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TRANSNATIONAL MIGRATION AND HEALTH
A RESEARCH NOTE

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1. Introduction

In this article we attempt to explore the relationship between migration and health, addressing the following questions : does the stress of transnational migration give rise to physical and psychological symptoms, perhaps transitory, for the person who moves ? Can such an experience have a positive effect on health ? Or is there no direct relation between transnational migration and health?

The early literature on this subject, published between 1940 and 1960, linked a large number of negative health consequences to migration, notably including tuberculosis, alcoholism, and suicide. Admission rates to psychiatric hospitals were regularly found to be higher for "immigrants", and two hypotheses were posed in explanation : that those who migrated were in fundamentally poor health (particularly mental health) before the migration, or that the stress of the migration experience and of the assimilation process lead to ill-health.

Although this tendency appears as recently as 1984 in an otherwise favourably reviewed book on culture and health (Helman, 1984), most of the more recent literature on the health of migrants is less bleak. Indeed, at least one author (Brahimi, 1980) has found that in Switzerland, as well as in France and Germany, foreign residents have a slightly longer life expectancy than do the indigenous residents, and several authors have found that migrants in general enjoy better mental health than do non-migrants (cf. Nagi & Haavio-Mannila, 1980 ; and Simoes & Binder, 1980 ; as well as Verdonk, 1979 ; and Sayegh, 1985 for reviews of the literature and discussions of some of the variables involved).

While broad survey and medical data can provide valuable overall insights into the relationship between migration and health, there is clearly a need for more detailed research in which major variables are defined. Among such variables are "push factors" and "pull factors" (being a refugee versus seeking economic gain or a

new set of experiences, for example), socio-economic status, the amount of culture change involved, the length of the proposed stay, and the age of the migrant and his or her place in the life cycle. Switzerland, where 14 % of the population is "foreign", plays host to several different types of migrant (clandestines, refugees, economic migrants, and those who work in multinational corporations and international organizations), and it would seem safe to postulate that the stresses of migration and its health consequences might be different among these different groups.

In the present exploratory study the number of variables involved was kept to a minimum. Those selected for study represent "non-wretched migrants", a relatively privileged group of upper middle class American women who had followed their husbands, businessmen and international civil servants, transferred to Geneva for professional reasons. For these women economic factors were not crucial in the decision to migrate, their migration was "voluntary", and based more on "pull" than on "push" factors. Differences between the culture of origin and the host culture are more subtle than massive, and, moreover, well established formal and informal mechanisms are available to help with the transition to the new culture. Most of the women studied had already migrated several times, and planned to stay in Geneva for a relatively brief period (two or three years). By strict definitions they are thus transients rather than migrants (migrants settle permanently in the new culture). This distinction is important, but it is also somewhat arbitrary and blurred among the population studied : the originally intended stay of two or three years is often repeatedly prolonged, and most transients are well aware that some of their numbers end up staying several decades, if not permanently, in the new culture.

Upper middle class transient migrants are of interest fot two reasons : first, many multinational corporations and international organizations have a policy of transferring their personnel around the world, and it is important to understand the health consequences of such migrations ; second, it was posited that if physical and psychological negative health consequences were found under relatively favourable conditions, then they might be attributed to the stress of migration itself rather than to intervening variables, in contrast with the situation of refugees, for example.

2. Hypothesis

It was hypothesized that those who had recently experienced a transnational migration would report a variety of physical and

psychological symptoms related to the stress of moving to a new culture.

Several sources in the literature support this hypothesis : Zwingmann (1973 ; 1983) describes a "nostalgic reaction" experienced by recent migrants, some of the symptoms of which are guilt feelings, fatigue and loss of vitality, irritability, inability to concentrate, and increased sickness and accident proneness. He posits that wives, and particularly the socially isolated, would be more prone to nostalgic reactions than would be husbands, as would be less differentiated and more milieu-bound people.

Two studies concerning the wives of international civil servants and businessmen (Geneva Women's Cooperative, 1983 ; Damary & Ypsilantes, 1980) found that the migratory life style demanded by the careers of their husbands often resulted in considerable stress and disruption for their wives, with a variety of negative health consequences.

