

Psychosomatic reactions of children from migration families

Julia Gorbaniuk

Department of Family Social Life, Institute of Family Studies, KUL

Abstract

The research conducted in families, separated as a result of economic migration, aimed to determine a situation of the child remaining in long-lasting separation with one or both parents. Seventy seven (77) children aged 3 to 17 were qualified to the research. Interviews were conducted with the children on the basis of a questionnaire designed for the purposes of the study and allowing collecting research material. The obtained results of the study on the random sample allowed determining proportions of exoduses among mothers and fathers and the form of care which is "organized" during the absence of the parents for the children. Separation with the parents for a longer time in the very early period of the childhood is undoubtedly a very traumatic experience for the child; surviving difficult emotions of the child by the parents supports the tendency to become withdrawn or starts mechanisms of repression [1]. The situation of the child in the migrating family is very diverse and to a large extent depends on qualities of the relationships developed in the family before separation, either at the level of marital relationship or at the parent-child level. As Danielewicz points out, they constitute in a way a basis for creating diversity of "childhood face" of the child experiencing migration of parents [2].

Key words: psychosomatic reactions, children, migration families

Introduction

For several years, the interest in consequences of foreign migrations has been rising in Poland. They are diverse, as they concern processes of incomplete migration and emigration, immigration and returning migrations. A particular attention should be paid to the social consequences of mobility, including the results experienced by the migrants' families, particularly children's experiences. They are diverse, as they result from functioning of the families during separation.

Migrating family, as a set-apart family, faces the necessity of coping with difficult emotions of particular members of the family, created as a result of separation of persons with very strong emotional ties - marital ties or parent-child ties. Situation of a child separated from one or both parents for a long period of time is emotionally particularly difficult.

Scientific literature on clinical psychology points at family situation as a context for creation of high level of existential stress which hampers the development of proper stages necessary for shaping healthy and mature personality [3]. Development of child's personality is based mainly on proper relationships between family members. Turning attention to the length of separation of the child with parents and the quality of relationships existing remotely, is particularly essential in the context of children in emigrational separation with

the parent/s. Clinical studies guided by Nissen [4] pointed that among 100 children with emotional disturbances of depression type, there were appointed about 40% of patients with episode of separation of a child aged less than six years of age with a parent for at least half a year period. The child's separation lasting at least six months is often pointed out as critical in correct emotional development of a child and in proper development of durable relationships with social environment.

Psychosomatic theories described by Tylka [5], either assuming specificity of the etiology of psychosomatic behaviours among children and the youth (Freud, Ferenczi, Jelliffe, Deutsch) or assuming non-specificity of origin, basing on the theory of stress by Selye, in a way oscillate around understanding of this type of symptoms as the "body language". Psychosomatic reactions are started when there is some inability of a child to transfer hidden internal conflicts in a verbal form (lack of skills or possibilities of survived emotional states – alexithymia) or functional reaction to long acting stress (organismic crisis) [6].

Studies on clinical psychology among children, looked for reasons of such type of symptoms with somatic background in early-child psychical traumas and difficult experiences, relating to psychoanalytical conception of neurotic disturbances [7]. Emotional stress created in such a way may be relieved in different ways, depending on the kind of

defensive mechanisms dominating at a particular child. If the mechanisms of suppression (repression) dominate, relieving of stress may happen in a somatic way. Then, different ailments occur as well as disturbances of system functions, or in more difficult cases, organic disease [6].

Horney [3] also points attention to significance of cultural factors in the development of psychosomatic disturbances. This theory stems from a list of life events which, depending on their number and strength of caused stress, correlate with the development of somatic disturbances. Undoubtedly, separation of the child with parent (mother or father) in an early period of its life is an event with a high level of stress. Lack of close emotional relationships with parents is never the child's choice as it is contrary to the nature of child's development. Child is dependent on the adults – it needs their help, advice, attention and support [8,9].

The concept of Ammon implies that unrelieved emotions directly influence the development of somatic disease, and then, psychosomatic symptoms play a two-fold role:

- 1) They protect the weak ego from constant surviving of psychical pain, connected with some frustration or conflict. Psychical pain which leads to the development of a set of psychosomatic symptoms must have been very deep and long-lasting;
- 2) They prevent from personality disintegration, which could arise as a result of long-lasting conflict or psychological crisis. Psychosomatic symptoms are understood here as an attempt of reparation of deficit resulting from weak personality and lack of tolerance to difficult situations. This deficit is described in psychology as "emptiness in self". The emptiness may become a reason of creation of not only psychosomatic diseases, but also psychosis¹.

