts of acculturation. As a result they lose their traditional bond and they can't develop new ones and they often end up to social marginalization, to alcohol abuse or other psychotropic substances and to delinquent behavior. d) Integration to the new environment without withdrawal from the old.

This one is the most successful way to adjust and its achievement depends on the existence of supportive structures for the immigrants that are built from the services of the country of settlement as well as from organizations of the immigrants that are already settled.

As mentioned before, the impact of the presence of immigrants upon the locals can be very strong. Very typical is the phenomenon of racism that is amplified by the increase of the rate of the immigrants among the local population to the extent they are considered as a threat to the professional activities, security and quality of life of the natives. Racism (the existence of strong prejudice or stereotypes against one population group combined with the demand or tendency for enforcement of unjustifiable discrimination) is an ancient ideological choice that is based upon the inherent tension of humans to incorporate in competitive groups and to struggle with their group to rule over the opponent groups. In modern societies where the migration flow is growing, the development of racism (against immigrants or other social groups) on one hand may very negatively affect the mental health and the social status of the victims as well as on the other hand it creates a threat for the social cohesion and the democratic institutions.

Psychiatrical impacts of migration

During the last decades many scientific works have dealt with the epidemiology of the mental disorders among different groups of immigrants in comparison to the epidemiology of the same disorders among the local population. The results are not homogeneous and are not enough to document the conclusion that migration is a factor that increases the mental morbidity of the immigrants. However, there is now clear evidence that some groups of migratory populations present increased morbidity related to some mental disorders. The most typical and well studied example is the one of the black immigrants from the Caribbean in Great Britain that present increased (up to over triple) morbidity of hospitalized schizophrenia compared to the local British population. The variations are reduced but they are not eliminated by researches held in the community by structured interviews, especially if some demographic factors are taken into account (e.g. marital status, level of education) so that the compared populations are as similar as possible. Also, in most of the researches it is shown that the schizophrenic immigrants from the Caribbean are more violent and they are more often hospitalized involuntarily. Some researches show that there is a further increase of the frequency of the disorder among the second generation immigrants.

Unlike the above, other groups of immigrants present equal (or maybe slightly lower) morbidity compared to the native population. This for example seems to happen to populations of Asian immigrants in Great Britain or other countries of the E.U., particularly concerning female immigrants. However, any similar systematic researches are not known in Greece. In any case, the recording of incidents that was hospitalized by the sectorized, concerning the rendering of services, University General Hospital of Alexandroupolis, did not show any significant differences among the rates of psychiatric hospitalization per year and per 10.000 inhabitants of the sectorized area between greekpontian immigrants and natives.

In order to explain the differences concerning the psychiatric morbidity between groups of immigrants and natives the following assumptions have been suggested:

1) The differences may be due to real differences to the psychiatric morbidity among various ethnicities, regardless of the phenomenon of migration. This hypothesis is weakened because concerning the psychotic disorders, except to small framed, isolated areas (where increased morbidity may be presented), comparisons among populations that belong to various ethnicities or races and however they have the same demographic features show no differences.

2) The decision by itself and the performance of the migratory attempt may be either a positive or a negative procedure of choice, depending on the fact that those who tend to migrate are the groups of population that are more or less (respectively) prone to manifest a disorder. However, there is no cohesive, widely acceptable theory about how and under which circumstances it happens either one way or the other.

3) The stressful conditions of migration are a factor that increases the possibility of manifestation of mental disorders. In some cases this seems to be justifiable. For instance, populations that confront conditions of war, persecution or ethnic cleansing may present post traumatic syndromes, while those that experience conditions of extreme poverty, exclusion and racist behavior in the countries of settlement, are possible to present symptoms of demoralization and depressive reactions. However, the opposite must also be taken into consideration. Individuals that used to live under miserable conditions in their countries of origin and live under better conditions (or have the expectation that those conditions will improve) in the countries of settlement may be protected from the onset of disorders.

4) Various interfering factors such as cultural habits that have to do with the way of expressing mental disorders, the given in a population points of view about them, the tension of the individuals to reveal themselves or not to strangers, the rate of use of the offered psychiatric services e.t.c. may influence the recordability of the mental disorders by various researches depending on the methodology they follow. For example, it has been supported that the widely expressed (even among the psychiatric stuff) belief that some populations are more violent and unpredictable may either work as a self-fulfilling prophecy

or/and impel the decision for involuntary hospitalization. The opposite opinion is though supported (in Great Britain): Because the medical stuff is aware of the existence of cultural particularities or of the danger of creating prejudice it is really cautious before setting a definite diagnosis (such as this of schizophrenia) or before it enforces a decision for involuntary hospitalization to individuals that belong to cultural minorities.

Addendum

Although nowadays there are relatively widespread ideas that support the national purity of the societies and the severe, police type restriction of the migration flow, most sociologists tend to support that, if there is no radical overturn of the global democratic status, the migration flow will increase and the modern societies will get a more multicultural character. It is a challenge for the humanity and every distinct society to form clear rules of adjusting the legal framework concerning migration and the management of illegal immigration.

Although the problem of how migration can be connected to the onset of mental disorders has obscure angles, it is unquestionable that the existence of supportive systems in the country of settlement is a protective factor for the immigrants mainly from marginalization and other maladaptive forms of acculturational adaptation and illness. Those systems may aim to voluntary or state specialized services for the providing of information regarding the options of primary settlement, connection with people of the same nationality, learning the language, protection from poverty and victimization, psychological and psychiatric support provided by stuff sensitized and aware of the principals regarding the Cross-cultural Psychiatry. Those services primarily concern the legal immigrants, but in the case of illegal migration all actions taken regarding discouraging and preventing it cannot be insensitive in front of human anguish and inhuman.

Beyond the humanitarian aspect of the problem, the cost of such services must be taken into account. Although it is unbearable through periods of financial crisis, financial gain comes in a medium- and long-term basis by the protective affect that those services have against the danger of marginalization and illness, which can be, if confronted in retrospect, more costly financially and socio-politically.

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