The early stress research (cf. Holmes & Rahe, 1967), in which the act of moving is associated with a whole series of changes which are stressful and might be expected to lead to transient symptons, if not to illness, would also support the hypothesis.

Other evidence is more ambiguous. For example Paykel et al. (1971), reported in one of the early research projects on life events that a move to another country had the highest standard deviation of 60 life events rated as to "upsettingness". The life events approach has been applied specifically to migrants in at least two studies (Roskies et al., 1975 ; Micklin & Leon, 1978). In both studies migrant women were found to have higher symptom scores than migrant men, but those with more education tended to have less illness than those with less education. Roskies et al. conclude that "for certain people or under certain circumstances, a lot of changes is associated with health, not with illness". Timing is obviously important, as implied by Rytina (1981), who recommends a life cycle approach in studies of migrant women.

Stress reseach has, of course, considerably evolved since Holmes & Rahe first posited a direct stress-illness relationship. It is increasingly evident that stress does not necessarily result in illness (cf. Hinkle, 1974 ; Pearlin & Schooler, 1978 ; Antonovsky, 1981 ; Kobasa et al., 1981 ; Cronkite & Moos, 1984 ; Ben-Sira, 1985). Pearlin et al. (1981) suggest that the efficiency of coping and supports may actually be greater among those exposed to more severe hardships, and Kanner et al. (1981) posit something similar when they suggest that "hassles" might be fundamentally more stressful than major life events, and the "uplifts" might work in the opposite direction. There is some evidence, in addition, that

the sheer absence of positive life events or conditions might be stressful (Kanner et al., 1978).

McKinlay (1975) and Hull (1979) have both done extensive reviews of the literature on migration and health. Hull points out that while cross-cultural migration invariably challenges adaptive capacities, surmounting the difficulties of a new environment can have beneficial effects ; that mastery can bring about personal integration at a higher level.

3. Methodology and sample

Eight American women were studied, using a "snowball" technique of sampling (names of women who had arrived in Geneva within the past two years were indicated to the author by friends, and several of the women interviewed gave the names of others). The purpose of the study was explained by telephone, and an appointment was made for an interview. All of the women contacted expressed a great deal of interest in the study ; of the 10 women originally contacted only two were unable to be seen : one was about to leave Geneva, and the other "too busy" with a pregnancy near term, and a house full of small children and overseas guests.

The eight women, none of whom were originally known to the author, were interviewed in their homes in a two hour semi-structured interview which was tape recorded. A second interview, lasting about one hour, took place about six months later.

The characteristics of the sample have already been described in detail (Haour-Knipe, 1984) : the women were between 31 and 50 years of age, all were married and had children, and all were university graduates who had been professionally active at some point in their lives. One of the outstanding characteristics of the women studied was their extreme geographical mobility. Four, the "professional migrants", had moved every three or four years since their marriage. For them, the present post represented one among a long series of migrations thought to be professionally necessary or desirable for the husband. Five of the eight had already lived abroad before the present move. Four had kept their homes in the United States and thus had a base to which they planned to return, the others thought they would return eventually, but could say neither exactly where nor exactly when.

Relatively brief stays are the norm for the American (as for much of the international) community in Geneva in which relationships have aptly been described as "fleeting friendships". A

correlary to the transient nature of much of this population is its good organization for the welcome of newcomers. Interlocking networks of sociability and aid exist, and the wish participate is sufficient for entry. The native community, on the other hand, remains relatively impervious to foreign transients : contrary to their original intentions but by necessity, most of the Americans tend to form social relationships mainly with other Americans and within the international community.

4. Results

We asked the women to describe events and feelings upon arrival in Geneva, asking, among many other things, about incidents of illness. Virtually all of the women had already thought great deal about the consequences of migration, and were eager to talk about them. Most described various phases of adjustment (euphoria, depression, settling in) which they had learned from reading or in a course for newcomers, and which they had found to correspond to their own experience.