The way how the child reacts to a difficult situation is the resultant of emotion repression mechanisms and emotion strengthening within child's psychic. Researchers look here for internal and external factors, personal predispositions, general emotional condition, attitude towards disease and patterns of coping with stress in the closest surrounding [10].

Basing on the mentioned theoretical assumptions, we aimed at studying the presence of reac-

tions of psychosomatic type among children from migrating families and diagnosing what psychological effect they cause in the family. To reach this goal, a report concerning the development of a disease or bad mood closely related to foreign migration of a parent was conducted.

Studied group

The basic study comprised a group of 77 children brought up in the families in which one or both parents worked abroad for longer than half year. The studies were conducted at homes of the studied persons. Children of migrating families were characterized by different structure, resulting from the migration of parents. Significantly the biggest group was constituted by children from families in which a mother is temporarily taking care of them and a father is staying abroad. This situation concerned 54 studied persons, constituting 70% of the whole studied group. Living in the family where only a father temporarily is taking care of the children, and mother is earning for living abroad, concerns 13 persons – constituting 17% of the studied group. Family type, characterized with durable lack of both parents concerns 10 children; it is 13% of the whole of the studied group.

In the group of studied children from migrating families, there were 55.84% of girls and 44.16% of boys. The age range of the studied children varied from 3 to 17 years.

Method

For the needs of the studies, a structured interview was constructed; it concerned details of the situation of migrational separation of a child with parent or parents going abroad to work. It contained detailed data concerning the fact, which parent goes abroad to work, the period he/she has stayed away, how long the separation with the family may last until the next meeting. The survey determined also type of migration of the parent, way and frequency of contact of a child with the parent being abroad, form of care of the child during the absence of the parent/parents, kinds of support which the child can get from the closest persons and institutions. Additionally, a set of questions concerning the development of psychosomatic disturbance symptoms accompanying the situation of departures of the parent/s of the studied children, was included in the work.

Results of own studies

In the conducted studies, one has taken into account the situational factors which allow de-

¹<http://warszawa.pcts.pl/arts/dynamiczne-teorie-zaburzen-psychosomatycznych-dychawica-astma-oskrzelowa-alergia-atopowe-zapalenie-skory-choroba-wrzodowa-zoladka-i-dwunastnicy-zapalenie-jelita-grubego-a1-19.html>.

scribing the scale of somatic reactions, their kinds and circumstances generating such type of reactions at children.

The question starting the interview aimed to make an attempt of self-observation and reflection of the child on own experience of the development of disease in very difficult period, connected with parent's departure abroad or possible spotting of a relationship between the departure and the bad condition in physical (somatic) sphere.

Almost 40% of respondents answered YES to the question *Does it happen to you to be ill (have bad mood) in difficult situations related to parent(s') departure?* Physiological disturbances in situation of separation are not experienced by 63.08% of children (see Chart 1).

Children most frequently complained about headaches and general nervousness in situation of the lack of parent, about 27% had cold, cough –

these symptoms lasted long time and had a recurrent character. Both categories of symptoms are related with lowered resistance of the child, possibly caused by being under pressure of long-lasting stress situation. Stomachaches and breathlessness expressed in difficulties in breathing occurred significantly less often. About 9% of children experienced that kind of pain in situation of economic migration of the parent (see Chart 2) Symptoms reported by the children are located in the general classification of psychosomatic diseases by Engel, who distinguished 1) psychogenic disturbances – conversion symptoms, hypochondriac reactions, reactions to psychopathological disturbances and 2) psycho-physiological disturbances – physiological symptoms accompanying emotions and affective states, organic disturbances strengthened by stress [5].

Chart1. Does it happen to you to be ill (have bad mood) in difficult situations related to parent(s') departure?

