Sickness in the Process of Migration

C. Schöning-Kalender

The Background: Migration

"In the process of migration the migrant family develops specific orientations, which not only depend on the socio-cultural differences between country of origin and country of residence, but also on strategies and factual ways of coping with the experience of migration." This is one of the main theses of a research project entitled "Orientation Patterns of Turkish and Italian Families in the Process of Migration". The thesis is based on the fact that foreign workers' families have been living in Germany for up to 20 years now, so that migration has become a determinant factor in their everyday attitudes and decisions. Actually the "process of migration" has become a process of immigration without the families themselves being aware of it.

An example from immigration research in the USA shows the same phenomenon quite clearly: "We all thought we'd return in a few years. But obviously we never did." [1, p. 106]. These words of a Greek immigrant living in the USA in the 1940s could just as well be the words of a Turkish worker in Germany in 1983. The only difference, but an important one, is that Germany has never been recognized as a country of immigration, so that the fact of immigration is being neglected by officials in their political and administrative decisions.

Sickness: An Important Factor in Migrants' Everyday Life

This background has to be considered when sickness in the process of migration is dealt with in social research. During field work (intensive lifespan interviews and participant observation), sickness turned out to be one of the most important factors in families' everyday lives. I want to illustrate the important role of sickness for migrant families by referring to three major points:

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1 The research project referred to is sponsored by the Volkswagenwerk foundation and carried out at the Ludwig-Uhland-Institut für Empirische Kulturwissenschaft in Tübingen under the direction of Prof. Hermann Bausinger
The Insecurity of Migrants' Existence in Germany

Longer lasting disease of the supporter of the family in general leads to loss of employment. Although foreign workers are included in the general social system, in the present situation of restriction of social rights, caused mainly by the economic crisis, their asking for social help endangers the existence of the family in Germany. This is especially true for those whose home countries do not belong to the EC. A demand for social help by this group of people will usually be reported to the registration office, which leads to restrictions of their permit of residence.

While the traditional social network in their home countries (family, kinship) tightens up at the crucial point of fundamental need, in Germany this fundamental need and the demand for social help might have a price much too high: the loss of permit of residence. In this case family and kinship network can be helpful in different ways: they may help out with money, but also be helpful in finding jobs for other members of the family and be supporters in dealing with the officials. Especially in respect to the last mentioned ways of kinship and family help, personal intervention is more widespread and also more successful than Germans may even think of.

This, in consequence, leads to the thesis that the more families have succeeded to establish a family/kinship-network the less their existence will be endangered by long lasting disease and its consequences.

The Lack of Biographical Perspective

Foreign workers have been examined thoroughly by doctors before they came to Germany. When the traces of hard work become obvious without any goals having been reached, the feeling of having been abused takes over, demoralizing the whole family. In general these people are unable to consider their diseases as a result of the life cycle, i.e. of having grown older: indeed, they do work under miserable conditions, which lead to all kinds of disease, but they may also use the disease as an explanation or an excuse for not having achieved the original goal of going back to their native country as an economically revitalized family.

Another effect of this lack of biographical perspective is that causes of disease that are to be found way back in childhood and adolescence are not taken into account. This is especially true for women, whose working conditions in the village during the period of early girlhood must be considered in regard to a wide range of diseases that occur later. Two examples may illustrate this:

Case 1. A woman now almost 40 years old had to carry water from the age of 10 years. One day when she was doing her work she had a rectal prolapse. She never told anybody of this because she was ashamed and also because there was no money for a doctor anyway. Even her husband did not know about it for a long time after they were married. Hard working conditions in a factory in Germany caused renewed outbreak of the disorder, and she has now undergone at