Two feelings dominated the arrival : *fatigue and euphoria.* Some of the fatigue was quite understandable, for example after long airplane rides through several time zones with small children, or due to the stress of packing and farewells. Some fatigue, however, was apparently psychologically determined : "I hadn't wanted to come. I felt claustrophobic and tired and I couldn't get the energy to unpack" (Mrs. B). The fatigue of two of the women, whose feelings about their life situation was ambivalent (Mrs. B who felt "pushed" from her previous place of residence, and Mrs. G who was "surprised" to be pregnant with another child just as she had planned to resume her career) tended to continue. For the others, particularly those who had been pleased about the prospect of the move, fatigue fairly quickly gave way to feelings of euphoria and a sense of discovery. Only one woman was neutral about her feelings on arrival, Mrs. H, who had not wanted to come, who later became very homesick, and who denied a great many of her feelings.

A *depression* phase occured for all of the women after three to six months when various problems had become apparent, and when it became obvious that the problems were not going to simply disappear (the point at which previously picturesque cultural differences become irritating). Particularly stressful were feelings of isolation from the indigenous population, which the women attributed to their own imperfect mastery of the language, and the

various "hassles" of getting settled in a foreign place : not being able to find things in stores, or spending inordinate amounts of time on minor details because of a lack of knowledge of how to proceed, for example.

We had predicted that this sort of stress would manifest itself in physical symptoms, but the findings were entirely negative. The women interviewed reported virtually no incidents of physical illness (upper respiratory infections, gastrointestinal problems, etc.) within the first six months after the move, and very few thereafter. There had been no accidents, either major or minor, either for the women themselves or for their families. Two of the women suffered from chronic diseases, but could relate no changes in their conditions to the move. None reported increased use of hypnotics or tranquillizers. Virtually all of the women reported an increase in wine consumption, which they attributed to cultural influences, but no alcohol abuse was detected.

We discussed this surprising negative finding with the research subjects during the second round of interviews, probing for incidents which might have been forgotten. Although the women described the experience of moving to a new culture as being stressful, they could recall no incidents of physical illness immediately related to this stress. On the contrary, moving served for some as a stimulus toward better physical health. If others experienced a long term worsening of physical health, this was related more to emotional problems concerning migration in general than to the immediate stress of one particular move. Both of these aspects will be discussed below.

Just as it was difficult to directly attribute physical problems to the stress of migration it was also difficult to find a direct relationship in emotional problems. Mutual influence was found rather than direct cause and effect :

Homesickness, for example, was reported mainly, although not exclusively, by those who had little experience as migrants. Most of those who had moved a great deal felt "vaccinated" against homesickness, ("The longer I'm away, the less I feel homesick") since they had few strong attachments to the culture of origin which could not be sustained with periodic visits. Severe "nostalgia", however, described by Zwingmann (1973, 142) as "the psychological representation of the milieu left behind, and the wish to return to it", was described by one of the most experienced migrants, Mrs. H. She felt nostalgic, though, not for "home", which, indeed would be difficult to define except globally as "the United States", but for the previous foreign posting to which she longed to return. Mrs. H was, of all the women interviewed, the one who

considered material objects and "a nice place" or "having my nest in order" the most important, thus lending support Zwingmann's thesis that the "milieu-bound" are the most susceptible to nostalgia. Her way of coping with these feelings was to try to reconstruct "an American way of life" wherever the family lived.

Mrs. B, the only woman interviewed who had no short or medium-term plans for returning to her home country, and whose family background and cultural heritage contained repeated incidents of traumatic uprootings, went far beyond nostalgia in expressing deep feelings of unrootedness : "Why am I here ? Where should I really be ?" Since she would undoubtedly be staying in Geneva for a number of years she also had the highest investment in making friends outside of the unstable American community, and was one of the few to admit to feelings of *loneliness* at first.