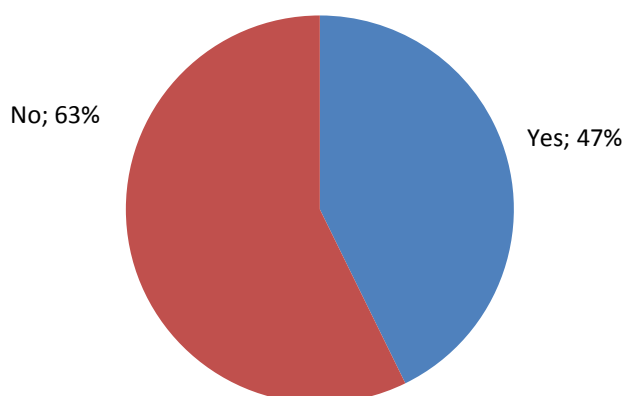
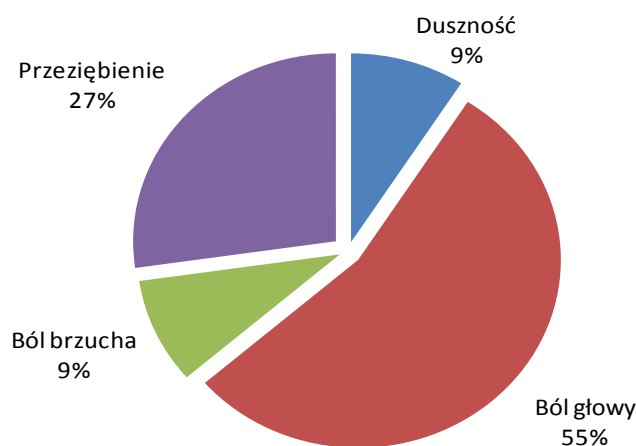


Chart 2. What diseases are they?



Breathlessness 9%, Headache 55%, Stomachache 9%, Cold 27%

Wolańczyk and Bryńska [11] give detailed classification of disturbances located in the most significant functional systems of the patient and most frequently concern: 1) digestive system, 2) cardiovascular system 3) respiratory system, 4) skin, 5) urogenital system, 6) musculoskeletal system and 7) psychogenic disturbances of speech. The authors indicate that diagnosis of psychosomatic disturbances in children and youth is difficult because of the required criterion of time (two-year duration of symptom occurrence). Thus reactions pointed out by the children should be treated as psychopathic reactions, basing mainly on the child's conviction and are connected with "abandonment" by the parent.

Irrespective of the fact which of the parent departs abroad to work – mother, father or both parents – children can experience somatic difficulties and express own emotions in vegetative way (see Chart 3). Children experiencing this kind of difficulties came from families where only mother stayed abroad (58.33%). Situation in which both parents work abroad is also emotionally difficult for the child. Similarly, significant the children (almost 30%) are burdened by somatic symptoms in the families in which only father works abroad. Such situation may be conditioned either by the necessity of breaking ties with mother, which in many cases, are emotionally significantly stronger with the child than the ties with the father in general, as well as by the fact that children feel stronger anxiety of safety of the other parent staying far away from home, than in case of father's departure.

Children were asked about particular situations in which they observe strengthening of occurring symptoms. Chart 4 presents detailed percentage of combination of answers given to this

question by the studied children. The biggest number of children pointed that before parent's departure abroad they feel particularly bad and often start to be ill (28.57%), another 30% stay in such state through the whole period of parent's stay abroad, and the symptoms stop together with parent's return; 14,29% of the studied children pointed that when the parent returns home and one needs to change everything, they experience it particularly heavily. Such situation is particularly difficult for the children excessively connected with the second parent (mother), because when father arrives, the child must sleep alone and the mother is not "exclusively" for the child's needs-9.52% of the children stated that through all that time of parent's stay at home they feel bad, as they know that he/she will go away again for some time. The situation of these children is particularly onerous, as they are unable to enjoy presence of mother or father in the family, but they muse that this time will end soon. There exists little group of children (4.76%), who were unable to unequivocally point to any particular situations causing disease, stating that it happens variously.

As the Chart 5 states, it happened to about 10% of the studied children that they were hospitalized because of strengthening of the symptoms in situation of separation with parent.

In all these cases, the disease of the child resulted in a change of parents' decision about the departure abroad.

The strategic attitude in the therapy of the families with psychosomatic problems, occurring at one of the members of the family, treats the symptoms as "ways of intercommunicating and communicating significant, not verbalized contents and feelings".

