

Fractured Families and Communities as an Effect of Migration and Structural Violence

In the health sciences and social sciences there is an emerging group of studies that, despite recognizing the causal relationship between the process of economic globalization and migration, interprets population movements as an inevitable and natural process: the result of a rational, autonomous decision to search for better life. We believe such understanding is partial and problematic because it does not explicitly recognize nor denounces structural violence, which is the direct expression of the global neoliberal economic regime. Through multiple mechanisms, global neoliberal excludes and expels an increasingly large number of people (Sassen, 2014). In the current context, we perceive that part of the scientific community does not challenge dominant discourses. For example, in Latin America, the capitalist emphasis on economic success is associated with discourses like “we are what we consume” and “there are better and superior places in the world”.

Concomitantly, it is important for studies about migration, both internal and international, to go beyond celebrating positive economic outcomes and the role it supposedly plays in the process of “development”, and denounce the social cost of this phenomenon which has effects at the individual, interpersonal and community levels. In many cases, migration means loss. As a consequence of migration, families and communities lose their collective emotional and cultural identity essential to their wellbeing, the ability to provide care, and promote mental health. Migration results in multiple fractures which affect in particular the mental health of families’ most vulnerable members, children and seniors who frequently are left behind, and no monetary remittances can attenuate these fractures.

Cortinois and Aguilera (2016) propose the systematization of the concept of *fractured families*, arguing that its two fundamental features are long term separation and ongoing uncertainty about if and when reunification will occur. They explain there are several health consequences to families and individuals who experienced family fracturing due to separation of one’s own culture or caregiving within families. As the main effects of separation and uncertainty, the international literature highlights the emotional impact on children and adolescents, including cases of “parentification” of older children and behavioural problems, anxiety and depression (Falicov, 2007; Brown & Grinter, 2012). From the perspective of mothers, a sense of guilt combined with precarious working conditions are associated to intense emotional distress; when compared to immigrant mothers who live with their children, they exhibit increased obsessive behaviours, depression, and psychopathological symptoms (Kirchner et al., 2011).

Making these effects visible is a significant result of criticizing neoliberal dynamics, which rely on flexible and mobile networks of workers, while excluding those who are of no economic value to the system (Castells, 2000). Migratory movements have displaced more than 740 million people within countries, from rural to urban settings (UNDP, 2009), and 244 million migrants internationally (UNDESA, 2016). Understanding that population movements are the effect of a particular economic model that displaces, fractures, invites but also expels, we believe that researchers should identify a collective agenda to confront this phenomenon in its axiological, onto-epistemological, and methodological dimensions. Thus, as an invitation for other researchers, we propose that researchers in migration and health should:

- Situate the origins of migratory processes taking into account the dominant socio-economic system, describing the social imaginary of our times, and examining, through transnational or multicentric studies in countries of origin and resettlement, the complex consequences of these processes.
- Apply theoretical frameworks that problematize the notion of a universal science (e. g. postcolonial feminism, decolonization), to question any form of knowledge production that generates otherness, creating a false separation between “us” (the generous West) and “them” (migrants).
- Avoid theoretical perspectives that render health an individual attribute rather than a collective construction achieved through solidarity.
- Challenge the colonial and patriarchal concept of nuclear family as a desirable model, exploring several models –as among others, single parent families, extended families, family of choice– who share a history situated in a particular place and time, frequently with shared values, like caregiving for its members, but who may have distinct perceptions regarding child and parent obligations.
- Explore the cultural costs (e. g. loss in family memory) emotional (e. g. intergenerational trauma), moral distress, and other forms of suffering to understand in a comprehensive manner the impact migration has on people’s health.
- Study networks of solidarity, social integration and other health promotion strategies that may inspire programs and social and health services, communities and fractured families, without romanticizing family reunification as a solution, given that some fractures cannot and should not be fixed (e. g. some victims of domestic violence).



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To conclude, we propose to reconsideration of an idea that is still radical in the 21st century: “health for all, regardless of birthplace” (<http://www.glomhi.org/about.html>).