The others, who had no particularly strong investment in Geneva per se, were either carried along by the euphoria of being in a new place : "I had no time to be lonely !", old hands at coping with it : "I go out and make new friends rather than be lonely !", or had turned toward their families for emotional support. Several said that with age and experience, particularly as migrants, they no longer sought intimacy in their social relationships : "I like people, but I don't especially seek them out any more". Six of the eight women interviewed, including the four "professional migrants", reported relying a great deal on their nuclear families for emotional support. Family intimacy was considered very important, and seen as one of the beneficial effects of migration. We note that all of the women interviewed had relatively young children : we do not know what will happen to them as they near the "empty nest" stage.

For some of the women interviewed the move represented a pause in a satisfying personal and professional life. These women experienced little conflict, and tended to consider the stresses and "hassles" as part of the experience. They tended to report that their health was better than usual because they felt simultaneously stimulated and relieved of their normal duties. Even potentially traumatic experiences (for example the middle-of-the-night panic of a recently arrived and inexperienced mother whose newborn seemed gravely ill, and who was alone for a few days while her husband was away on duty travel) could be laughed about a few months later. Mrs. D represents the best example of this : before moving to Geneva she had been over-extended in her work as an artist. In addition, two of her children had had severe medical problems which had caused a great deal of stress for the whole family. The fact that they were able to make a transnational move represented a turning point, the sign that things were now going

better and that the family could handle a major change. The children were doing well, and Mrs. D was enjoying having some time to herself to pursue her artistic interests without pressure.

Although the move itself had little *immediate* influence on physical or emotional health for most of the transient migrants interviewed, three of the women were experiencing conflict about a migratory style of life, and this conflict can be seen as affecting *long term* physical and emotional health, as shown by the case histories of Mrs B, F, and H. :

Mrs. B's original tiredness after the move continued for two years, during which she became considerably overweight, and she describes herself as depressed. She said that she feels trapped by circumstances in an unfulfilling style of life : she finds her apartment too small but cannot find a bigger one, would like to work but cannot find a job or get a work permit, would like to do more in the community but feels she must always be present for her children, and would like to make friendships with Swiss people but cannot seem to meet many. Since she will probably be in Geneva for a number of years she seeks, more than any of the others interviewed, integration, and avoids the American networks since she feels she might get "trapped". Although she has several international and a few Swiss friends these relationships have not yet had time to develop to the intimacy she seeks. One of the coping mechanisms Mrs. B uses to fight her depression is travelling a great deal, but travel to some extent prevents her integration (making friends and finding a job). Although Mrs. B compares her alienation with that of a close friend who stayed in the United States, it is clear that being in a foreign country where she speaks the language poorly, would have to make an enormous effort to be officially allowed to work, and as yet has little real social support, considerable complicates her efforts to "dig myself out of the situation".

Mrs. F's situation is somewhat similar, although she is one of the "professional migrants" who moves every few years. Hers is a long history of contradictions : she started pre-professional studies in university in a field in which at the time there were few women, but gave them up when she decided that she would undoubtedly want to get married and would not be able to devote herself to a career and follow a husband in his career. Instead she adopted a typical "feminine profession" which she enjoyed, and had no difficulty finding jobs before and after child raising years, even while moving frequently. Just before the present move she had changed professional fields and said she was extremely happy with the stimulation and intellectual challenge of the new field. She of course had to give up her employment when the family

moved to Geneva. Completely unaware of the tears in her eyes, and with a smile, she said when interviewed that she was now very much enjoying staying at home as a housewife. Mrs. F has developed an ulcer since the move, and says "My doctor thinks it might be psychological", although she herself can't understand what might be bothering her. Her first year after the move was characterized by frantic social activity in the American community, followed by a period of withdrawal in which she "no longer wanted to be with people ... in order to think". She recognizes to some extent her depression, "but I would be depressed in the United States too". She has considered getting psychiatric help, but "people say English-speaking psychiatrists are hard to find, and anyway, we travel so much ..." Even if it is true that she would have been depressed had she not migrated, it seems evident that the repeated moves have complicated her situation, and have permitted her to postpone facing a crisis which has been developing for some time. On the other hand, Mrs. F's depression has not prevented her from meeting people and getting to know her surroundings. She spends quite a bit of time exploring and observing people, and reports that natives regularly came up to chat with her during her explorations. Interestingly, she and her husband were among the few in the sample to have made some good Swiss friends : their first Swiss friends approached them, having noted that they were foreigners, in a sports club, wanting to demonstrate that "the Swiss are not cold and unfriendly" !