Chart 3. Situations of psychosomatic symptoms development in children

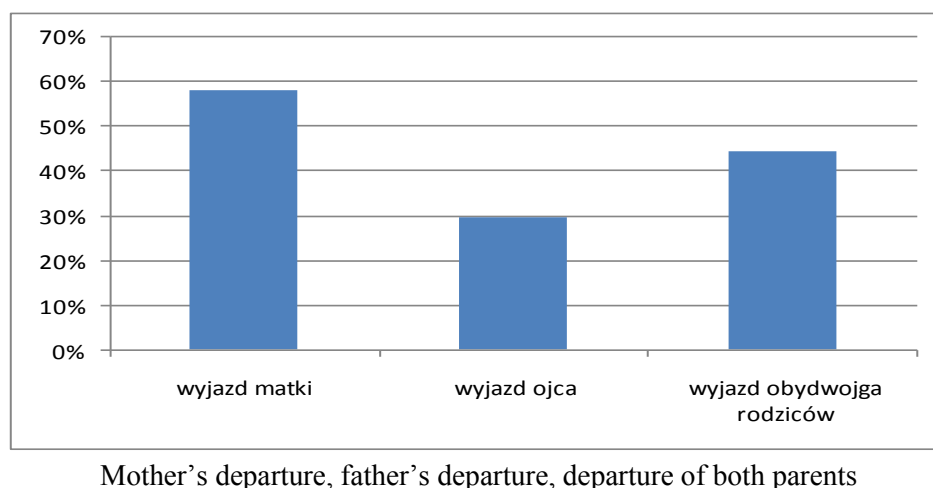
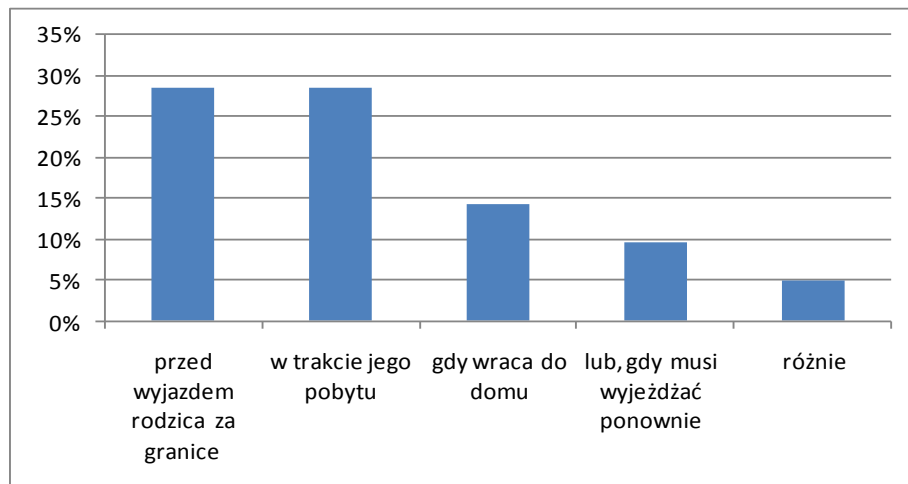


Chart 4. Situations in which psychosomatic disturbances occur



Before departure of the parent abroad; during his stay; when he arrives; when he must go again; various

Chart 5. Have you stayed in hospital because of these symptoms?