Mrs. H, another of the "professional migrants", was apparently socialized for passivity, as typified by her parents' reaction to her unhappiness with a previous posting abroad : "It is your duty to follow your husband". She now claims to enjoy living abroad, and presents a cheerful and conventional exterior. As noted above when we discussed Mrs. H's "nostalgic reaction", she greatly values an orderly home and family harmony, and had a great deal of trouble adjusting to this move since it took the family a year to find what they considered suitable housing. The period of transition was so unsettling that the death of her father during this time was described as being less distressing than "not having my nest in order". Mrs. H tended to attribute all frustrations to the move and thus, indirectly, to her husband : "for getting us into this mess". She had considered packing up the children and returning to the Unites States during this time, although she did not want to leave her husband. Although the family was now settled, the conflict about migration was continuing in the form of considering sending one of the children, who was unhappy in Geneva, to live in the United States. Mrs H reported being nervous and unable to sleep because she was worried about her child, and has arthritis, which tends to get worse when she is upset. One wonders if the

family, and Mrs. H's health, will support the continued stress that living abroad obviously causes them.

On the other hand, both the experience of a move itself, and possibly also a migratory style of life, could have positive long term consequences. Mrs. E, for example, reported a feeling of increased well-being as the final result of a series of negative experiences. She and her husband had chosen to move to Geneva with their children for an unlimited stay, which was marked by numerous problems (a problematic pregnancy, mistrust of the medical care Mrs. E received, and especially the extensive travel required of Mr. E, which left Mrs. E a single parent for most of their stay). The family eventually decided that the stay abroad was occurring at the wrong time in their lives and returned to the United States. Mrs. E considered all of this as a growth experience : she reported that she had learned a great deal about herself, and having mastered very difficult circumstances she felt stronger. One of the critical differences between the cases of Mrs. E and those of Mrs. B, F, and H would seem to be the amount of *choice* they were able to exercice in directing their experiences.

Finally, it is possible that a migratory style of life has positive long term consequences for Mrs. C, who seems to use such a lifestyle as a way of coping. Mrs. C married and had a child relatively late in life when she felt ready to give up what she describes as a "glamorous career". The man she married has a profession which requires a great deal of moving, and the family has lived in many of the world's large cities. Mrs. C has made a role for herself in her husband's career, and she enjoys this role. She "keeps busy and active", and usually becomes a leader in the international community wherever she is. She describes herself as "somewhat of a worrier", and reports a series of more or less psychosomatic symptoms ("bad back", "bad stomach", migraine headaches, insomnia) as well as "a tendency toward depression". She feels stimulated when she moves, however, and finds that her physical and emotional condition is improved after each one. She says that she embodies the American idea that : "if something is wrong you go out and do something about it". Mrs. C had been experiencing some difficulty after the initial boost of the present move. For various structural reasons having to do with her husband's present post she is not able to fulfill her usual social functions as his counterpart. When we first talked she repeatedly said that, although she was disappointed with the limited role she could fill in the present post, she had little sympathy with "these young feminists who feel they have to go out and prove something". She had had a career and was very content without one, she had not started many volunteer activities but was happy to

have some time, her child still needed her, etc.. Her discourse was so defensive that we were somewhat surprised when she accepted a second interview some six months later. The first interview had obviously precipitated something, although we had merely listened. She said it had "set her to thinking" and she had indeed "gone out and done something about it". She had become much more active in the international community, taking on the leadership of several projects, in line with what she wanted to do, and reported "a certain sense of self-esteem from having something halfway decent to do". As with Mrs. E, the sentiment of being in control of her life seems to be at the base of Mrs. C's improved self-esteem. Although she has little control over the family's migrations, she does indeed control the form of her participation, and she has little patience with passivity.

5. Discussion

Our findings suggest that the act of moving to a new culture, and particularly that of moving through several cultures throughout a career, can have negative consequences for the physical and emotional health of the women whose husbands' careers require such repeated changes of their families. These consequences, however, are *long term* rather than immediate, and are by no means universal : not all women experience difficulties. Some interesting trends appear in the data, although our sample is too small to do anything other than to suggest some ideas about why some combinations of situations and personality factors might lead to difficulties while others might not.

On the other hand, we had expected to find *immediate*, although perhaps short-term, negative health consequences stemming from the stress of migration to a new culture. We found none among any of the women studied, and it is this negative finding that we shall discuss in conclusion.

There are perhaps *methodological* reasons for the negative findings. The "snowball" technique of sampling led to clusters of women who knew one another, and it is of course possible that they were in some way unrepresentative even of upper middle class American women transients. We know only that the names came from different sources, that not all of the women knew one another, and that they lived scattered throughout the canton and in a variety of life situations. The semi-structured interview technique could be at fault. A "climate of coping" exists among the population studied, and it is undoubtedly difficult to admit to

having problems, even to an unknown interviewer in one's home studying "the problems many of us have". The less personal atmosphere of a standardized questionnaire and a battery of tests might have added a more objective dimension. On the other hand, we would hazard that it is easier to dissimulate to a closed questionnaire, and the interview technique used permitted a great deal of probing, as well as seeing beyond the denial of some of the women interviewed.

The sample might well have been biased by the fact that most of the women interviewed were already experienced transient migrants. It is quite possible that those who experience severe stress after a transnational migration do not repeat the experience, and thus that the women studied here were people who had already passed this filter, or self-selected survivors of the stresses of migration.

Timing might have been at fault. The study was retrospective, and it is possible that illness incidents immediately after the move had been forgotten, especially by those who were first interviewed two years after their arrival. Bertaux-Wiame (1981) notes that French provincial migrants to Paris who were successful in their adaptation had less difficulty recalling their problems upon arrival than did those who were unsuccessful. In our sample the only woman who did not recall having any special feelings upon arrival in Geneva was Mrs. H, who had experienced numerous adaptation problems, and it is quite possible that a person in her situation "forgets" not only feelings but also illness incidents. A longitudinal study design would help avoid this sort of problem.

Most of the migrants we studied reported that although there were many stressful aspects of moving to a new culture, they felt stimulated by the move. If this finding holds true for a larger sample it would lend support to the current of stress research in which *stress does not necessarily result in illness.* On the contrary, it is possible that stress which gives rise to a feeling of stimulation protects from illness rather than causing it. A correlary would be that once the feeling of stimulation wears off then illness can develop. This seems to have been the case for some of the women studied (for example Mrs. F who was busy getting settled and with social activities at first, then developed an ulcer). Krupinski's (1965 ; 1967 ; 1984) studies of migrants to Australia would support this interpretation : he finds that when psychiatric breakdown occurs for female migrants, it tends to occur after 7 to 15 years of residence in the new culture. We note in passing that the psychiatric patients studied by Krupinski were markedly non-assimilated - three quarters spoke little or none of the native lan-

guage after 7 to 15 years of residence. Once again, a longitudinal study is needed.

The fact that most of the women studied were transient migrants might have protected them from illness. Most studies of migration and health have concerned permanent migrants ; we know little about the long term effects of repeated transient migrations. The size of our sample does not allow the shedding of much light here, except to suggest that for some people repeated transient migrations might have some long term negative consequences, just as it might have positive long term consequences for others. An important stress factor which remains to be explored is that of not knowing how long a family will be staying in a particular place or where the next move might take it, which considerably complicates certain decisions such as those about childrens' schooling, a spouse's career, or where to retire.