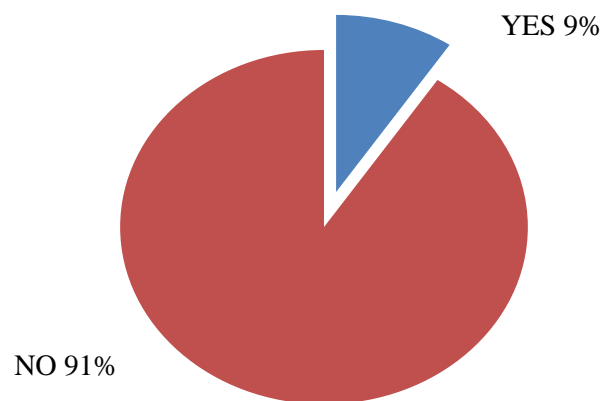
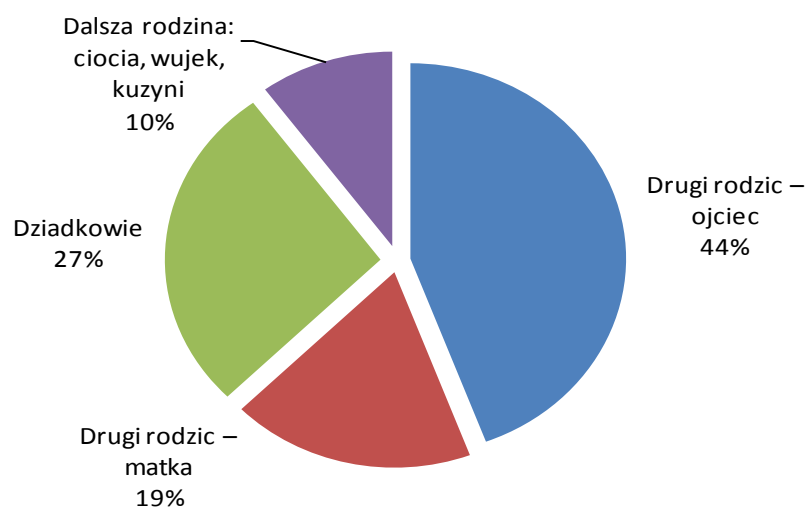


Chart 6. Who supports you the most in situation of disease?



Further family: aunt, uncle, cousins 10%; Second parent – father 44%; Second parent – mother 19%; Grandparents 27%

These symptoms occur frequently when the person is in painful situation and tries to solve it. Being unable to change own relationships existing so far with the close persons, makes the change through the "development of symptoms" [12]. Such understanding of health problems occurring in children in migrating families is adequate, and the developed symptom, to a large extent, performs its function. Chart 6, concerning the configuration of persons who support child in situation of the disease development, confirms the above established thesis. One should understand that in the situation when the child does not develop the mentioned symptoms, the parents as the supporting persons, do not appear at all, the child can most frequently count on support from the siblings (50%). In situation of disease, support from the siblings becomes not important and little essential, because children can count on interest and understanding from the parents' side (about 70%). Most frequently, the second parent staying at home is the supporting person. The parents supporting their children (44.32%) are fathers, who, during absence of their wives, become more engaged in child's experiences and disease. On the other hand, mothers supporting own children, "forced" by the disease symptoms constitute 18.30% of cases. Grandparents (27%) and further family (10%) most clearly accompany the parents in supporting the ill child; however they do not constitute direct engagement of the child in focusing their attention on oneself.

Józefik [12] while analysing the meaning of psychosomatic symptoms in situations difficult for child, points at enormously significant understanding of the symptom by the family therapists in categories of dimension *helplessness* vs. *force*. A person with the symptoms appears as helpless, not having influence on own behaviour and not being able to change it. Helplessness of the child has then a function of subordination of remaining members of the family to own fears and needs. A child with such symptoms has control over the parents communicating own desires through disease. This situation is highly risky as the child learns and then fixes pathological forms of communicating emotions shaped in childhood, which can result also in organic changes in the future.

Summarizing the quoted studies on children from migration families one should indicate that in the vast majority, children identify perceived somatic ailments with situation difficult for them – which is long-lasting separation with father or mother. They describe these diseases as long lasting, returning and onerous in their subjective feeling. Among the studied children, there was also a group of persons that was hospitalized because of these ailments. Over

70% of the children indicated that only in the situation of disease they can count on support and understanding from parent's side; the situation of hospitalization because of disease in all cases caused change of decision on the parent's departure to work abroad.

Conclusions

Families separated as a result of economic migration constitute particularly complex system, which generates the development of durable inner-family stress, connected with cyclic departures and returns of the parents. Constant change of child's family structure introduces much stress into constantly evaluating mutual influences. Parent's returns for a short time to the home country disturb homeostasis of the family built with enormous effort, and long-lasting separation releases strong emotions and internal conflicts of the child, resulting from gradual weakening of ties with parent, absent in child's life.

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Correspondence address

Julia Gorbaniuk
Instytut Nauk o Rodzinie
al. Racławickie 14
20-950 Lublin.