Another factor which seems to be of critical importance is the *meaning* of the migration for the individual concerned. A transnational migration which was chosen, about which the migrant is pleased, and, for women, which fits in with professional and procreative careers, will probably have fewer negative health consequences than one which is imposed, and about which the migrant experiences conflict. A major problem for the women studied here who were in conflict about migration (Mrs. B and F especially) was the impossibility of pursuing their own careers in the new culture. At the same time the women interviewed were invested in the careers of their husbands. Mrs. C represents the best example of this, having made a career for herself managing the substantial social demands inherent in her husband's profession. For many of the husbands a stay abroad represents a necessary step in further career promotion, and the role of the wife in a husband's career, particularly in the multinational corporations, can be far from negligible. Thus, although putting aside her own career represented a sacrifice for some of the women interviewed, this was possibly compensated by an important role in a valued conjugal promotion strategy.

Finally, it is possible that the *social supports* available to the women studied protected them from illness. Elder (1981) underlines the cushioning influence of a strong marriage in hard times, and all of the women interviewed described their marriages as strong in spite of some evident problems. The presence of husbands and children would place these women in a high social support group in the terms of several studies, and high social support would presumably reduce the risk of negative health consequences from the stress of moving to a different culture. The relationship of social support to health is complex however, and its effect on

health not yet entirely established (cf. Schaefer et al., 1981 ; Turner, 1981 : and especially Thoits, 1982 ; 1983). Thus family ties not only support the individual, but can also be demanding and have negative repercussions on the health of family members giving support ; Mrs. H, for example, was nervous and having trouble sleeping because she was worried about the difficulties of one of her children, and the fact of being married and having small children was of little help to Mrs. E when her husband was absent most of the time.

Hull (1979) notes in a review of the literature on migration and health that the migrant can tend to rely on the family as a source of emotional satisfaction, and also that he or she might choose to integrate into a sub-society of immigrants, which has an important support function, when possibilities for integration into the host culture are limited. This clearly seems to have been the case among the women studied. Important sources of social support came from "weak ties" (Granovetter, 1973) and extended networks (Hammer, 1983) and it is possible that the "international ghetto" served to protect the women studied. Most were well assimilated into American and international circles, and the support functions of "ready-made networks" were manifest : indeed two of the women (Mrs. C and Mrs. F) reported having successfully used social activity as a buffer against depression, at least temporarily.

There is a critical difference, however, between *social isolation* and *emotional isolation*. None of the women suffered from social isolation : all had friends and numerous social activities, and these were gratifying for most of those studied. For some, however, the lack of intimacy in American and international circles, possibly aggravated by the "climate of coping" in which it is difficult to discuss personal problems, resulted in emotional isolation : the "ready-made networks" were rejected from the start by Mrs. B who was to some extent afraid of them and who sought integration into indigenous circles, by Mrs. H while she was longing to return to her previous place of residence, and later by Mrs. F when she "needed time to think". Although the possibility of making friendships and of forming supportive networks exists for these migrants, a certain minimum of satisfaction with their situations seems necessary in order for them to participate.

At the same time, it is possible that a certain period of emotional isolation is the price to be paid for an ultimately better integration into the host culture. Most of those interviewed had migrated, at least in part, in order to get to know people of a different culture, and especially the people of the host culture. Although they all agreed that relationships with the locals were to be cultivated, it was mainly those who had to some extent deliber-

ately eschewed relationships with people of the same nationality who had made the more difficult to form friendships with people of the host culture (Mrs. B and Mrs. F). It is intriguing that these two women were somewhat depressed at the time of the interviews. It is at least possible that they were people in good enough emotional health to permit emotional isolation and a temporary depression as a stage on the way to forming relationships they believed would ultimately be more fulfilling. Our data cover at most three years in the new culture, but it seems essential to study these relationships over time.

In sum, we found that for the women studied, the stress of transnational migration did not result in immediate illness. If anything, stress led to better immediate health, and for some a sense of mastery and personal integration at a higher level. We postulate that the timing of the study, the positive meaning of the migration, and the social supports available in the host culture were behind the maintained good health of those who were studied. The possibility is raised that ultimate integration into the host culture might require avoidance of health-promoting integration into networks of people of the culture of origin. The relationship between migration and health would seem to be neither simple nor direct for short term, and particularly for long term, consequences. Given the importance of transnational migration, not only in the site studied, but in general as more and more people are required to live away from their home cultures, it would seem essential to further study both types of consequences of such migrations.

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